

Consent
FI + CB 4/14



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Apr 3, 2026

MinuteTraq (IQM2) ID #: _____

| | | | |
|---|--|----------------------------|-----------------------------------|
| Purchase Order #: 7385 | Original Purchase Order Date: Dec 1, 2024 | Change Order #: 106 | Department: Finance |
| Vendor Name: Amazon | Vendor #: 26753 | | Dept Contact: Jim Morrissy |
| Background and/or Reason for Change Order Request: | Decrease all lines & Close PO | | |
| 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 | \$851,985.00 |
| B | Net \$ change for previous Change Orders | \$1,359.00 |
| C | Current contract amount (A + B) | \$853,344.00 |
| D | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$530,372.58) |
| E | New contract amount (C + D) | \$322,971.42 |
| F | Percent of current contract value this Change Order represents (D / C) | -62.15% |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | -62.09% |

| DECISION MEMO NOT REQUIRED | |
|---|--|
| <input type="checkbox"/> Cancel entire order | <input type="checkbox"/> Close Contract |
| <input type="checkbox"/> Change budget code from: _____ to: _____ | <input type="checkbox"/> Contract Extension (29 days) |
| <input type="checkbox"/> Increase/Decrease quantity from: _____ to: _____ | <input type="checkbox"/> Consent Only |
| <input type="checkbox"/> Price shows: _____ should be: _____ | |
| <input checked="" type="checkbox"/> Decrease remaining encumbrance and close contract | <input type="checkbox"/> Increase encumbrance and close contract |
| | <input type="checkbox"/> Decrease encumbrance |
| | <input type="checkbox"/> Increase encumbrance |

| DECISION MEMO REQUIRED | |
|--|--|
| <input type="checkbox"/> Increase (greater than 29 days) contract expiration from: _____ to: _____ | |
| <input type="checkbox"/> Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount <input type="checkbox"/> Funding Source _____ | |
| <input type="checkbox"/> OTHER - explain below: | |
| | |

| JM | 6116 | Apr 3, 2026 | KH | 6193 | Apr 3, 2026 |
|---|-----------|---|-------------------------------------|-----------|-------------|
| Prepared By (Initials) | Phone Ext | Date | Recommended for Approval (Initials) | Phone Ext | Date |
| REVIEWED BY (Initials Only) | | | | | |
| Buyer | Date | Procurement Officer | Date | | |
| | | | <u>4/3/2026</u> | | |
| Chief Financial Officer (Decision Memos Over \$25,000) | Date | Chairman's Office (Decision Memos Over \$25,000) | Date | | |