**Purpose:**

Used when a conflict of interest pertaining to the purchase of goods or services is known or suspected.

(Completed by an individual at the level of department chair or above who is in a supervisory position to the individual whose conflict is being evaluated.)

*Reference the Administrative Policy Statement (APS) Conflicts of Interest and Commitment at* [*https://www.cu.edu/policies/aps/hr/5012.html*](https://www.cu.edu/policies/aps/hr/5012.html) *.*

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Today’s Date: |  |
| Requisition #: |  |
| Requesting Department: |  |
| Name of Person whose Conflict is being Evaluated: |  |
| Title of Person whose Conflict is being Evaluated: |  |

**CONTACT INFORMATION (Person completing form. This person must be at the level of department chair or above *and* must be in a supervisory position to the individual whose conflict is being evaluated.)**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Campus Phone: |  |
| Campus Fax: |  |
| Email Address: |  |

**KNOWN/SUSPECTED CONFLICT OF INTEREST**

|  |  |
| --- | --- |
| **DESCRIPTION OF**  **SITUATION**  *Describe the conflict of interest situation.* |  |

**CERTIFICATION (By signing below, contact person certifies that the following statements are true.)**

*I have read or am familiar with the Administrative Policy Statement entitled Conflicts of Interest and Commitment, dated September 1, 2006, and specifically with the “Examples of Conflict Situations” (under Attachment 2, Section B) and “Evaluating Disclosures” (under Attachment 2, Section A);*

*I am at the level of department chair or above and I am in a supervisory position to the individual whose conflict is being evaluated;*

*I am aware of the conflict of interest and do not view it as affecting proper decision-making processes at the University; and,*

*I believe that the goods or services should be purchased from the source at issue.*

**APPROVAL**

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PROCUREMENT SERVICE CENTER USE ONLY**

*Purchasing Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Assistant Vice President & Chief Procurement Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Fax signed, completed form to** the PSC at 303.764.3434

(fax to the attention of the purchasing agent listed on the requisition).

**Or, scan signed form and email to** the appropriate purchasing agent.