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.

<table>
<thead>
<tr>
<th>Print Payee/Company Name</th>
<th>Signature Payee/Owner</th>
<th>Today’s Date</th>
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(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