**Purpose:**

Used when a conflict of interest related 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)*[*Fiscal Code of Ethics*](https://www.cu.edu/ope/aps/4016)*and the University of Colorado*[*Procurement Rules*](https://www.cu.edu/psc/procurement-rules)*.*

**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 Fiscal Code of Ethics and the University of Colorado Procurement Rules;*

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

*Associate 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.