

Disclosure Form – Employee-Vendor Relationship

Vendor may not provide goods or services unless approved by Purchasing Department

Instructions: Complete this form to disclose an **Employee-Vendor Relationship** as required in [UCOP BUS-43, Part 7](#) and submit with any quotation or proposal to the University.

REQUESTING DEPARTMENT			
Date:	PO or Requisition #:	PO Amount: \$	
Name of Department:			
Name of Department Contact Person:	Phone:	Fax:	Email:

PROPOSED OR EXISTING VENDOR DETAILS
Name and address of Vendor:
Vendor Federal Employee Identification Number (corporation) or Social Security Number (individual):
Describe the goods and/or services:
Are these goods and/or services available commercially from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No

SELECT TYPE OF EMPLOYEE-VENDOR RELATIONSHIP	
<input type="checkbox"/>	Employee proposing to rent, sell, or provide goods or services to the University.
<input type="checkbox"/>	Employee owning or controlling more than a 10% interest in the vendor that proposes to rent, sell, or provide goods or services to the University. Financial Interest:
<input type="checkbox"/>	Former Employee proposing to rent, sell, or provide goods or services to the University. Name of Former Employee: _____ Date separated from UC: _____ University Dept.: _____ Position: _____
<input type="checkbox"/>	Near Relative currently providing, or is being proposed to provide, goods or services to the University. Name of Relative: _____ Relationship: _____
<input type="checkbox"/>	Near Relative owning or controlling more than a 10% interest in the vendor, or currently providing, or is being proposed to provide, goods or services to the University. Name of Relative: _____ Relationship: _____ Percentage of Financial Interest: _____

EMPLOYEE OR FORMER EMPLOYEE CERTIFICATION
I certify that no University time, material, equipment or facilities have been or will be used in connection with any resulting purchase order or contract.
I certify that I have not or will not influence, participate in, or make the University's decision to purchase the above goods or services from the vendor.
Employee or Former Employee Signature: Name: _____ Date: _____

DEPARTMENT CERTIFICATION
I certify that no University time, material, equipment or facilities have been or will be used in connection with any resulting purchase order or contract.
I certify that the employee or former employee will not influence, participate in, or make the University's decision to purchase the above goods or services.
Department Chair Signature: Name: _____ Date: _____

PURCHASING DETERMINATION	
Signature: _____ Name: _____	Determination: _____