

AFFIDAVIT OF NOTICE OF FEE DISPOSITION

PURSUANT TO LA. R.S. 38:2196.1, any person or other entity that enters into any contract awarded without bidding with a state entity or local entity, or any contract with a local entity exceeding ten thousand dollars awarded with bidding, in which a commission, fee, or other consideration is paid to the contractor for the contractor to sell to or provide to the state entity or local entity any commodity, goods, brokerage service or other service of any kind, insurance, or anything of value, then the full disposition, splitting, or sharing of such commission, fee, or other consideration **shall be disclosed to the state entity or local entity by the contractor in writing** by an ***AFFIDAVIT OF NOTICE OF FEE DISPOSITION***.

ORIGINAL FEE DISPOSITION (DATE CONTRACT ENTERED: ___/___/___)

AMENDMENT (DATE FEE DISPOSITION AMENDED: ___/___/___)

NAME OF CONTRACTOR: _____

NAME OF AUTHORIZED AGENT (PRINT): _____

MAILING ADDRESS: _____

NAME OF STATE OR LOCAL ENTITY _____

STATE CONTRACT WITHOUT BIDDING

LOCAL CONTRACT WITHOUT BIDDING

LOCAL CONTRACT WITH BIDDING (EXCEEDING \$10,000)

VALUE OF COMMISSION, FEE, OR OTHER CONSIDERATION TO THE CONTRACT: \$_____

PARTIES TO RECEIVE DISPOSITIONS, SPLITS, OR SHARES OF THE COMMISSION, FEE, OR OTHER CONSIDERATION

SCHEDULE A COMPLETED AND ATTACHED

CERTIFICATE OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that this Notice shall be attached to and made a part of the contract for which the commission, fee, or other consideration is paid and shall be recorded in the public record.

Signature (Authorized Agent)

SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____, 20____

Signature (Notary Public)

**SCHEDULE A: PARTIES TO RECEIVE DISPOSITIONS, SPLITS,
OR SHARES OF THE COMMISSION, FEE, OR OTHER CONSIDERATION**

FULL NAME OF RECIPIENT (PRINT): _____

SPLITS: _____ FEE \$ _____ COMMISSION SHARES: _____

OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

SPLITS: _____ FEE \$ _____ COMMISSION SHARES: _____

OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

SPLITS: _____ FEE \$ _____ COMMISSION SHARES: _____

OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

SPLITS: _____ FEE \$ _____ COMMISSION SHARES: _____

OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

SPLITS: _____ FEE \$ _____ COMMISSION SHARES: _____

OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

SPLITS: _____ FEE \$ _____ COMMISSION SHARES: _____

OTHER CONSIDERATION: _____