

Routing
<input type="checkbox"/> Public Servant
<input type="checkbox"/> Dean/Chair/Director
<input type="checkbox"/> Campus Exec or VP
<input type="checkbox"/> General Counsel
<input type="checkbox"/> Trustees' Office

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Pursuant to and in compliance with Indiana Code 35-44.1-1-4
(Form adapted for use by Indiana University)

1. Name of public servant submitting statement: _____

2. Title or position with Indiana University: _____

3. Home campus: _____ Email: _____

4. This statement is submitted (check one):

As an annual disclosure statement of my financial interest connected with any contracts or purchases of Indiana University, which are made on a regular basis with or from particular contractors or vendors; or

As a single-transaction disclosure statement of my financial interest in a specific contract or purchase connected with Indiana University proposed to be made by Indiana University with or from a particular contractor or vendor.

The phrase “my financial interest,” as used in this disclosure statement includes any interest of myself, my spouse, or my dependent(s).

5. Name(s) of contractor(s) or vendor(s): _____

6. Description of contract(s) or purchase(s) to be made by Indiana University: (Describe the kind of contract involved, names of parties involved [other than those disclosed above], the effective date and term of contract or transaction date of purchase if reasonably determinable. [Dates **required** if this is a single-transaction disclosure.]

7. Description of my financial interest: (Describe in what manner you or your family expects to derive a profit or financial benefit from, or otherwise has a pecuniary interest in, the above contract(s) or purchase(s). **State the approximate dollar value of such profit or benefit.**)

(Attach extra pages if additional space is needed.)

8. Affirmation of Public Servant: I affirm, under penalty of perjury, the truth and completeness of the statements made above, and that I am the public servant named above.

Signed: _____ Date: _____
(Signature of Public Servant)

Reviewed: _____ Date: _____
(Dean, Department Chair or Director)

Reviewed: _____ Date: _____
(Campus Executive Officer or Vice President)

Reviewed: _____ Date: _____
(Vice President & General Counsel)

A copy of this disclosure statement must be submitted to the Secretary of the Board of Trustees, **prior to final action being taken on the purchase or contract.**

Within 15 days following final action being taken on the purchase or contract, a copy of this statement must be filed electronically by the Secretary of the Trustees of IU with the State Board of Accounts.

9. Approval of The Trustees of Indiana University: I, Secretary of the Trustees of Indiana University, which employs the above named public servant, hereby report that the Board of Trustees of Indiana University approved the participation of the public servant in the above described contract(s) or purchase(s).

(Secretary, The Trustees of Indiana University)

Date of Board Meeting

Date submitted to State Board of Accounts