# UNIVERSITY OF SOUTHERN INDIANA

## DISCLOSURE STATEMENT FOR POTENTIAL CONFLICT OF INTEREST

Name of person submitting statement:

Title or position with the University of Southern Indiana:

This statement discloses my possible financial interest (and that of my spouse and dependents) in University contracts or purchases, related to my University duties or functions.

This disclosure is provided pursuant to IC 35-44.1-1-4.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Contractor or Vendor |  | Description of Contract or Purchase |  | Description of My Financial Interest |
|  |  |  |  |  |

(If “none”, please indicate. Attach extra pages if additional space is needed.)

Under penalty of perjury, I affirm the truth of the statements herein. I understand that if a potential conflict of interest is not approved by the Board of Trustees of the University of Southern Indiana, I may be required to discontinue it or divest myself of it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of person submitting Date

this statement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Dean or Department Head Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Vice President Date

*Return this completed form to the Office of the Vice President for Finance and Administration.*