OSC Use Only	
Reporting Code:	
Category Code:	
Date Contract Approved:	

Form	Δ

State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

State Agency Name:	SUNY Upstate Medical University	Agency Code:	28110
Contractor Name: In	wirersity Robbology Assoc, LP Accembor 01,2019	Contract Number: Contract End Date:	C/X 505166 November30,2024

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Sation + Care III Clinic	5	3.120	\$17,516 -
		5	
1			
Total This Page	5	2120	217.58
Grand Total	5	3120	\$17,56

Name of person who prepared this report Marybeth Title: Sr. Par. Pan Admia / Bys. Manger Preparer's Signature Maybeth Jan. Linning	Shith-Gromin 1 Phone #: 315-464.6679
Preparer's Signature Third Ship Ship Ship Ship Ship Ship Ship Ship	
Date Prepared: 211801	