



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Consent
HS 11/20
CB 11/27

Date:

Dec 23, 2025

MinuteTraq (IQM2) ID #:

26-0218

Purchase Order #:	7116-0001 SERV	Original Purchase Order Date:	Jul 30, 2025	Change Order #:	3	Department:	DuPage Care Center		
Vendor Name:			Professional Medical & Surgical Supply			Vendor #:	11409	Dept Contact:	Dining Services
Background and/or Reason for Change Order Request:	Contract to furnish and deliver Ostomy, Tracheostomy, Urological & Enteral Supplies & Services (Med B) & Enteral Formulas, for the DPCC, for the period 07/30/24 through 07/29/25. #1 Decrease and close line 1, 1200-2050-52320 in the amount of \$1,368.01 #2 Decrease and close line 2, 1200-2025-52210 in the amount of \$689.11 #3 Decrease and close line 3, 1200-2050-52320 in the amount of \$9,146.29 #4 Decrease and close line 4, 1200-2025-52210 in the amount of \$1,916.14 - CONTRACT HAS EXPIRED.								

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		\$58,000.00
B	Net \$ change for previous Change Orders		
C	Current contract amount (A + B)		\$58,000.00
D	Amount of this Change Order	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$13,119.55)
E	New contract amount (C + D)		\$44,880.45
F	Percent of current contract value this Change Order represents (D / C)		-22.62%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)		-22.62%

DECISION MEMO NOT REQUIRED

Cancel entire order Close Contract Contract Extension (29 days) Consent Only
 Change budget code from: _____ to: _____
 Increase/Decrease quantity from: _____ to: _____
 Price shows: _____ should be: _____
 Decrease remaining encumbrance and close contract Increase encumbrance and close contract Decrease encumbrance Increase encumbrance

DECISION MEMO REQUIRED

Increase (greater than 29 days) contract expiration from: _____ to: _____
 Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount Funding Source _____
 OTHER - explain below:

CDK Prepared By (Initials)	4208 Phone Ext	Dec 23, 2025 Date	CDK Recommended for Approval (Initials)	4208 Phone Ext	Dec 23, 2025 Date
REVIEWED BY (Initials Only)					
Buyer	Date	Procurement Officer		Date	
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)		Date	