

Consent  
SWM 4/7  
CB 4/14

# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division  
Revised 10-01-2025

Date: Mar 19, 2026

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

<b>Purchase Order #:</b> 4405-1- SERV	<b>Original Purchase Order Date:</b> Feb 11, 2020	<b>Change Order #:</b> 7	<b>Department:</b> Stormwater Management
<b>Vendor Name:</b> Christopher B Burke		<b>Vendor #:</b> 10234	<b>Dept. Contact:</b> Alicia Favela
<b>Action Requested and Reason for Change Order Request:</b> Decrease PO by (\$36,198.82) to \$0.00 and close PO. PO Expired on 12/31/2025			

**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	\$141,820.00
B	Net \$ Change for Previous Change Order	\$0.00
C	Current Contract Amount (A + B)	\$141,820.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$36,198.82)
E	New Contract Amount (C + D)	\$105,621.18
F	Cumulative Change Order Amount (B + D)	(\$36,198.82)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-25.52%

**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.

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

**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*

AFP  
Prepared By \_\_\_\_\_  
6698 Phone Ext. \_\_\_\_\_  
Mar 19, 2026 Date \_\_\_\_\_

*SA*  
Recommended for Approval \_\_\_\_\_  
*6676* Phone Ext. \_\_\_\_\_  
*3.23.26* Date \_\_\_\_\_

*[Signature]*  
Reviewed by Procurement Officer \_\_\_\_\_  
*3/27/2026* Date \_\_\_\_\_

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