[TO BE PRINTED ON **RECEIVING** COMPANY LETTERHEAD]

***VUMC Export Compliance – End-User Statement***

**(Insert date)**

**END-USER**

Name: xxx

Address: xxx

City/State/Country: xxx

Postal Code: xxx

Phone: xxx

Contact Person: xxx

Description of Activity: xxx

**EXPORTER**

Name:Vanderbilt University Medical Center

Department: xxx

Person Responsible: xxx

Address: xxx

City/State/Country: Nashville, TN, USA

Postal Code: xxx

Customs Number: xxx

**DESCRIPTION OF GOODS/TECHNOLOGIES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NO. | ITEM | ECCN | QUANTITY | UNIT PRICE | | TOTAL VALUE |
| 1 | xxx | x | x | $ xxx | | $ xxx |
| 2 | xxx | x | x | $  xxx | | $  xxx |
| 3 | xxx | x | x | $ xxx | | $ xxx |
| 4 | xxx | x | x | $ xxx | | $ xxx |
|  |  | | | | Grand Total | $ xxx |

**STATEMENTS**

**Supplementary information:**

**End-Use:** All items exported are for use by (insert employee name of end-user institution) only for official purposes.

**Description of end-use (including purpose and place):** All items will be located in xxx office/field office in (list specific address) to support (list name of end-user institution) staff with daily research use in proving (list specific use for items, e.g. pediatric treatment and prevention to the population).

**Statement by the End-User:**

* We certify that all the facts contained in this statement are true and correct to the best of our knowledge and belief and we are not aware of any additional facts which are inconsistent with the above statement.
* We shall promptly send a supplemental statement to the exporter disclosing any changes of facts or intentions set forth in this statement which occurs after the statement has been prepared and forwarded.
* Without prior U.S. Government export authorization, I (We) represent and certify that I (we):
  + Assume all responsibilities for export compliance;
  + Will not resell/retransfer any of these materials/devices/technology to a foreign national, entity or destination; and
  + Will ensure that the materials/devices/technology received will not be exported, reexported, released or disclosed to either:
    - a foreign national inside or outside the U.S., or
    - a foreign entity or destination

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_