

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: <u>SUNY Upstate Medical University</u>	Department ID#: <u>3320211</u>
Contractor Name: <u>Antibiotic Consultation Services</u>	Contract Number: <u>C-504095</u>
Contract Start Date: <u>7/1/15</u>	Contract End Date: <u>6/30/2020</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>29-1063.0</u>	<u>1</u>	<u>5,928</u>	<u>730,630</u>
Total this page			
Grand Total	<u>157</u>	<u>5,928</u>	<u>730,630</u>

Name of person who prepared this report: Matthew Hutz
 Title: Chief Administrator Phone #: 315 464 8282
 Preparer's Signature: [Signature]
 Date Prepared: 3/10/17