

4/7/26 T.C

Consent  
DOT 4/7  
CB 4/14

Date: Feb 26, 2026

File ID #: 26-0874

# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division  
Revised 10-01-2025

<b>Purchase Order #:</b> 7024-1-SERV	<b>Original Purchase Order Date:</b> 06/01/2024	<b>Change Order #:</b> 3	<b>Department:</b> DOT
<b>Vendor Name:</b> DOT - Henderson Prod.		<b>Vendor #:</b> 12170	<b>Dept. Contact:</b> Patricia Miller
<b>Action Requested and Reason for Change Order Request:</b> Replacement parts & repair services - Expired 5/31/2025 Decrease remaining encumbrance & close contract			

### 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	\$20,000.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$20,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$10,734.85)
E	New Contract Amount (C + D)	\$9,265.15
F	Cumulative Change Order Amount (B + D)	(\$10,734.85)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-53.67%

### DECISION MEMO NOT REQUIRED - Check Applicable Box(es)

- Cancel Entire Order
- Close Contract
- Contract Extension ( $\leq$ 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

PM \_\_\_\_\_ 6911 \_\_\_\_\_ Feb 26, 2026 \_\_\_\_\_  
Prepared By Phone Ext. Date

\_\_\_\_\_ *SM7* \_\_\_\_\_ *3/3/26* *6910* \_\_\_\_\_  
Recommended for Approval Phone/Ext. Date

\_\_\_\_\_ *[Signature]* \_\_\_\_\_ *3/5/2026* \_\_\_\_\_  
Reviewed by Procurement Officer Date

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