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OSC Use Only: Reporting Code:

Category Code: CUA

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	sity Agency Code: 28110 332021
Contractor Name: AMN Health care, Inc	Contract Number: C 50393/
Contract Start Date: (0/1/1)	Contract End Date: 9/30/16

3	25,840	\$2,000,000
3	41,152	\$2,000,000
	((G97.	\$4,000,000
	2	3 66.992

Name of person who prepared this report: William Sheye	and			
Title: Contracts Administrator	Phone #:	315-	46446	80
Preparer's Signature: WMM 844				-
Date Prepared: $1/(2/1.5)$				
(Use additional pages, if necessary)		Page	of	