

**VANDERBILT UNIVERSITY
INDEPENDENT CONTRACTOR/EXTERNAL CONSULTANT
CONFLICT OF INTEREST CERTIFICATION**

Name of Service Provider: _____
(Please Print)

Social Security Number or Tax ID Number: _____

I certify that this position was not used for financial gain beyond that received directly for this consulting service nor did the work performed on this project create an appearance of a conflict of interest for me or a member of my family or others with whom I have business or other ties.

Signature of Service Provider

Date

Completed form should be attached to the Requisition for Purchase of Services