



RELATED PARTY QUESTIONNAIRE

Employee Name: _____

Job Title: _____

Division/Office: _____

Please disclose any related party transactions which may have occurred with the Mississippi Department of Education for the fiscal year ended June 30, 20___. If none, please indicate by writing "None" in the spaces provided below.

If related party transactions exist, complete the following:

- a. Describe the nature of the relationship.

- b. Describe the transactions (*when they occurred, the amounts involved*).

- c. Amounts due to or from related parties at the time of reporting and the terms and manner of settlement.

- d. Any other information that should be disclosed about a potential, implied, or actual related party issue or situation.

Signature

Print Name

Date