## 50401-0504326-3320211

Exhibit X			
		OSC Use Only	
Reporting Co			
		Category Code:	
		Date Contract Appro	oved:
Form A		1 DI 1 D	and the second s
State Consultant Service			
From Contract State Date	e i nrough the	e End of the Contr	act Term
State Agency Name: <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>			
Contract Start Date  Contract Start Date	e Utology	Contract Number: C - Contract End Date:	509326+ x-5043 7/10/19
Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1049.12	18	4997	1,155,699
			r.
Total This Page			
Grand Total			1155199
**************************************			1,155,699
Name of person who prepared this report	me Hhera H.	47	
Title: Chi of h			0.5
Title: Chief Administratory	Pho	one #: 315 464 87	189
Preparer's Signature			-
Date Prepared: /// 10/17			