FORM A



New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: Office of the State Comptroller

State Agency Department ID 3050000

Agency Business Unit: 03001

Contractor Name.

Contract Number:

Contract Start Date: / /

Contract End Date 1 1

0001054

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Professionals	1	680	75.90
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otal this page	C	0	\$ 0.00
Grand Total			51,612.00

Name of person who prepared this report

William Dwight McLeod

Title:

CEO

Phone # 914-667-4659

Freparer's Signature

William. D. Mcleod

Date Prepared: 1 November 28, 2017