

CONFLICT OF INTEREST / HOSPITALITY DECLARATION FORM

I,
(Name)

confirm I have received the following hospitality/declare the following conflict of interest

from/with
(Name of entity providing hospitality/with whom there is a conflict of interest)

.....
(Describe, hospitality/conflict of interest)

valued at \$.....

.....
(Signed)

.....
(Date)

If total value of hospitality (over a 12 month period) is valued at over \$100.00 have your line manager complete.

Prior approval was given for the above hospitality.

.....
(Name)

.....
(Signed)

.....
(Date)

Please send completed form to:

**Disclosure Register
Corporate Office
2nd Flr, H Block
TPMH**