RUN DATE 02/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0270 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 3/02/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS CUSTOMER NAME

SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
SENIOR HEALTH PARTNERS
SONIOR HEALT 185325 2/17/12 000082 52.40 I 185326 2/17/12 000082 52.40 I 314.40 185327 2/24/12 000082 185328 2/24/12 000082 458.50 185329 2/24/12 000082 524.00 185330 2/24/12 000082 209.60 185331 2/24/12 000082 52.40 185332 2/24/12 000082 104.80 185333 2/24/12 000082 13.10 185334 2/24/12 000082 366.80 1,190.00 185335 2/24/12 000082 185336 2/24/12 000082 327.50 185337 2/24/12 000082 379.90 185338 2/24/12 000082 1,768.50 185339 2/24/12 000082 458.50 185340 2/24/12 45.85 000082 185341 2/24/12 995.60 000082 185342 2/24/12 000082 262.00 185343 2/24/12 000082 262.00 185344 2/24/12 000082 104.80 185345 2/24/12 000082 406.10 185346 2/24/12 000082 104.80 185347 2/24/12 000082 524.00 185348 2/24/12 157.20 000082 2/24/12 185349 000082 52.40 ----------CUSTOMER 617.50 0.00 9,187.55

CATEGORY

617.50 0.00

9,187.55

			YSIDE CITYWIDE				PAGE 1 -	2
SALES JRN	IL # 0270	TOG 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185350	2/24/12	800000	VISITING NURSE SERVICE	ABBOTT, FAY	9.00		131.22 I	
				CATEGORY	9.00	0.00	 131.22	

			YSIDE CITYWIDE					_	3
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			VCP CHOICE L BILL WEEK EN		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185351	2/24/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48	I	
				CATEGORY	56.00	0.00	816.48		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	4
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185352	2/24/12	800000	VISITING NURSE SERVICE	ACUNA, JOSE	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	9
SALES URN	L # UZ/U	TOC 001		SALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185353	2/24/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I
185354	2/24/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I
185355	2/24/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM	68.50		998.73	I
185356	2/24/12	000008	VISITING NURSE SERVICE	ADUN, JEANETTE	24.00		349.92	I
185357	2/24/12	800000	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32	I
				CUSTOMER	156.50	0.00	2,281.77	
				CATEGORY	156.50	0.00	2,281.77	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185358	2/24/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	7
511225 014	.2    0270	200 001		SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185359	2/24/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	8
SALES JRN	L # 0270	LOC 001		REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	IG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185360	2/24/12	800000	VISITING NURSE SERVICE	ALBANESE, IDA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	9
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			S	SALES REGISTER			BILL WEEK END	ING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185361	2/24/12	000008	VISITING NURSE SERVICE	ALESSIU, AGRIPI	3.00		43.74	I	
185362	2/17/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	5.00		72.90	I	
185363	2/24/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	24.75		360.86	I	
				CUSTOMER	32.75	0.00	477.50		
				CATEGORY	32.75	0.00	477.50		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	rL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185364	2/24/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	55.00		801.90 I	
				CATEGORY	55.00	0.00	801.90	

			YSIDE CITYWIDE				PAGE 1	- 1	.1
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185365	2/24/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	56.00		816.48	I	
185366	2/24/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I	
				CUSTOMER	112.00	0.00	1,632.96		
				CODIONER	112.00	0.00	1,002.00		
				CATEGORY	112.00	0.00	1,632.96		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	12
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185367	2/24/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	14.75		215.06 I	
				CATEGORY	14.75	0.00	215.06	

RUN DATE 0	2/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13	
SALES JRNL	# 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS	(LT
			\$	SALES REGISTER			BILL WEEK END	ING 3/02/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLU	S
185368	2/24/12	800000	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I	
185369	2/24/12	000008	VISITING NURSE SERVICE	ANUT, ALICE	58.00		845.64	I	
				CUSTOMER	78.00	0.00	1,137.24		_
				GAERGODY	70.00		1 127 04		_
				CATEGORY	78.00	0.00	1,137.24		

			YSIDE CITYWIDE				PAGE 1 -	14
SALES JRN	L # 02/0	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS	
			•				DIDD WEEK BROIT	3,02,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
185370	2/24/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	12.00		174.96	Г
185371	2/24/12	000008	VISITING NURSE SERVICE	, -	42.75		623.30	Ī
				CUSTOMER	54.75	0.00	798.26	
				CODIONER	31.73	0.00	750.20	
				CATEGORY	54.75	0.00	798.26	

