T 144.37			
Exhibit X		OSC Use Only	
	Reporting Code:		
		Category Code:	
		Date Contract Appro	wed:
Form A		Date Contract Appro	You.
	es – Contract	or's Planned Empl	ovment
State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term			
Trom Contract State Date	7 Illiough th	e ishu of the Contra	act Tellii
State Agency Name: SUNY Upstate Med	ical University	Agency Code:	28110
Contractor Name: Naviant, Inc.		Contract Number: XX	×××× C-505747
Contract Start Date 4/1/2021 Contract End Date: 3/31/2022			
Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1232.00; 15-1299.08; 13-1082.00 & 13-1151.00	93	130.50 (unfinited during	\$74,646.00
		Standard business hours)	

			1100
Total This Page			
Grand Total	93	As Needed	\$74,646.00
	93	As Needed	\$74,646.00
Name of person who prepared this report Ja	son Bruner		
Title: VP of Finance Phone #: 608-848-0900			
Preparer's Signature lason Bruner			
Date Prepared: 3/31/2022			
(Use additional pages if necessary)		p.	age 1 of 1