

Disclosure Form - Employee Vendor Relationship

Instructions: For purchases of goods or services involving an **employee-vendor relationship**, Complete Part 1 and Part 2 of this form and submit to Purchasing for a final determination. If this is an intercampus transaction, submit the form to the location where the purchase will originate. NOTE: Goods or services may not be provided before the Purchasing Manager or designee approves this form.

PART 1 – To be completed by Unit or Department submitting the purchase requisition when there is a relationship between a UC employee and a vendor proposing to sell goods or services to the University.

REQUESTING DEPARTMENT			
Date:	PO or Requisition #	PO Amount \$	
Name of Department requesting goods/services from UC employee or near relative:			
Name of Department Contact Person:	Phone:	Fax:	e-mail:

PROPOSED VENDOR	
Name of Proposed Vendor:	
Describe the goods/services requested:	
Describe how (and by whom) the Proposed Vendor was selected (include any extenuating circumstances):	
Are the goods or services available from other sources? _____ Yes _____ No	Are these goods or services available from University's own facilities? _____ Yes _____ No
EMPLOYEE'S DEPARTMENT CHAIR CERTIFICATION:	
If the proposed vendor is a UC employee, his or her Department Chair or Supervisor's signature is required below: This proposed work will not interfere with the proposed vendor/employee's scheduled responsibilities	
Chair/Supervisor's Signature:	Name: _____ Date: _____

PART 2 – To be completed by the UC employee who has a relationship with the Proposed Vendor when the Proposed Vendor submits a quotation or proposal to rent or sell goods or services to the University, or when the employee learns that one has been submitted by a near relative.

EMPLOYEE CERTIFICATION:	
Employee's Campus and Unit:	Employee's Title: _____ Employee's Duties: _____
	I propose to rent or sell goods or to provide above services to University.
	I own or control more than 10% interest in the Proposed Vendor Nature of my interest in Proposed Vendor: _____
	The Proposed Vendor is my near relative Name of relative: _____ Relationship: _____
	My near relative owns or controls more than 10% interest in Proposed Vendor Name of relative: _____ Relationship: _____ Nature of relative's interest in Proposed Vendor: _____
If employee is the vendor: 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.	
If employee is related to the vendor: I certify that I have not or will not make, influence, participate, or be involved in any way, in the making of the University's decision to purchase the above goods or services from the Proposed Vendor.	
Employee Signature:	Name: _____ Date: _____

PART 3 – Vendor may not provide goods and/or perform work unless approved below by Purchasing Manager.

PURCHASING DETERMINATION	
Determination by Purchasing Manager or Designee Signature: Name: Title: _____ Date: _____	Approved for the following reasons:
	Disapproved for the following reasons: