

Consent
HS 11/5
OB 11/12



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Oct 17, 2024

MinuteTraq (IQM2) ID #: 24-2813

Purchase Order #: 6481-0001 SERV	Original Purchase Order Date: Jun 15, 2023	Change Order #: 3	Department: DuPage Care Center
Vendor Name: Prescription Supply	Vendor #: 28804		Dept Contact: Pharmacy
Background and/or Reason for Change Order Request:	secondary pharmaceuticals for June 18, 2023 thru July 17, 2024. #1 Decrease and close line 1, 1200-2085-52300 in the amount of \$4,225.61 #2 Decrease and close line 2, 1200-2085-52300 in the amount of \$4,571.32 #3 Decrease and close line 3, 1200-2090-52300 in the amount of \$5,000.00 #4 Decrease and close line 4, 1200-2090-52300 in the amount of \$10,000.00 - 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	\$60,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$60,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$23,796.93)
E	New contract amount (C + D)	\$36,203.07
F	Percent of current contract value this Change Order represents (D / C)	-39.66%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-39.66%
DECISION MEMO NOT REQUIRED		

- Cancel entire order
- Close Contract
- Contract Extension (29 days)
- Consent Only
- Change budget code from: _____ to: _____
- Increase/Decrease quantity from: _____ to: _____
- Price shows: _____ should be: _____
- Decrease remaining encumbrance and close contract
- Increase encumbrance and close contract
- Decrease encumbrance
- Increase encumbrance

DECISION MEMO REQUIRED

- Increase (greater than 29 days) contract expiration from: _____ to: _____
- Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount Funding Source _____
- OTHER - explain below:

CDK	4208	Oct 17, 2024	JC	Oct 17, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext
REVIEWED BY (Initials Only)				
Buyer	Date	Procurement Officer	10/21/2024	
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date	