RUN DATE	02/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	15
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
185372	2/17/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	2.00		29.16 I	
185373	2/24/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	23.00		335.34 I	
185374	2/24/12	800000	VISITING NURSE SERVICE	ASH, MARIE	12.00		174.96 I	
				CUSTOMER	37.00	0.00	539.46	
				CATEGORY	37.00	0.00	539.46	

RUN DATE 02/29/3 SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	· ·
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185375 2/17/3 185376 2/24/3		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	7.00 42.00		102.06 I 612.36 I	<u> </u>
			CUSTOMER	49.00	0.00	714.42	
			 CATEGORY	49.00	0.00	 714.42	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	17
SALES JRN	rL # 0270	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185377	2/24/12	800000	VISITING NURSE SERVICE	AVILA, ENIDIA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185378	2/24/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	22.00		320.76 I	
				CATEGORY	22.00	0.00	 320.76	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	19
Brilles orde	12    0270	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185379 185380	2/24/12 2/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00 35.00		116.64 I 510.30 I	
				CUSTOMER	43.00	0.00	626.94	
				CATEGORY	43.00	0.00	626.94	

RUN DATE 02/29/12 SALES JRNL # 0270		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
185381 2/24/12 185382 12/16/11 185383 2/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BALLAS, VIOLA BAQUERIZO, ANNA BAQUERIZO, ANNA	30.00 6.50 56.00		437.40 94.77 816.48	I I I
			CUSTOMER	92.50	0.00	1,348.65	
			CATEGORY	92.50	0.00	1,348.65	

	02/29/12 - NL # 0270		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	21
	,, ,			SALES REGISTER			BILL WEEK ENDIN	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185384	2/24/12	800000	VISITING NURSE SERVICE	BARBOSA, CARMEN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	22
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185385	2/24/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I	
185386	2/24/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	49.50		721.71	I	
				CUSTOMER	94.50	0.00	1,377.81		
				CATEGORY	94.50	0.00	1,377.81		

RUN DATE	02/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	23
SALES JRI	NL # 0270	LOC 001		REG NY NY			VCP CHOICE LHC	
			5	SALES REGISTER			BILL WEEK ENDI	NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185387	2/24/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	151.00		2,201.58	I
				CATEGORY	151.00	0.00	2,201.58	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	24
SALES OWN	1 # 02/0	HOC 001		SALES REGISTER			BILL WEEK ENDI	NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185388 185389	2/24/12 2/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 2.00		87.48 29.16	I I
				CUSTOMER	8.00	0.00	116.64	
				CATEGORY	8.00	0.00	 116.64	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	25
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	V/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185390	2/24/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	25.00		364.50 I	
185391	2/24/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
				CUSTOMER	55.00	0.00	801.90	
				CATEGORY	55.00	0.00	801.90	

ı	RUN DATE (	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	26	
١	SALES JRNI	ь # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA	
١				5	BALES REGISTER			BILL WEEK ENDI	NG 3/02/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
	185392	2/24/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	30.00		437.40	Ι	
					CATEGORY	30.00	0.00	437.40		

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : ADU ADULT	27
	_	200 001		SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185393	2/24/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN I	DATE 02/29/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	28
SALES	S JRNL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18539	94 2/24/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185395	2/24/12	800000	VISITING NURSE SERVICE	BLUMENTHAL, EST	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
				SALES REGISTER			BILL WEEK ENDING	3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
185396	2/24/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I		
				CATEGORY	20.00	0.00			

	2/29/12 - SUP SUN					-	31
SALES JRNL	# 0270 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	2/24/12 000008 2/24/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		16.00 49.00		233.28 I 714.42 I	
			CUSTOMER	65.00	0.00	947.70	
			CATEGORY	65.00	0.00	947.70	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	32
SALES JRN	rL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	BALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185399	2/24/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

l	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
l	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
l					SALES REGISTER			BILL WEEK ENDI	NG 3/02/12
l									
l	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
l									
l	185400	2/24/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50	I
l									
l									
1					CATEGORY	25.00	0.00	364.50	

RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	34
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	BALES REGISTER			BILL WEEK ENDIN	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
INVOICE#	DAIL	COSI NO	COSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNT II	P SURPLUS
185401	2/24/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

١	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	35
١	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	V/O WALLS (LT
١					SALES REGISTER			BILL WEEK ENDING	3/02/12
١									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185402	2/24/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	34.75		506.66 I	
١									
ı									
ı					CATEGORY	34.75	0.00	506.66	

