

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

Consent
HS 1/20
CB 1/27

Date: Dec 23, 2025

File ID #: 26-0222

Purchase Order #: 6603-0001 SERV	Original Purchase Order Date: Sep 1, 2023	Change Order #: 1	Department: DuPage Care Center
Vendor Name: Cardinal Health		Vendor #: 26602	Dept. Contact: Jonathan Klimek
Action Requested and Reason for Change Order Request: This contract purchase order is for primary pharmaceuticals for the period 09/01/23 through 08/31/25, for the DuPage Care Center in patient and out patient services. #1 Decrease and close line 1, 1200-2085-52300 in the amount of \$186,755.01 #2 Decrease and close line 2, 1200-2090-52300 in the amount of \$68,910.67 #3 Decrease and close line 3, 1200-2085-52300 in the amount of \$715,087.50 #4 Decrease and close line 4, 1200-2090-52320 in the amount of \$363,275.77 #5 Decrease and close line 5, 1200-2085-52300 in the amount of \$585,950.50 #6 Decrease and close line 6, 1200-2090-52300 in the amount of \$287,672.89 - 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	\$4,800,000.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$4,800,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$2,207,652.24)
E	New Contract Amount (C + D)	\$2,592,347.76
F	Cumulative Change Order Amount (B + D)	(\$2,207,652.24)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-45.99%

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	Dec 23, 2025	CDK	4208	Dec 23, 2025
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
					
Reviewed by Procurement Officer	Date	1/7/2026	Completed by Buyer	Date	