

OSC01 - C170005 - 3050000

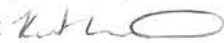
Reporting Code : CUB

FORM A

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

State Agency Name: **Office of the State Comptroller**
State Agency Department ID: 3050000 Agency Business Unit: OSC01
Contractor Name: *Jeffrey Meyer* Contract Number: *C170005*
Contract Start Date: *03/21/2018* Contract End Date: *05/21/2018*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
26-1069.00 Physicians and Surgeons, All Other	1	500	\$ 500,000
Total this page	0	0	\$ 0.00
Grand Total			\$ 500,000

Name of person who prepared this report: *Kristen Ferrara*
Title: *Contract Management Specialist* Phone #: *518-474-7293*
Preparer's Signature: 
Date Prepared: *10/17/2017*
(Use additional pages, if necessary) Page | of |