



REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Consent
TEC 10/7
CB 10/14

Date: Sep 12, 2025

File ID #: 25-2294

Purchase Order #: 5492-1-SERV	Original Purchase Order Date: Dec 1, 2021	Change Order #: 2	Department: IT
Vendor Name: INFOR INC		Vendor #: 13553	Dept. Contact: Sarah Godzicki
Action Requested and Reason for Change Order Request: Decrease PO by (\$18,000.00) to \$25,618.08. PO expired on 11/30/2022.			

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	\$43,618.08
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$43,618.08
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$18,000.00)
E	New Contract Amount (C + D)	\$25,618.08
F	Cumulative Change Order Amount (B + D)	(\$18,000.00)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-41.27%

DECISION MEMO NOT REQUIRED - Check Applicable Box(es)

- ☐ Cancel Entire Order ☐ Close Contract ☐ Contract Extension (59 Days) ☐ Consent Only
- ☐ 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

- ☐ Increase Contract Expiration 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

SR	6166	Sep 12, 2025	<u>RAB</u>		09/18/2025
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
<u>[Signature]</u>		<u>9/27/2025</u>			
Reviewed by Procurement Officer	Date		Completed by Buyer		Date