E	xhibit X				
ı	Amont A		OSC Use Only:		
			Reporting Code:		
			Category Code:	1	
Į.	Date Contract Approved: ORM A				
T					
	State Consultant Services - Contractor's Planned Employment				
L	From Contract Start Date Through The End Of The Contract Term				
Γ					
S	tate Agency Name: SUNY Upstate Medical University Agency Code: 28110				
	ontractor Name: Dept of Medicipy Contract Number: Contract Number: Contract Number: Contract End Date: 6/30/26				
_	ontract Start Date: Contract End Date:				
		Number of	Number of hours to	A 1 D 11	
	Employment Category	Employees	be worked	Amount Payable Under the Contract	
		1 2		onder the Contract	
	29-1216.00	125	2,600	460,286	
				760,706	
		-N			
	Total this page				
	Grand Total			460, 286	
N	Name of person who prepared this report: Mathew Hotz				
Ti	Title: Chief Fraministrator Phone #: 3134648282				
Preparer's Signature: MATH					
Date Prepared:					
	• ′				
J)	se additional pages, if necessary)			Page of	

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