



## CONFLICT OF INTEREST FORM

Revised 1/30/17

**CONFLICT OF INTEREST STATEMENT:** (Must be read and signed by the person named as the payee or vendor on the requisition)

**In accordance with Ark. Code Ann. §19-11-705: Employee conflict of interest. 19-11-701; Definitions (6) (8) (9) (11):**

I swear under penalty of perjury that I am not an employee of any Arkansas State Agency, including *UAPB, which is a State Agency*, nor am I the immediate family member of a State employee as defined under the Arkansas State Procurement Law. (*Immediate family member is defined as mother, father, sister, brother, spouse, children or grandparents*).

*Additionally, I have not worked at an Arkansas State Agency in the last twelve (12) calendar months of this date below.*

\_\_\_\_\_  
Print Payee/Company Name

\_\_\_\_\_  
Signature Payee/Owner

\_\_\_\_\_  
Today's Date

(For another to sign for this person/company is fraudulent)

Are you currently employed?      Yes    \_\_\_      No    \_\_\_

If so where? (Full name of the Agency or Business):

\_\_\_\_\_  
Name of Company/Organization/Agency

**Form must be filled out in its entirety.**

NOTE: THESE FORMS ARE REQUIRED TO BE UPDATED ANNUALLY