



CONFLICT OF INTEREST FORM

Purchasing Use Only:
Document #:

DISCLOSURE OF SUBSTANTIAL INTEREST

Please provide **all** information requested in sections 1-4. **Incomplete forms will be returned for completion.**

*** Section 1: EMPLOYEE INFORMATION**

Employee Name: _____ UA EID: _____

Department Name: _____ Department Number: _____

Email: _____ Phone #: _____

Department Campus Address: _____ PO Box: _____

Department Head: _____ Email address: _____

Please provide a full description of your position/relationship with the University that may constitute a Conflict of Interest (e.g., if you are a University of Arizona employee, list your job title and describe your duties):

***Section 2: Please explain your relationship to the Company/Individual (vendor):**

1. Name of Company or Individual who may be contracted to provide goods or services to the University?

A. If a Company:

1. What goods or services may be provided by this Company to the University?

2. Do you have ownership in the business? Yes No If "Yes", describe your involvement with the company, including percent of ownership: _____

If "Yes", your signature in Section 4 certifies that you did not establish this company to avoid the requirements of A.R.S. §38-503(C) relating to conflict of interest.

3. Do you work at this company? Yes No If "Yes", what is your position at the company?

4. Do you have a relative that **owns** all or part of this company? Yes No If "Yes", state their relationship to you.

5. Do you have a relative that **works** at this company? Yes No If "Yes", state their relationship to you.

B. If an Individual:

1. What goods or services may be provided by this Individual to the University?

2. What is the Individual's relationship to you? _____

*** Section 3: BUSINESS/INDIVIDUAL INFORMATION**

All information requested must be provided – incomplete forms will be returned.

Name of Company or Independent Contractor: _____
Address: _____ City: _____ State: _____ Zip: _____
URL or Email: _____ Business Phone: (____) _____ Business Fax :(____) _____
TAX ID or SSN#: _____

Business Type: **Does the business meet the Federal (S.B.A.) Small Business definition (FAR 19.001) and size standards (FAR 19.102)?**

- Yes No **If "YES," please "CHECK" one of the following:**
 Small Business Small Disadvantaged Small Business Women-Owned Women-Owned Disadvantaged
 Veteran Owned HUB Zone

ARIZONA VENDORS: **Does the business meet the AZ Small Business definition of less than 100 employees or less than \$4,000,000 in gross receipts and company headquarters in Arizona?** Yes No

- If "YES," please "CHECK" one of the following:** AZ Small AZ Women-Owned AZ Disadvantaged
 AZ Disadvantaged Women-Owned

*** Section 4: EMPLOYEE CERTIFICATION**

I, _____ (your name here) understand that I must not participate by any means regarding The University of Arizona's decision relating to this substantial interest. "Not participate" means I must have no involvement in the decision making process and I must not communicate with anyone about the decision. Further, I understand and acknowledge agreements between The University of Arizona and the business entity identified above are subject to audit by The University of Arizona or the State of Arizona pursuant to A.R.S. § 35-214.

Name of Employee (print or type):

Signature of Employee: _____ Date: _____

Completed forms may be submitted to the [Purchasing Secure Document Upload](#) or by mail to:

University of Arizona
Financial Services - Purchasing
Attn: Ted Nasser, Chief Procurement Officer
University Services Annex, Bldg. A300
P. O. Box 210300
Tucson, Arizona 85721