



POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM

Employee Name: _____

Employee Title: _____

Date of Submission: _____

Area of Conflict (check item 1 or 2)

1. Contract / Procurement

Enter the vendor name, bid/contract and the nature of the Potential Conflict of Interest

2. Non-elective State or Federal Office Appointment

Enter the name of non-elective office/other relevant information and the nature of the Potential Conflict of Interest