

FINANCE & ACCOUNTING
DEPARTMENTAL AUTHORIZATION SECURITY ACCESS
Ethics and Purchasing Certification

I confirm that acting as an employee or agent of the University of Central Florida, I will engage in purchasing and related activities and all other business dealings on behalf of my department/project and the University of Central Florida in a manner above reproach in every respect.

I understand that transactions relating to expenditure of public funds require the highest degree of public trust to protect the interest of the University and the taxpayers of Florida.

I understand that it may be considered a breach of ethical standards to participate, either directly or indirectly, in a procurement transaction when:

1. I, my spouse, children, brothers, sisters, or parents have or will have a direct financial interest of 5% or more in a business entity that may sell, rent or lease to UCF any realty, goods or services.
2. A person, business or organization with whom I, my spouse, children, brothers, sisters, or parents am employed or have/has an arrangement for prospective employment and the relationship could pose a conflict between my private duties and the best interests of the University.

I understand that if any of the above conditions exist, I must complete the HR form "Request for Dual Compensation" or "Conflict of Interest/Outside Activity/Employment Report" (available on the HR website at <http://www.hr.ucf.edu/web/forms/index.shtml#employment>) and obtain written approval from the appropriate administrator prior to making any commitments for procurement.

I understand that failure to comply with ethical standards may result in disciplinary action up to and including termination.

I will strive to obtain the best value for the University at all times when making purchasing decisions.

I certify that I will abide by the guidelines in the Purchasing Manual at <http://www.purchasing.ucf.edu>.

I will to strive inspect or approve inspection of goods and services within ten working days of receipt of goods or services to insure prompt payment to the vendor.

After reading this interactive form, please: **1)** enter on-line your Name and Emplid, and the Date;
2) print and sign the form; and **3)** fax it to F&A at (407) 882-1211.

Signature: _____ **Printed Full Name:** _____

Emplid: _____ **Date:** _____