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

FORM A DOH01-S033297-3450000

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: **New York State Department of Health**
Contractor Name: **Burt R Meyers MD PC**

Agency Code: **12000**

Contract Number: **S033297**

Contract Start Date: **1/1/2018**

Contract End Date: **12/31/18**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1063.00 Internal Medicine/Infectious Disease	SELF	720	$ 54,000
Total this page	0	720	$ 54,000
Grand Total	0	720	$ 54,000

Name of person who prepared this report: Burt R Meyers MD PC

Title: Medical Coordinator

Phone #: 914 478 5776

Preparer's Signature: Burt R Meyers M.D. PC

Date Prepared: 11/6/2017

(Use additional pages, if necessary)