



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Consent
HS 1/20
CB 1/27

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	
<input type="checkbox"/> Increase (greater than 29 days) contract expiration from: _____ to: _____	
<input type="checkbox"/> Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount <input type="checkbox"/> Funding Source _____	
<input type="checkbox"/> OTHER - explain below: _____	

CDK	4208	Dec 23, 2025	CDK	4208	Dec 23, 2025
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	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	