Consent
DOT 8/11
CB 8/18

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division
Revised 10-01-2025

Date: Jul 29, 2026

File ID #: 26-2124

Purchase Order #: 7474-1-SERV	**Original Purchase Order Date:** 01/08/2025	**Change Order #:** 1	**Department:** DOT
Vendor Name: DOT - Roland Machinery	**Vendor #:** 10191		**Dept. Contact:** Patricia Miller
Action Requested and Reason for Change Order Request:	OEM Wirtgen & Hamm repair & replacement parts - Expired 01/31/2026 Decrease remaining encumbrance & 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 ☐ Increase ☒ Decrease	($15,455.59)
E	New Contract Amount (C + D)	$4,544.41
F	Cumulative Change Order Amount (B + D)	($15,455.59)
G	Cumulative Percent of all Change Orders (B+D/A); *(60% maximum on construction contracts)*	-77.28%

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	Jul 29, 2026		6910	8/3/26
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
	8/5/2026				
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	