



Employee Attestation of Conflict of Interest

As a public institution of the State of Michigan, Michigan State University (MSU) has established policies and procedures for reviewing and addressing conflicts of interest between MSU employees and suppliers and otherwise ensuring compliance with state and federal law.

As part of this process, employees named as a potential conflict of interest by a supplier are required to disclose their financial interest with the supplier to MSU for appropriate review and disposition. Examples include, without limitation: having an ownership interest in the supplier; being a partner, member, officer, director, or employee of the supplier; owning more than 1% of outstanding stock of a supplier that is a private corporation; or being a beneficiary or trustee of a trust that is a supplier.

Your failure to complete and return this disclosure form may result in the university's inability to do business with the supplier.

Your obligation with regard to the disclosure of conflicts of interest is ongoing, therefore we ask that you promptly notify us should you become aware of any potential conflict following the submission of this form. At MSU's discretion you may be asked to update this information periodically.

Supplier name: _____

MSU Vendor #: _____

Please select the appropriate statement:

- ☐ I DO NOT have a financial interest with the Supplier named above.
- ☐ I DO have a financial interest with the Supplier named above, in the following category(ies):
- | | |
|--|--|
| <input type="checkbox"/> Ownership interest | <input type="checkbox"/> Partner, member, officer, director, or employee |
| <input type="checkbox"/> Beneficiary or trustee of trust | <input type="checkbox"/> Own 1%+ of outstanding stock of a private corporation |
| <input type="checkbox"/> Other: _____ | |

By signing below, I affirm that these statements are true and correct. Each party agrees that an electronic signature, whether digital or encrypted, is intended to authenticate this writing and has the same force and effect as a manual signature.

Signature: _____

Date: _____

Name: _____

MSU NetID: _____