



REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 05-30-2025

Consent
FI+CB 4/14

Date: Apr 3, 2026

File ID #: _____

Purchase Order #: 7040	Original Purchase Order Date: Apr 29, 2024	Change Order #: 20	Department: Finance
Vendor Name: Aloha Document Services, Inc		Vendor #: 43804	Dept. Contact: Jim Morrissy
Action Requested and Reason for Change: Decrease all lines & Close PO Order Request:			

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	\$227,894.00
B	Net \$ Change for Previous Change Order	\$39,075.00
C	Current Contract Amount (A + B)	\$266,969.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$143,829.43)
E	New Contract Amount (C + D)	\$123,139.57
F	Cumulative Change Order Amount (B + D)	(\$104,754.43)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-45.97%

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

JM	6116	Apr 3, 2026	KH	6193	Apr 3, 2026
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
					
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	
	4/3/2026				