

**FORM A**

New York State Consultant Services  
**Contractor's Planned Employment**

From Contract Start Date Through the End of the Contract Term

*SNY01- C504290- 3320211*

State Agency Name: SUNY Upstate Medical University

State Agency Department ID: 3320211

Agency Business Unit: SNY01 *MZ*

Contractor Name: Commercial Investigations LLC

Contract Number:

Contract Start Date: / /


Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
	0.00	0.00	\$0.00
Investigator	0.00 17	0.00 700	\$0.00 \$33,600
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	<b>0.00 17</b>	<b>0.00 700</b>	<b>\$ 0.00 \$33,600</b>
<b>Grand Total</b>	<b>17</b>	<b>700</b>	<b>\$33,600</b>

Name of person who prepared this report: Michelle Pyan

Title: Owner and President

Phone #: 800-284-0906

Preparer's Signature: 

Date Prepared: 11/ 15/ 2016

(Use additional pages, if necessary)

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Available on-line at:

<http://www.osc.state.ny.us/procurement/> use AC 3271 S for Form A and AC3272 S for Form B

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