Official Visitor Agreement Cover Sheet and Routing Form - May 2017

Department: ________________________________ College/ Unit: ________________________________

Department Contact: ________________________________

Department Contact: ________________________________ (Phone number)

Collaborating Entity: _______________________________________________________________________

Description: Official Visitor Agreement to host _____________________________________ (insert name of visitor)
by Mississippi State University collaborator___________________________________________. (insert name of MSU faculty host)

By signing below, I certify that I am not aware of any conflict of interest, as defined by MSU Policy 60-416 and other applicable Mississippi law, resulting from entering into this contract. Specifically, I do not have and am not aware of any other person involved in the solicitation, selection or approval of this contract who has (1) an association with or a material financial interest in the contracting company or other companies associated with the contract; (2) a relative (included spouse or parent, child, or sibling (or spouse of any of those persons)) with an association with or a material financial interest in the contracting company or in other companies associated with this contract; or (3) any negotiations or arrangements related to perspective employment with the bidding company.

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<th>APPROVALS</th>
<th>Name (printed or typed)</th>
<th>Signature</th>
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<td>MSU Collaborator</td>
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THE FOLLOWING IS TO BE COMPLETED BY PROCUREMENT AND CONTRACTS

Contract Number: ______________________________ Date received: ______________________________

Routing Instructions: ________________________________________________________________

Waiting for Vendor Signature: [ ] Received by: ______________________________

Completed: [ ]

Comments: ________________________________________________________________

*PROPOSED CONTRACT (OVA) SHOULD BE ATTACHED