Procurement Conflict of Interest Disclosure Form

Conflicts of interest may occur when a student, faculty or staff member or his/her spouse, partner, or child (dependents) receives personal financial benefit from the employee’s or student's University position in a manner which may inappropriately influence the employee’s or students' judgement or compromise the employee’s or students’ ability to carry out his/her University responsibilities, or could be a detriment to the University's integrity.

Employees and students with a potential conflict of interest must complete this form and submit it to his/her Department Head and the University’s Associate Vice Chancellor for Resource Management. If your Department Head is the potentially conflicted party, this form should be submitted to his/her Dean and the Associate Vice Chancellor for Resource Management.

Questions about a potential conflict of interest should be referred to Resource Management.

EMPLOYEE INFORMATION

Name ___________________________________________ Department ________________________________

Position _______________________________ Campus Phone No. ________________________________

Email: __________________________________________________________

CONFLICTS OF INTEREST DISCLOSURE

Define the relationship or financial interest that you or your spouse, partner or child (dependents) have with any vendor, contractor, or business entity with which the University does business or is likely to do business and for which you have an opportunity to influence a related University decision.

Identify the business entity’s name, name of owner(s), name of manager(s) and the relationship to you or your spouse, partner or child (dependents).

____________________________________________________________

____________________________________________________________

Employee’s or Students’ Signature: __________________________ Date: __________________________

DEPARTMENT HEAD OR DEAN ACKNOWLEDGEMENT

Name: __________________________________________________________

Signature: __________________________ Date: __________________________

References: University Procurement Conflict of Interest Policy

Forward completed form to: Resource Management (Campus Box 1069, Fax: (314) 935-4395).