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Ex		DIL.	Λ

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

## FORM A

State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term

State Agency Name: SUNY Upstate Medical Univer	
Contractor Name: Interpreting Services L	Contract Number: C-505447
Contract Start Date: 2/1/2021	Contract End Date: Jan 31, 2026

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Owners 27-3091.00	2	9,652	\$482,628.00
		****.	
T 1.1.*			
Total this page			
Grand Total			482,628.00

Name of person who prepared this report: Dayana	Boloko
Title: <u>CO-OWNER</u>	Phone #: 315 - 569 -6600
Preparer's Signature: Dayan on	
Date Prepared: 10/5/20	
(Use additional pages, if necessary)	Page of