Conflict of Interest Form

	-	rpose of this form is to obtai licable items listed below, or			ct of intere	est regulations. Plo	ease answer
	1.	Name					
	2.	. Address					
		City	State	Zip			
	3.	Are you an employee of lov	va State University?		Yes	No	
If the answer to question 3 is yes, payment for services must be made throug Procurement Services. Exceptions: Payments to research participants, experie winners are allowed.						-	_
	4.	Do you have a spouse who	is an employee of Iowa State	e University?	Yes	No	
	5.	Are you the parent of a minor child who is an employee of lowa State University?			Yes	No	
	6. If you are a minor child, is one of y lowa State University?		ne of your parents an emplo	oyee of	Yes	No	N/A
		If the answer to ques ISU employee(s).	tions 4, 5 or 6 is Yes, state the	names of the			
7.		Are you an employee of the University of Iowa, The University of Northern Iowa or another agency of the State of Iowa?			Yes	No	
		If so, please identify v	which one:				
		required; unless the	tions 4, 5, 6 or 7 is Yes, a Requi payment is to a research partic participant or prize winner.				
8.		Are you a U.S. citizen or a resident of the U.S. or U.S. territories?			Yes	No	
		U.S. citizens and residents of the U.S. or U.S. territories must also complete an IRS W-9 form.					
	If you are not a U.S. citizen or a resident of the U.S. or U.S. territories, independent personal service p made to you by ISU require 30% to be withheld unless you have a U.S. Social Security Number or Indiv Taxpayer Identification number and are exempt because of a tax treaty. An IRS Form 8233 must be contacted to the Supplier Invoice to qualify for exemption.						ividual

The departmental representative to contact for question about information on this form is:

Date

Email

Phone Number

If you have questions about this form, please contact the Office of Compliance by email at acctweb@iastate or by phone at 294-5180.

Signature of Person Providing Service