

POTENTIAL CONFLICT OF INTEREST  
DISCLOSURE FORM

Name of Employee: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Description of the Contract or Bid: \_\_\_\_\_

\_\_\_\_\_

Nature of the Potential Conflict of Interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Employee: \_\_\_\_\_