RUN DATE C	JN DATE 02/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 36											
SALES JRNI	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA				
			S	ALES REGISTER			BILL WEEK ENDI	NG 3/02/12				
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS				
185403	2/24/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54	I				
185404	2/24/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22	I				
185405	1/27/12	000008	VISITING NURSE SERVICE	BURNS, MARGARET	8.00		116.64	I				
185406	2/24/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48	I				
				CUSTOMER	136.00	0.00	1,982.88					
				CATEGORY	 136.00	0.00	1.982.88					
				CATEGORY	136.00	0.00	1,982.88					

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	37
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	
			:	SALES REGISTER			BILL WEEK ENDIN	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185407	2/24/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	56.00		816.48 I	
				CATEGORY	56.00	0.00	 816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	-	8
SALES UKN	11 # 02/0	LOC 001		SALES REGISTER			BILL WEEK END		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185408	2/24/12	000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80	I	
185409	2/24/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	40.00		583.20	I	
185410	2/24/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	46.75		681.62	I	
185411	2/24/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	42.00		612.36	I	
				CUSTOMER	138.75	0.00	2,022.98		
				 CATEGORY	138.75	0.00	2,022.98		

			YSIDE CITYWIDE					39
SALES JRNI	և # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185412	2/24/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	40	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A	
ı				S	SALES REGISTER			BILL WEEK ENDING	G 3/02/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
	185413	2/24/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	55.25		805.56 I		
					CATEGORY	55.25	0.00	805.56		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	41 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185414	2/24/12	800000	VISITING NURSE SERVICE	CANDIDO, ELENA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE					11102		42
SALES JRN	ъ # 0270	LOC 001	SUNNYSIDE CITYWIDE	_	NY			LTC NURSING		,
				SALES R	EGIST	ER		BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185415	2/17/12	000008	VISITING NURSE SERVICE	CANO,	ADELINA	6.00		87.48	I	
185416	2/24/12	800000	VISITING NURSE SERVICE	CANO,	ADELINA	36.00		524.88	I	
					CUSTOMER	42.00	0.00	612.36		
					CATEGORY	42.00	0.00	612.36		

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	43
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185417	2/24/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
					CATEGORY	84.00	0.00	1,224.72	

RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	ME W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDIN	NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185418	2/24/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30	I
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	45 G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185419	2/24/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 4	46
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA	
			S	SALES REGISTER			BILL WEEK END	ING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185420	2/24/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	55.00		801.90	I	
185421	2/24/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	24.50		357.21	I	
185422	2/24/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	36.00		524.88	I	
185423	2/24/12	800000	VISITING NURSE SERVICE	CARTAFALSA, NEL	67.75		987.80	I	
				CUSTOMER	183.25	0.00	2,671.79		
				CATEGORY	183.25	0.00	2,671.79		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	47
SALES JRN	rL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185424	2/24/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 02/29/12 SALES JRNL # 0270			REG NY NY			PAGE 1 - ADU ADULT	48
			SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185425 2/24/12 185426 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	2.00 15.00		29.16 I 218.70 I	
			CUSTOMER	17.00	0.00	247.86	
			CATEGORY	17.00	0.00	247.86	

			YSIDE CITYWIDE				PAGE 1 - 49
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
				SALES REGISTER			BILL WEEK ENDING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
185427	2/24/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I
185428	2/24/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	23.75		346.28 I
				CUSTOMER	43.75	0.00	637.88
				CATEGORY	43.75	0.00	637.88

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	50
SALES JRN	r∟ # 0270	LOC 001		REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185429	2/24/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	17.75		258.80 I	
				CATEGORY	17.75	0.00		

RUN DATE 02/29	/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 52
SALES JRNL # 0	270 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H	OME W/O WALLS LT
		:	SALES REGISTER	2		BILL WEEK END	ING 3/02/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185431 2/17	/12 000008	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60	I
185432 2/24	/12 000008	VISITING NURSE SERVICE	•	20.00		291.60	I
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

RUN DATE	02/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDING	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185433	2/10/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

	02/29/12 - IL # 0270			REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	54 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185434	2/24/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	55
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185435	2/24/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		56
SALES UKN	11 # 0270	TOC 001		SALES REGISTER			BILL WEEK EN		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185436 185437 185438	2/24/12 2/24/12 2/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CHOUDHURY, SHAM CHU, MOLLY CHUCK, ENA	49.00 40.00 31.00		714.42 583.20 452.00	I I I	
				CUSTOMER	120.00	0.00	1,749.62		
				CATEGORY	120.00	0.00	1,749.62		

