

**CONTRACT DISCLOSURE FORM**

Name of Public Educational Entity: \_\_\_\_\_

Name of Person Disclosing Transaction: \_\_\_\_\_

***Note: Fully complete this form and return to the administration office.  
NO TRANSACTION OR SERVICE MAY BE RENDERED UNTIL THIS FORM HAS BEEN COMPLETED AND APPROVED. A.C.A. § 6-24-101 et seq. requires FULL and COMPLETE DISCLOSURE of transactions with public educational entities. KNOWINGLY FAILING to FULLY DISCLOSE pertinent information relating to a transaction could result in criminal charges.***

I am a (an)  Board Member  Administrator  Employee

***Note: "Board member" means any board member, director, or other member of a governing body of a public educational entity.***

***"Administrator" means any superintendent or assistant superintendent or his or her equivalent, open-enrollment public charter school director, school district treasurer, business manager, or other individual directly responsible for entity-wide purchasing.***

***"Employee" means a full-time employee or part-time employee of a public educational entity.***

\_\_\_\_\_  
Mailing Address City State Zip

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Nature of transaction subject to disclosure and approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated dollar amount of transactions with public educational entity for entire school year:  
\_\_\_\_\_

Check One:

- I have a financial interest in the transaction with the public educational entity.
- A family member has a financial interest in the transaction with the public educational entity.
- Both a family member and I have a financial interest in the transaction with the public educational entity.

Nature of financial interest: (State how you and/or family members are financially interested in the transaction): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justification for Approval: (State reason why you believe the transactions are in the best interest of the public educational entity. State the unusual and limited circumstances involved.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Check here if Emergency Transaction as defined by A.C.A. § 6-24-101(9).

PLEASE ATTACH ANY OTHER ADDITIONAL INFORMATION OR DOCUMENTS YOU BELIEVE ARE NECESSARY FOR A FULL, COMPLETE, AND ACCURATE DISCLOSURE OF THE FACTS AND CIRCUMSTANCES OF THE TRANSACTIONS.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date completed form received by district: \_\_\_\_\_

\_\_\_\_\_  
School Official's Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
FAX Number

Local Board Action:

APPROVED

DISAPPROVED