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

Form	٨

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

From Co	ontract State Date Through th	e End of the Contr	ract Term
State Agency Name:	SUNY Upstate Medical University	Agency Code:	28110
Contractor Name: Oph Contract Start Date Oc	thalmology Medical Service Group, Inc.	Contract Number: C/2 Contract End Date: Se	

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1229.00	1	6,240	\$1,249,771
16.00			
Total This Page			
Grand Total			\$1.249.771

<b>Total This Page</b>		
Grand Total		\$1,249,771
N	u o ut	
Name of person who prepared this re	port	
Title: Contract Administrator	Phone #: 3	315-464-4682
Preparer's Signature Cara Dailey	(MANAGEMENT)	