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

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Form	Δ

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: Opt	Hhalmology Midleal Service	-Contract Number: CN	K-50579
Contract Start Date	group inc		30 2026

	Number of	Number of hours	Amount Payable
Employment Category/Description	Employees	to be worked	Under the Contract
29-1241.00			\$823,270
	·		
· · · · · · · · · · · · · · · · · · ·			
Total This Page			
Grand Total			\$823,270

Name of person who prepared this report CARA DAILEY	
Title: (DAHVOCH-ADMINISHVOHOV Phone #: 315-464-4682 Preparer's Signature Could David	
Preparer's Signature Culture	
Date Prepared: 12 2000	