



University of South Carolina
Conflict of Interest Report
 (Instructions on back)

I. Official or Employee of the University of South Carolina or Related Organization:

Name: _____ Dept/Organization: _____
 Position: _____ Phone: _____

II. Business Activities with the University of South Carolina and/or Related Organization:

Six-month period ended June 30, _____ or December 31, _____
 Name of Business or Individual: _____
 Address: _____
 _____ Phone: _____
 Relationship to USC Official/Employee: _____
 Amount/Value of Transaction: _____ Date: _____
 Description and nature, including method of selection (i.e., competitive bids, royalties, sole source, academic scholarship):

III. Gifts of goods and/or services received from the University of South Carolina or Related Organization or as a result of any association with the University of South Carolina.

Person or company receiving gift: _____
 Address: _____
 _____ Phone: _____
 Relationship to USC Official/Employee: _____
 Date Given: _____ Value: _____
 Source of gift: _____
 Description of gift and purpose for which it was given:

IV. To the best of my knowledge the information provided in this report is true and accurate.

 USC Official/Employee Signature (Sign original in blue ink) _____ Date

University of South Carolina Conflict of Interest Report Instructions

The University of South Carolina Board of Trustees Conflict of Interest Policy requires members of the University community to file this report if the following conditions apply:

- . You are a governing board member, officer, or employee of any of the following entities:
 - A. University of South Carolina
 - B. Any foundation or other entity that is affiliated with the University of South Carolina, any of its campuses, colleges, institutes, centers, museums, or programs.
 - C. Alumni Association
 - D. USC School of Medicine Clinical Faculty Practice Plan
 - E. Any booster organization affiliated with the University of South Carolina or any of its campuses (i.e., Gamecock Club, Pacer Club, USCS Athletic Association)

And,

- . You, a member of your immediate family, or a business in which you or a member of your immediate family have an ownership interest or is employed by:
 - A. Conducts business with one of the entities identified above (file this report each June 30 and December 31).
- OR
- B. Receives a gift of goods or services with a value exceeding \$100 from one of the entities identified above or as a result of your association with one of the entities identified above (file this report within 60 days).

Complete and submit an original copy of this form to:

**Director
Internal Audit
University of South Carolina
Columbia, SC 29208**