

NORTH DAKOTA STATE UNIVERSITY
Conflict of Interest Disclosure Statement

In compliance with NDSU Policy 151, Conflict of Interest, I disclose and submit the following information concerning my business interests:

Business Identification:

Business Name:

Street/PO Box Address:

City, State & Zip Code:

Telephone:

Fax:

Taxpayer ID#:

Type of Business Entity:

Corporation

Partnership

Sole Proprietorship

Other

Describe:

Describe Business Product or Service:

Nature of Business Interest (complete those that apply):

Personal Ownership:	Yes	No	Percentage:
Related to Owner:	Yes	No	Relationship:
Employment:	Yes	No	Position:
Other:			Describe:

Acknowledgement:

Print Name

Department – Phone No.

Signature

Date

Return to: NDSU – Director of Purchasing
Old Main, Room 17
PO Box 5456
Fargo, ND 58105-5456