



# 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 #: 7085	Original Purchase Order Date: Jun 1, 2024	Change Order #: 3	Department: Finance
Vendor Name: Physicians Record Co		Vendor #: 10141	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	\$80,975.00
B	Net \$ Change for Previous Change Order	\$0.00
C	Current Contract Amount (A + B)	\$80,975.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$48,549.70)
E	New Contract Amount (C + D)	\$32,425.30
F	Cumulative Change Order Amount (B + D)	(\$48,549.70)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-59.96%

### 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
		4/3/2026			
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	