

## Texas Christian University

### Conflict of Interest Disclosure Report

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Campus phone: \_\_\_\_\_

1. Please complete this section if you, a member of your immediate family, or business partner has **significant ownership** in an entity providing services, supplies, or equipment to the University and receiving payment from the University greater than \$2500 in a fiscal year.

Briefly describe the nature of the business. Include all facts that bear on the conflict of interest. Explain how the potential real conflict will be managed, reduced or eliminated.

2. Please complete this section if you, a member of your immediate family, or business partner, is employed in entities used by the University and stands to benefit directly from the purchases (i.e. sales representative, service employee, **significant owner**, etc.)

Briefly describe the nature of the business. Include all facts that bear on the conflict of interest. Explain how the potential or real conflict will be managed, reduced or eliminated.

3. Please complete the section below if you receive consulting fees, salary, or other items of monetary value from an entity seeking to or doing business with the University, and exceeding amounts as set forth in the conflict of interest disclosure guidelines.

Briefly describe the nature of your relationship with the potential or real entity. Include all facts that bear on the conflict of interest. Explain how the potential or real conflict of interest will be managed, reduced, or eliminated.

To the best of my knowledge, the information I have provided in response to the above questions is complete and accurate.

Faculty/Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the information provided by the above-named faculty or staff member.

Supervisor's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If further action is required by the supervisor, please attach an explanation of action taken.*

*Return to: Office of the Vice Chancellor for Finance and Administration, TCU Box 297041*

*This report is to be completed annually upon the request of the Vice Chancellor for Finance and Administration even if all answers are "none." It is additionally required on a per occurrence basis as provided by the Conflicts of Interest section of Code of Conduct Policy, 2.070.*