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SN401-C 504 642-3320211

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

FORM A

		ctor's Planned Employment the End Of The Contract T	
Department Name: SUNY Upstate M Contractor Name:	fedical University	Departme	nt ID# <u>: 3320211</u>
Contract Start Date: 413116	Co	ntract End Date: 410	119
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1063.00	i	6,340	972,758
Total this page			
Grand Total	1	6,240	977,758
Name of person who prepared this re	port: Ma Hher	Ith	
Title: Malmonistals	14	Phone #: _	715-464-8387
Preparer's Signature:	[9]		
Date Prepared: IVI VIIV			

Name of person who prepared this report:			
Title: Admonistate	Phone #:	715-4	64-8181
Preparer's Signature: Date Prepared: 10 20 16			
(Use additional pages, if necessary)		Page	of