Exhibit X		OSC Use Only: Reporting Code: Category Code: Date Contract Approv	red:
FORM A			
		ctor's Planned Employme he End Of The Contract T	
State Agency Name: SUNY Upstate Medical University Contractor Name: Linerty translations interpreters Contract Start Date: 2 1 2021 Contract End Date: 1/31/26			
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Code 27-3091	80	14,025,06	631,128.00
(interpretes \$ translatus)			
EStimated 7,889 has Per empayee Lo31,128.00 - \$45 ph = 141,025.06 total naws			
Total this page			
Grand Total	80	14,025.06	631,128.00

Name of person who prepared this report: Yankay Succh	
Title: OWNER B CFO	Phone #: (316) 507 - 2419
Preparer's Signature: Willy Millet	
Date Prepared: 10 28 20	
(Use additional pages, if necessary)	Page of