## Informational Items March 2020

Requesting Department:	Procurement / Warehouse - Inv. Clearing		
Description:	For the Tollway's estimated requirement of Contract 20-0018 for Large Lamps for a two-year period.		
Awarded to:	Neher Electric Supply, Inc.		
Amount:	\$100,000.00		
Procurement Method:	CMS Master Contract		

## THA - Toll Highway Authority

## **Purchase Order**

Release Order Number

## 19-416CMS-BOSS4-P-12937:9

Master Contract? Y

Contract/PO #:

Master Con/Ref #: 9100000928

Vendor Number: V00004759 V Neher Electric Supply Inc

E PO Box 16519

N 3629 N Teutonia Ave Milwaukee, WI 53216-0519

D Milwaukee, WI 53216-0519 KSteggeman@wi.rr.com

O (414) 871-5700

VENDOR INSTRUCTIONS:

PURCHASE ORDER REQUIREMENTS - STATE OF ILLINOIS AGENCIES

Prior to commencement of billable work, delivery of supplies or rendering of any service on a Purchase Order:

--Initial Purchase Order/Contract - All parties, including the State and vendor, must fully execute the contract in its entirety.

--Release from an existing Purchase Order/Contract - The vendor must receive a Purchase Order signed by the State Agency and attached in BidBuy. Note, for any additional requirements see specific State Agency instruction.

PURCHASE ORDERS REQUIREMENTS - OTHER PURCHASING ENTITIES --Please see specific requirements provided by the purchasing entity.

SH-P FO	Receiving 4 S 496 Naperville Road Central Warehouse Naperville, IL 60563 US Email: (630) 241-6800
B I L L	Contract Administrator PO Box 3094 Lisle, IL 60532-8094 US Email: ProInvoices@getipass.com (630) 241-6800
T O	

Shipping Method:		Freight Terms:
Shipping Terms:		Payment Terms:
Solicitation (Bid) No.: N/A		Delivery Calendar Day(s) A.R.O.: 30
Release Begin Date: 5/11/2020	Release End Date: 12/3/2021	
ltem # 1		

Class-Item 285-50

\*\*Blanket order for approval purposes only. No order is being placed at this time. LAMPS, LIGHTING REPLACEMENT BULBS LISTED IN REGULAR PRICE SCHEDULE.

PRICE LIST COLUMN FROM WHICH DISCOUNT IS TO BE APPLIED:\_\_\_\_\_

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 862,069.00	EA	94.20 %	-\$ 812,068.998		\$ 0.00	\$ 0.00	\$ 50,000.00

Item # 2 Class-Item 285-50

\*\*Blanket order for approval purposes only. No order is being placed at this time. LAMPS, LIGHTING REPLACEMENT BULBS LISTED IN EXCLUDED PRICE SCHEDULE.

DISCOUNT FROM PRICE LIST:\_\_\_\_\_ (SHOW IN PERCENT DISCOUNT COLUMN) v State the following in your Bid Submission: BRAND NAME:\_\_\_\_\_\_ MANUFACTURER:\_\_\_\_\_\_ PRICE SCHEDULE NO:\_\_\_\_\_\_ EFFECTIVE DATE:\_\_\_\_\_ PRICE LIST COLUMN FROM WHICH DISCOUNT IS TO BE APPLIED:\_\_\_\_\_

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 568,181.80	EA	91.20 %	-\$ 518,181.8016		\$ 0.00	\$ 0.00	\$ 50,000.00

 TAX:
 \$ 0.00

 FREIGHT:
 \$ 0.00

 TOTAL:
 \$ 100,000.00

The undersigned agree to the Terms and Conditions as acknowledged by the Vendor and maintained in the State of Illinois' e-procurement system. This agreement consists of all terms as maintained in the state's e-procurement system inclusive of attached documents. The Vendor affirms that the Certifications and Financial Disclosures and Conflicts of Interest are true and accurate as of the date of the Vendor's execution of this Agreement. State documents will prevail in the event of a conflict between State and Vendor documents and information. The undersigned agree to the Terms and Conditions of this agreement:

OFFICIAL SIGNATURES:	APPROVED
Vendor Name:	By: Emina Hukic-Hamzic
Vendor Signature:	Phone#: (630) 241-6800
Printed Name:	BUYEF
Title:	
Phone #:	
Email:	
Date:	
State of Illinois Agency or Other Purchasing Enfity bis State Toll Procuring S way Authorit	ty
Signature:	
Printed Nar	
Title:	
Designee Signature	
Printed Name:	
Title: Chief of Procurement	
Date: 5/8/20	
Legal Signature:	
Printed Name:	
Title:	
Date:	
Fiscal Signature:	
Printed Name:	
Title:	
Date:	
FOR STATE OF ILLINOIS USE ONLY:	
Acq. Type:Source Sel. Method: Using Agency Funding Source:	
Detailed Expenditure Object Code:	

Award Code: \_\_\_\_\_\_ Original Proc. Method: \_\_\_\_\_\_ Subcontractors Disclosed: \_\_\_\_\_\_ Subcontractors Utilized: \_\_\_\_\_\_ Publication Date: \_\_\_\_\_\_ Financing Needed: \_\_\_\_\_ IPG Cert/Disclosure Yes \_\_\_\_\_ No\_\_\_\_