

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: SUNY Morrisville SEOC

State Agency Department ID: _____ Agency Business Unit: _____

Contractor Name: Phleb Express, LLC Contract Number: C400575

Contract Start Date: 10/ 21/2025 Contract End Date: 06/30/2026


Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Instructor	3	324	\$9720
Director	1	162	\$4860.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 14,580
Grand Total	4	486	\$ 14,580

Name of person who prepared this report: **Trinisha Sanjurjo**

Title: CEO

Phone #: 315-396-5790

Preparer's Signature:

A handwritten signature in black ink, appearing to be 'J. So', written over a horizontal line.

Date Prepared: 11/12 / 2025 /

(Use additional pages, if necessary)

Page of