

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division
Revised 10-01-2025

CONSENT
HS 4/17
OB 4/14

Date: Feb 24, 2026

File ID #: 260865

Purchase Order #: 7290-0001 SERV	Original Purchase Order Date: Nov 20, 2024	Change Order #: 3	Department: Nursing
Vendor Name: Pulmonary Exchange LTD dba PEL/VIP		Vendor #: 11800	Dept. Contact: Annabel Leonida
Action Requested and Reason for Change Order Request: Contract purchase order to Pulmonary Exchange, LTD for rental of respiratory care equipment for the DuPage Care Center, for the period of November 20, 2024 through November 19, 2025 #1 decrease land close line 1, 1200-2050-53410 in the amount of \$900.00 #2 decrease land close line 1, 1200-2050-53410 in the amount of \$9,400.00 #3 decrease land close line 1, 1200-2050-53410 in the amount of \$940.00 - 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		\$40,000.00
B	Net \$ Change for Previous Change Order		
C	Current Contract Amount (A + B)		\$40,000.00
D	Amount of this Change Order	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$11,240.00)
E	New Contract Amount (C + D)		\$28,760.00
F	Cumulative Change Order Amount (B + D)		(\$11,240.00)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)		-28.10%

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*

CDK	4208	Feb 24, 2026	CDK	4208	Feb 24, 2026
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
					
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	
	3/3/2026				