UNIVERSITY OF CENTRAL FLORIDA

ADDITIONAL SUPPLIER INFORMATION

Please complete all required fields marked with an asterisk (*). Additional documentation may be requested based on your responses.

1. SUPPLIER AND PAYMENT CONTACT INFORMATION

***Supplier legal name**	
***Purchase order email**	***Remittance email**

2. UCF CONTACT

A UCF contact is required. This may be the person who asked you to complete supplier registration.

***Name**	***Email**

3. UCF RELATIONSHIP / POTENTIAL CONFLICT

***Does a UCF employee, spouse, or child serve as an officer, partner, director, or proprietor; own 5% or more of this entity; or benefit from a procurement transaction with this supplier?**	☐ **Yes**	☐ **No**
If yes, UCF employee name(s) and business relationship:		
In their UCF role, will the named employee(s) have any direct or indirect involvement or oversight of this business relationship?	☐ Yes	☐ No
If yes, explain involvement		

4. INDIVIDUAL / SOLE PROPRIETOR INFORMATION

***Is the supplier a single individual or individually owned (sole proprietor)?**	☐ **Yes**	☐ **No**
If yes, are you a current UCF student?	☐ Yes	☐ No
If yes, are you a current or former UCF employee?	☐ Yes	☐ No
If yes, are you a UCF or Florida Retirement System (FRS) retiree within the last six months? Retirement includes payments, distributions, withdrawals, or rollovers from a State of Florida-administered retirement plan.	☐ Yes	☐ No

5. FOREIGN OWNERSHIP

***Is the supplier owned by a foreign company?**	☐ **Yes**	☐ **No**
If yes, parent company name	Website	
Parent company address		

6. CERTIFICATION

***Signature** ***Date** ***Email**