

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 for signature and then to the University's Director for Resource Management. If your Department Head is the potentially conflicted party, this form should be submitted to his/her Dean and the Director for Resource Management.

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

EMPLOYEE INFORMATION	
Name	Department
Position (Campus Phone No
CONFLICTS OF INTEREST DISCLOSURE	Email:
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 i 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 ACKNOWLEDGE	EMENT
Name:	
Signature:	Date:
References: University Procurement Conflict of	Interest Policy
Forward completed form to: Resource Managen	nent (Campus Box 1069, Fax: (314) 935-4395).