

REQUEST FOR CHANGE ORDER FORM

Procurement Services Division
Revised 10-01-2025

Consent
AS 2/17
CB 2/24

Date: Jan 6, 2026

File ID #:

Purchase Order #: 6309	Original Purchase Order Date: 3/1/2023	Change Order #: 4	Department: Animal Services
Vendor Name: Turner Vet Services LLC		Vendor #: 40799	Dept. Contact: Kristie Lecaros
Action Requested and Reason for Change To close the contract as it expired on 2/29/2024			
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	\$55,725.00
B	Net \$ Change for Previous Change Order	(\$29,389.00)
C	Current Contract Amount (A + B)	\$26,336.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$10,044.75)
E	New Contract Amount (C + D)	\$16,291.25
F	Cumulative Change Order Amount (B + D)	(\$39,433.75)
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-70.76%

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

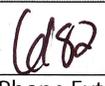
Summary Explanation - Provide a summary of the action. Explain why it is necessary and what is to be accomplished.

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

RJ	6183	Jan 6, 2026			2/8/26
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
		2/11/2026			
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	