

Consent
DOT 4/7
CB 4/14

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division
Revised 10-01-2025

Date: Mar 26, 2026
File ID #: 26-1058

Purchase Order #: 7237-1-SERV	Original Purchase Order Date: 10/01/2024	Change Order #: 1	Department: DOT
Vendor Name: DOT - Gasaway Dist Inc		Vendor #: 11295	Dept. Contact: Patricia Miller
Action Requested and Reason for Change Order Request: Liquid Calcium Chloride as needed - expired 9/30/2025 Decrease remaining encumbrance and 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	\$20,000.00
B	Net \$ Change for Previous Change Order	
C	Current Contract Amount (A + B)	\$20,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$20,000.00)
E	New Contract Amount (C + D)	\$0.00
F	Cumulative Change Order Amount (B + D)	(\$20,000.00)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-100.00%

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 _____ Mar 26, 2026 _____
Prepared By _____ Phone Ext. _____ Date _____

_____ SM7 _____ 6910 3/25/26
Recommended for Approval _____ Phone Ext. _____ Date _____

8 _____ 3/26/2026
Reviewed by Procurement Officer _____ Date _____

_____ _____
Completed by Buyer _____ Date _____