

# Official Visitor Agreement Cover Sheet and Routing Form- March 2020

Department: \_\_\_\_\_ College/ Unit: \_\_\_\_\_

Department Contact: \_\_\_\_\_

\*The department contact will receive the contract (OVA) back once it has been signed by ORED or Procurement and Contracts. The MSU collaborator is the person requesting that the contract be approved. **Per university policy 13.22 visiting scholars cannot be paid as an intermittent worker.**

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.

APPROVALS	Name (printed or typed)	Signature	Date
MSU Collaborator			
Department Head			
Director			
Dean			

**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