

consent
HS 5/6
CB 5/13



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Apr 10, 2025

MinuteTraq (IQM2) ID #: 25-1070

Purchase Order #: 5328-0001 SERV	Original Purchase Order Date: Jan 15, 2021	Change Order #: 6	Department: DuPage Care Center
Vendor Name: McKesson Medical-Surgical Government Solutions			Vendor #: 30801
Dept Contact: Christine Kliebhan			
Background and/or Reason for Change Order Request:	Contract for Prime Supplier Medical Supplies for the period 01/15/21 through 01/14/25 1) Decrease and close line 1, 1200-2050-52320 in the amount of \$437,636.00 2) Decrease and close line 4, 5000-2115-52320 in the amount of \$3,423.29 3) Decrease and close line 5, 5000-2115-52320 in the amount of \$12,435.58 - 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	\$1,139,588.38
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$1,139,588.38
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$453,494.87)
E	New contract amount (C + D)	\$686,093.51
F	Percent of current contract value this Change Order represents (D / C)	-39.79%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-39.79%

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 \geq \$2,500.00, or \geq 10%, of current contract amount ☐ Funding Source _____
- ☐ OTHER - explain below:

CDK	630-784-4208	Apr 10, 2025	JC	4202	Apr 10, 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