

NOTICE OF POTENTIAL OR REAL CONFLICT OF INTEREST

Please provide all information requested. Incomplete forms will be returned for completion. Department Name:	
En	nployee Name: Phone #:
Na	ame of the Proposed Vendor:
1.	Please provide a full description of your position/relationship with Oregon State University (e.g., if you are an employee, list your job title and briefly describe your duties):
2.	What goods or services will be provided by this vendor to the University?
3.	Explain your relationship to the vendor:
4.	If you have ownership in the business, describe your involvement with the company, including percent of ownership: