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OSC Use Only
Reporting Code:
Category Code:
Date Contract Approved:

Form	A
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State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

State Agency Name:	SUNY Upstate Medical University	Agency Code:	28110
Contractor Name: De	of of Medicina	Contract Number: Contract End Date:	(-504355+ X-504355

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1963.8	No	6740	765, 315
			STATE OF THE STATE
	The state of the s		
Total This Page			
Grand Total			

Grand Total	
Name of person who prepared this report Matthew Title: Care & Administration	ひ H いt Z. Phone #: 315-464-8282
Preparer's Signature 7074 Rff Date Prepared: 10/4/10	