

Supplier Disclosure 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 Michigan Act 317 of 1968, regarding contracts between public servants and public entities.

As part of this process, you, the Supplier, are asked to disclose any and all potential conflicts of interest to MSU for appropriate review and disposition. Examples include, without limitation, an MSU employee having an ownership interest in your business, your business being owned by a relative of an MSU employee, and your business sponsoring speaking engagements or other activities with which MSU faculty or staff are involved.

Your failure to complete and return this disclosure form may result in a delay of payment, the termination of your contract and/or suspension of your status as a responsive and responsible provider of goods or services to MSU.

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 discretion you may be asked to update this information periodically.**

Supplier Name: _____ Contact Name: _____

Street Address: _____ Phone No.: _____

City, State, Zip: _____ Email: _____

Please select the appropriate statement:

____ I AM NOT aware of any relationship between the Supplier and an MSU employee which could result in potential personal gain for the MSU employee or which could enable the MSU employee to influence the Supplier relationship for perceived personal gain.

____ I AM aware of a relationship between the Supplier and an MSU employee which could result in potential personal gain for the MSU employee or which could enable the MSU employee to influence the Supplier relationship for perceived personal gain.

Employee Name: _____

Nature of Relationship: _____

By signing below, you represent and affirm that you have proper authority to act on behalf of the Supplier and that the foregoing statements are true and correct to the best of your knowledge.

Signature

Date

Printed Name and Title of Signer

For MSU Purchasing Use Only

MSU Vendor ID #: _____

Disposition of disclosed potential conflict of interest: _____

Reviewed by: _____

Date: _____