



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: FI-P-0027-25	RFP, BID, QUOTE OR RENEWAL #: Bid #25-110-FIN	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$31,000.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 11/25/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$124,000.00
	CURRENT TERM TOTAL COST: \$31,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: PHYSICIANS' RECORD COMPANY	VENDOR #: 10141	DEPT: Finance	DEPT CONTACT NAME: Jim Morrissy
VENDOR CONTACT: CHRIS VOLLER	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #: x6116	DEPT CONTACT EMAIL: jim.morrissy@dupagecounty.com
VENDOR CONTACT EMAIL: CHRIS@PHYSICIANSRECORD.COM	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Bid #25-110-FIN - Furnish and deliver printed carbonless (NCR) forms to various County departments/offices.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Carbonless forms are utilized by various County departments/offices. Services include printed multi-part carbonless forms and various styles and sizes with ink, control numbering, and paper color combinations for all groups and quantities.			

SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)

DECISION MEMO REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Physicians' Record Company	Vendor#: 10141	Dept: Various	Division: Various
Attn: Chris Voller	Email: Chris@physiciansrecord.com	Attn:	Email:
Address: 1958 Ohio St	City: Lisle	Address: 421 N. County Farm Rd	City: Wheaton
State: IL	Zip: 60532	State: IL	Zip: 60187
Phone: 708-749-1029	Fax:	Phone: 630-407-6116	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Physicians' Record Company	Vendor#: 10141	Dept: Various	Division:
Attn: Chris Voller	Email: Chris@physiciansrecord.com	Attn:	Email:
Address: 1958 Ohio St	City: Lisle	Address:	City:
State: IL	Zip: 60532	State:	Zip:
Phone: 708-749-1029	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): December 1, 2025	Contract End Date (PO25): November 30, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		BZP-NCR FORMS	FY26	1100	2810	53800		2,000.00	2,000.00
2	1	EA		CCC-NCR FORMS	FY26	1000	6700	53800		8,500.00	8,500.00
3	1	EA		CS-NCR FORMS	FY26	5000	1440	53800		100.00	100.00
4	1	EA		FM-NCR FORMS	FY26	1000	1100	53800		50.00	50.00
5	1	EA		FM-NCR FORMS	FY26	1000	1103	53800		50.00	50.00
6	1	EA		PDF-NCR FORMS	FY26	1000	6300	53800		8,750.00	8,750.00
7	1	EA		CCT-PROB-NCR FORMS	FY26	1000	5900	53800		1,500.00	1,500.00
8	1	EA		SHF-NCR FORMS	FY26	1000	4400	53800		2,000.00	2,000.00
9	1	EA		SHF-NCR FORMS	FY26	1000	4410	53800		7,000.00	7,000.00
10	1	EA		CONTINGENCY	FY26	1000	1150	53828		1,050.00	1,050.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 31,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. This contract purchase order is to provide carbonless NCR forms per Bid# 25-110-FIN from December 1, 2025 through November 30, 2026.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.