

CONSENT  
F1+CB 11/3

# 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>CD</u>	12/23/25
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.
	1/6/2026			
Reviewed by Procurement Officer	Date		Completed by Buyer	Date