PROFESSIONAL SERVICES CHANGE ORDER REQUEST TO THE COUNTY OF DU PAGE

PURCHASE ORDER /CONTRACT #		**PURCHASE ORDER ISSUE DATE**	

NOTICE: *YOUR PROFESSIONAL SERVICE CONTRACT IS FOR A FIXED DOLLAR AMOUNT AND SCOPE OF SERVICES. THEREFORE, IF YOU ANTICIPATE A CHANGE IN THE CONTRACT AMOUNT OR SCOPE OF SERVICES, YOU* ***MUST*** *SUBMIT THIS FORM, COMPLETED AND SIGNED WHERE INDICATED, AND HAVE IT RETURNED TO YOU WITH THE AUTHORIZED COUNTY APPROVAL* ***BEFORE*** *COMMENCING WITH ANY WORK BEYOND THE DOLLAR AMOUNT OR SCOPE OF THE ORIGINAL CONTRACT/PURCHASE ORDER.*

ITEM	DESCRIPTION	AMOUNT
A	ORIGINAL CONTRACT VALUE:	$
B	AMOUNT OF PREVIOUS CHANGE ORDERS	$
C	CURRENT CONTRACT AMOUNT (A+B):	$
D	AMOUNT OF THIS CHANGE ORDER: + OR -	$
E	NEW CONTRACT AMOUNT (C+D):	$
F	PERCENT OF CURRENT CONTRACT VALUE THIS CHANGE ORDER REPRESENTS (D/C):	%
G	CUMULATIVE PERCENT OF CONTRACT CHANGE FOR ALL CHANGE ORDERS (B+D/A):	%
H	ORIGINAL CONTRACT COMPLETION DATE	
I	REVISED CONTRACT COMPLETION DATE	

BRIEF DESCRIPTION OF SERVICES PROVIDED UNDER THIS CONTRACT:

REASON FOR REQUESTED CHANGE:

FOR INTERNAL USE ONLY: IN ACCORDANCE WITH 720 ILCS 5/33E-9 This section shall only apply to a change order or a series of change orders which authorize or necessitate an increase or decrease in either the cost of a public contract by a total of $10,000 or more or the time completion by a total of 30 days or more.

REQUESTED CHANGE:
- ☐ WAS NOT REASONABLY FORESEEABLE AT THE TIME THE CONTRACT WAS SIGNED
- ☐ IS GERMANE TO THE ORIGINAL CONTRACT AS SIGNED
- ☐ ARE IN THE BEST INTEREST OF THE COUNTY OF DUPAGE AND AUTHORIZED BY LAW

DEPT:: _____ COMPANY: _____

NAME: _____ NAME: _____

SIGNATURE: _____ SIGNATURE: _____

TITLE: _____ TITLE: _____

DATE: _____ DATE: _____

PLEASE MAKE AND RETAIN A COPY OF THIS FORM FOR YOUR RECORDS