

Please read NDSU Policy 151.1, Conflict of Interest, before continuing.

Name: _____

Title: _____

Dept: _____

Please check the appropriate box (or boxes) below:

- 1. I DO NOT have a financial interest in any contract(s) involving the expenditure of public or institutional funds entered into by North Dakota State University.
- 2. I DO have a financial interest in a contract(s) involving the expenditure of public or institutional funds entered into by North Dakota State University.
- 3. I DO have a personal or financial interest in an agreement, transaction or relationship which could conflict or have the appearance of a conflict with my obligations to act in the best interest of North Dakota State University.

If you checked either box 2 and/or 3, you must complete the remainder of this form. If you checked box 1, please proceed to the signature portion of the form, sign and return to the Purchasing department.

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: _____

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: _____

I hereby certify that I have read and understand the NDSU Policy on Conflict of Interest. I further certify that, to the best of my knowledge, the contents of this Conflict of Interest Disclosure Statement are complete and accurate. If after signing this form my financial interest situation changes that would create a conflict of interest, I will notify the University immediately.

Employee Signature Date

Print Employee Name

Supervisor's Signature - needed ONLY if box(es) 2 and/or 3 are checked above Date

Print Supervisor Name

Please print
Route this form to :
Purchasing Department
Old Main 17
Phone (701) 231-9599
Fax (701) 231-7050