

VILLAGE OF LOMBARD CHANGE ORDER

PROJECT NAME: Parkway Tree Planting PROJECT NO.: RM PROG 04
 LOCATION: Village of Lombard - various CHANGE ORDER: #1
 CONTRACTOR: West Central Municipal Conference DATE: 7-Nov-14
 DESCRIPTION OF CHANGE ORDER: Additional funds needed for extra trees planted

ORIGINAL CONTRACT AMOUNT:	[1]	<u>\$95,900.00</u>
TOTAL OF PREVIOUS AUTHORIZED CHANGE ORDERS:	[2]	<u>\$0.00</u>
CURRENT CONTRACT AMOUNT: ([1]+[2])	[3]	<u>\$95,900.00</u>
PROPOSED CHANGE ORDER: (PENDING APPROVAL)	[4]	<u>\$16,000.00</u>
PROPOSED REVISED CONTRACT AMOUNT: (PENDING APPROVAL) ([3]-[4])	[5]	<u>\$111,900.00</u>

NET OF ALL CHANGE ORDERS: (PENDING APPROVAL) ([2]+ \$16,000.00)
 TIME EXTENSION OR REDUCTION: NONE
 TOTAL CONTRACT TIME: (PENDING APPROVAL) _____
 BUDGET ESTIMATE: \$0.00
 ENGINEER'S ESTIMATE: \$0.00

RECOMMENDED FOR ACCEPTANCE :

<u>[Signature]</u> Operation Superintendent	<u>11/7/14</u> Date	Approved By: <u>[Signature]</u> Director of Finance	<u>11/24/14</u> Date
_____		Approved By: <u>[Signature]</u> (<\$10K or 25%) Village Manager	<u>11/25/14</u> Date
See attached quote Contractor	Date	Approved By: <u>[Signature]</u> (>\$10K or 25%) Village President	<u>11/25/14</u> Date
<u>[Signature]</u> Director of Public Works	<u>11/11/14</u> Date	Attest: <u>[Signature]</u> Village Clerk	<u>11/20/14</u> Date
<u>[Signature]</u> Assistant Finance Director	<u>11/21/14</u> Date		

It is understood that as part of this change order that the Contractor agrees that all bonds, permits, insurance and guarantees are hereby extended to incorporate this Change Order.

INVOICE

Suburban Tree Consortium
 C/O West Central Municipal Conf
 2000 5th Ave., Bldg N
 River Grove, IL 60171
 (708) 453-9100

INVOICE NUMBER: 0006061-IN

INVOICE DATE: 10/20/2014

OCT 23 2014

VILLAGE OF LOMBARD
 255 E. WILSON
 LOMBARD, IL 60148

CUSTOMER NO. 0001203

CUSTOMER P.O.:

CONTACT: MR. STEVE KREMSKE

TERMS: NET 30 DAYS

SALES CD	DESCRIPTION		QUANTITY	PRICE	AMOUNT
STC1	PUGSLEY & LAHAIE	EACH	1.000	20,828.000	20,828.00
STC2	HINSDALE NURSERIES	EACH	1.000	7,464.000	7,464.00
STC2	HINSDALE NURSERIES	EACH	1.000	8,558.000	8,558.00
STC	WILSON NURSERIES	EACH	1.000	0.000	0.00
STC	WILSON NURSERIES	EACH	1.000	10,650.000	10,650.00
STC	WILSON NURSERIES	EACH	1.000	8,650.000	8,650.00
STC	WILSON NURSERIES	EACH	1.000	0.000	0.00
STC	WILSON NURSERIES	EACH	1.000	780.000	780.00

Payable to: WEST CENTRAL MUNICIPAL CONFERENCE
 FEIN: 36-3447848

Net Invoice:	56,930.00
Freight:	0.00
Sales Tax:	0.00
Invoice Total:	56,930.00