FORM A

OSC Use Only:

Reporting Code: CUG

Category Code:

Date Contract Approved:

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

State Agency Name: OASAS

Contractor Name: Christine DeLozier, L. Ac.

Agency Code: 3670000

Contract Number: ¢004273

Contract Start Date: 06/01/ 2017

Contract End Date: 05/31/2022

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Professional	D	1600	#60,800
1 01 03510 10			(4)

	+		
· ·			
3.5			
Total this page			
Grand Total	9	i l	\$60.80

Name of person who prepared this report: $\circlearrowright \mbox{$\backslash$}$	Wistine	Delozier
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Title: Licensed Acupuncturist.

Preparer's Signature:

Phone #: 585-489-9070

Date Prepared: 4 //9//37

(Use additional pages, if necessary)

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