



Employee Vendor Relationship Disclosure Form

Employees shall disclose in writing to their immediate supervisor any a personal financial interest, a business interest, or any other obligation or relationship that in any way creates a potential conflict of interest.

No.	Name	Relationship	Vendor Name	City and State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

Submission of this form does not constitute approval or non-approval of the listed vendor(s). Departments/Campuses may not request, nor shall the vendor provide, any goods and/or services to the McAllen Independent School District without a fully executed contract or purchase order.

I attest that the information stated above is true to the best of my knowledge. If any information changes in the future, I will notify the Director of Purchasing Services in writing immediately.

Employee Signature

Date

Printed Name