| Exhibit X |
|-----------|
|-----------|

OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

| Department Name: SUNY Upstate Medical Ur | niversity | Department ID#: 3320211 |
|--|----------------|-----------------------------|
| Contractor Name: Women's Imaging | Seryces | Contract Number: C/x 5039/7 |
| Contract Start Date: 719/2015 | Contract End I | |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|-----------------------------|------------------------|------------------------------|--------------------------------------|
| Plys Services | l | 2010 | 341,063 |
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| | | | |
| Total this page | | - | |
| Total this page Grand Total | 1 | 2000 | 341,06300 |

| Name of person who prepared this report: Marybeth Sm/4 | h-Giromini |
|--|------------------------|
| Title: Bysiness Manager | Phone #: 315 -464 6679 |
| Preparer's Signature: Maupola Smoth Sirimini | |
| Date Prepared: 265/16 | |
| (Use additional pages if necessary) | Page / of / |