

Consent  
 DOT 5/5  
 CB 5/12

*[Signature]*

Date: Apr 23, 2026

# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

File ID #: \_\_\_\_\_

<b>Purchase Order #:</b> 5459-1-SERV	<b>Original Purchase Order Date:</b> 10/01/2021	<b>Change Order #:</b> 2	<b>Department:</b> DOT
<b>Vendor Name:</b> DOT - Nicor Gas		<b>Vendor #:</b> 10057	<b>Dept. Contact:</b> Patricia Miller
<b>Action Requested and Reason for Change Order Request:</b> Natural Gas Distribution for DOT - expired 09/30/2025 Decrease remaining encumbrance & close contract			

**IN ACCORDANCE WITH 720 ILCS 5/33E-9**

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

**INCREASE/DECREASE**

A	Starting Contract Value	\$60,000.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$60,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$16,791.38)
E	New Contract Amount (C + D)	\$43,208.62
F	Cumulative Change Order Amount (B + D)	(\$16,791.38)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-27.99%

**DECISION MEMO NOT REQUIRED - Check Applicable Box(es)**

- Cancel Entire Order
- Close Contract
- Contract Extension (≤59 Days)
- Update Budget Code
- Change Budget Code From: \_\_\_\_\_ to: \_\_\_\_\_
- Increase/Decrease Quantity From: \_\_\_\_\_ to: \_\_\_\_\_
- Price Shows: \_\_\_\_\_ should be: \_\_\_\_\_
- Move Funds Between Lines
- Decrease Remaining Encumbrance and Close Contract
- Increase Encumbrance and Close Contract
- Decrease Encumbrance
- Increase Encumbrance

**DECISION MEMO REQUIRED - Check Applicable Box(es) and Fill In All Answers Below**

- Contract Extension Greater Than 59 Days From \_\_\_\_\_ to: \_\_\_\_\_
- Cancel Contract
- Cumulative Increase Greater Than \$10,000 (Row 'F' Above)
- Other - Explain In Summary Explanation Box Below

**Summary Explanation** - Provide a summary of the action. Explain why it is necessary and what is to be accomplished.

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**Original Source Selection/Vetting Information** - Describe method used to select source; for instance, bid, RFP, sole source, etc.

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**Recommendations/Alternatives** - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

**Fiscal Impact/Cost Summary** - Include projected cost for each fiscal year, approved budget amount and account number

**APPROVALS - Initials Only**

PM \_\_\_\_\_ 6911 \_\_\_\_\_ Apr 23, 2026 \_\_\_\_\_  
Prepared By \_\_\_\_\_ Phone Ext. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ SAT \_\_\_\_\_ 6910 4/23/26  
Recommended for Approval \_\_\_\_\_ Phone Ext. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ [Signature] \_\_\_\_\_ 4/29/2026  
Reviewed by Procurement Officer \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Completed by Buyer \_\_\_\_\_ Date \_\_\_\_\_