SNY01-C504103-3320211

Exhibit X

OSC	Hse	Only

Reporting Code: CUB

Category Code:

Date Contract Approved:

Form A

State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

State Agency Name:	SUNY Upstate	Medical University	Agency Code:	28110
Contractor Name: U			Contract Number:	

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1067.00 Physica	n /	2080	4322,845
Total This Page	1	2080	4322 SV.C
Grand Total	1	2080	4322,845 4322,845

Name of person who prepared this report	Barbara J. Jasinski
Title: Show Contract Preparer's Signature Son Con	S Phone #: 315-464-4680
Preparer's Signature 300/00	na o ogonski
Date Prepared:	