

Consent
FI+CB 1/13

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division

Revised 10-01-2025

Date: Dec 2, 2025

File ID #:

| | | | |
|---|--|--------------------------|--------------------------------------|
| Purchase Order #: 6732 | Original Purchase Order Date: Jan 1, 2024 | Change Order #: 1 | Department: HR |
| Vendor Name: Wex Health Inc | | Vendor #: 37319 | Dept. Contact: Yamika Johnson |
| Action Requested and Reason for Change Order Request: Decrease PO by (\$10,217.00) to \$10,283.00. PO Expired on 12/30/2024. | | | |

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 | \$20,500.00 |
| B | Net \$ Change for Previous Change Order | |
| C | Current Contract Amount (A + B) | \$20,500.00 |
| D | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$10,217.00) |
| E | New Contract Amount (C + D) | \$10,283.00 |
| F | Cumulative Change Order Amount (B + D) | (\$10,217.00) |
| G | Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | -49.84% |

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

| | | | | | |
|---------------------------------|-----------------|-------------|--------------------------|------------|-----------------|
| SR | 6166 | Dec 2, 2025 | <u>cc</u> | | <u>12/23/25</u> |
| Prepared By | Phone Ext. | Date | Recommended for Approval | Phone Ext. | Date |
| <u>[Signature]</u> | | | | | |
| Reviewed by Procurement Officer | <u>1/6/2026</u> | Date | Completed by Buyer | | Date |