

Consent  
DOT 515  
CB 5112  
YS

Date: Apr 23, 2026

# REQUEST FOR CHANGE ORDER FORM

Procurement Services Division  
Revised 10-01-2025

File ID #: \_\_\_\_\_

<b>Purchase Order #:</b> 7395-1-SERV	<b>Original Purchase Order Date:</b> 12/01/2024	<b>Change Order #:</b> 3	<b>Department:</b> DOT
<b>Vendor Name:</b> DOT - Lightle		<b>Vendor #:</b> 39597	<b>Dept. Contact:</b> Patricia Miller
<b>Action Requested and Reason for Change Order Request:</b> Roll-Up Signs expired 12/31/25 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	\$25,020.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$25,020.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$13,534.00)
E	New Contract Amount (C + D)	\$11,486.00
F	Cumulative Change Order Amount (B + D)	(\$13,534.00)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-54.09%

**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**

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

\_\_\_\_\_ SM7 \_\_\_\_\_ 6910 4/23/26  
Recommended for Approval \_\_\_\_\_ Phone Ext. \_\_\_\_\_ Date \_\_\_\_\_

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

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