



VENDOR DISCLOSURE FORM

As a public institution of the State of Michigan, Central Michigan University (CMU) has established policies surrounding contracting with its own employees in accordance with Michigan Public Act No. 184, MCLA 15.323.

As part of this process, you, the Vendor, are asked to disclose any and all potential conflicts of interest to CMU for appropriate review. Examples of potential conflict include, but are not limited to a University faculty/staff member or household is an actual or beneficial owner of more than 5% of the voting stock or is an officer, director, trustee, sole proprietor, partner, employee, sales representative, or agent of your company.

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 CMU.

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

Vendor 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 Vendor and a CMU employee which could result in potential personal gain for the CMU employee or which could enable the CMU employee to influence the vendor relationship for perceived personal gain.

___ I AM aware of a relationship (or potential relationship) between the Vendor and a CMU employee which could result in potential personal gain for the CMU employee or which could enable the CMU employee to influence the vendor 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 Vendor and that the foregoing statements are true and correct to the best of your knowledge.

Signature

Date

Printed Name and Title

For CMU Contracting & Purchasing Use Only

Approved By: _____ Date _____