

Consent  
DOT 5/5  
CB 5/12  
ES

# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division  
Revised 10-01-2025

Date: Apr 23, 2026

File ID #:

<b>Purchase Order #:</b> 6667-1-SERV	<b>Original Purchase Order Date:</b> 11/01/2023	<b>Change Order #:</b> 2	<b>Department:</b> DOT
<b>Vendor Name:</b> DOT - K-Tech		<b>Vendor #:</b> 27558	<b>Dept. Contact:</b> Patricia Miller
<b>Action Requested and Reason for Change Order Request:</b> DEICING LIQUID Expired 10/31/2025 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	\$215,000.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$215,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$28,561.10)
E	New Contract Amount (C + D)	\$186,438.90
F	Cumulative Change Order Amount (B + D)	(\$28,561.10)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-13.28%

**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.

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**Original Source Selection/Vetting Information** - Describe method used to select source; for instance, bid, RFP, sole source, etc.

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**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 \_\_\_\_\_  
Prepared By \_\_\_\_\_  
6911 \_\_\_\_\_  
Phone Ext. \_\_\_\_\_  
Apr 23, 2026 \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Recommended for Approval \_\_\_\_\_  
6910 \_\_\_\_\_  
Phone Ext. \_\_\_\_\_  
4/23/26 \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Reviewed by Procurement Officer \_\_\_\_\_  
4/29/2026 \_\_\_\_\_  
Date \_\_\_\_\_

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