Exhibit X		OSC Use Only:	
		Reporting Code:	
		Category Code:	
		Date Contract Approved:	
FORM A			
		or's Planned Employme	
From Contract Sta	art Date Through The	End Of The Contract T	erm
State Agency Name: SUNY Upstate Medical University Contractor Name: Columbia University Contract Start Date: 11/12/19 Con		Agency Code: 28110 Contract Number: 6505086 tract End Date: 11 11 22	
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Consulting 13-1199.00	7-10	12543	725 600
		375	
			744.000
Total this page			
Grand Total			The second of th
Grand Total		<u> </u>	A Commission of the Commission
	1	R. l.	a 144,000

Name of person who prepared this report:

Title: CFO + CAO Dept of Surgery Columbia University

Phone #: 2/2-3059317

Preparer's Signature:

Date Prepared: 7/9/2020

(Use additional pages, if necessary)

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