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185439	2/24/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 -	58
SALES JRN	L # U2/U	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDIN	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185440	2/24/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 59	
SALES JRN	ъ # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO		LT
			S	SALES REGISTER			BILL WEEK END	ING 3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	YP SURPLUS	
185441	2/24/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I	
185442	2/24/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I	
185443	2/24/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	24.00		349.92	I	
185444	2/24/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	29.00		422.82	I	
				CUSTOMER	88.00	0.00	1,283.04		
				CATEGORY	88.00	0.00	1,283.04		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 60	0
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185445	2/24/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	3/02/12
T1770 T GT	53.00	GTTGT 170	anamanan mana	255555	******		31401DIE - EUD	arm by tra
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185446	2/24/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
103440	2/24/12	000006	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 1	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185447	2/24/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
ı									
ı									
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE	02/29/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	63
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185448	2/24/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	24.00		349.92 I	
				 CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	64 G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185449	2/24/12	800000	VISITING NURSE SERVICE	COVALIU, SAVETA	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE (	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	65	
SALES JRNI	և # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LHC	SA	
			S	BALES	REGISTER			BILL WEEK ENDI	NG 3/02/12	
TATIOTORU	DAME	CITCE NO	CHOMOMED NAME	7.7		HOIDG	max avm	AMOTINE E	77D GIIDDI 11G	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	K1	EFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
185450	2/24/12	000008	VISITING NURSE SERVICE	CO	VALIU, SIMION	20.25		295.25	Т	
103130	2,21,12	000000	VIBILING NORDE BERVICE	60	VILLEO, BILLION	20.25		253.23	_	
					CATEGORY	20.25	0.00	295.25		

			YSIDE CITYWIDE				PAGE 1	- 66	
SALES JRNI	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE A	-	
			2	SALES REG	ISTER		BILL WEEK END	OING 3	/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREN	ICE HOURS	TAX AMT	AMOUNT	TYP S	URPLUS
185451	2/24/12	800000	VISITING NURSE SERVICE	COX, PET	'RA 19.00		277.02	I	
				CA	TEGORY 19.00	0.00	277.02		

			YSIDE CITYWIDE	DEG NE	3777			11102 1		67 W/O WALLS LEE
SALES JRN	L # U2/U	LOC 001	SUNNYSIDE CITYWIDE		NY E G I S T	E R		LAD NURSING I		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185452	2/17/12	800000	VISITING NURSE SERVICE	CRUZ,	HECTOR	5.00		72.90	I	
185453	2/24/12	800000	VISITING NURSE SERVICE	CRUZ,	HECTOR	35.50		517.59	I	
					CUSTOMER	40.50	0.00	590.49		
					CODIONER	10.50	0.00	350.15		
					CATEGORY	40.50	0.00	590.49		

ı	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	68	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1	
ı					SALES REGISTER			BILL WEEK ENDING	3/02/12	
	TATIOTORU	DAME	GIIGE NO	CHICHOMED NAME	DEFEDENCE	HOHDO	max and	AMOUNT TIVE	all Dat 110	
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	185454	2/24/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	20.00		291.60 I		
					CATEGORY	20.00	0.00	291.60		

ı	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	69
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	I/O WALLS (LT
ı				i	SALES REGISTER			BILL WEEK ENDING	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	105455	0.404.410				14.00		004.10 -	
ı	185455	2/24/12	800000	VISITING NURSE SERVICE	DAMICO, ANGELA	14.00		204.12 I	
ı									
ı						14.00			
ı					CATEGORY	14.00	0.00	204.12	

	ATE 02/29/12 JRNL # 0270			REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	70 IG 3/02/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
18545	6 2/24/12	800000	VISITING NURSE SERVICE	DANIELS, DEIRDR	15.00		218.70	<u>.</u>
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE					71
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			LTC NURSING HOMEN	•
				SALES REGISIER			PILL MEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185457	2/24/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	72
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				SALES REGISTER			BILL WEEK ENDING	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185458	2/24/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	42.75		623.30 I	
				CATEGORY	42.75	0.00	623.30	

			YSIDE CITYWIDE				PAGE 1 - 73	}
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/02/12
			•				DILL WEEK BINDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185459 185460	2/17/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 10.00		43.74 I 145.80 I	
				CUSTOMER	13.00	0.00	189.54	
				CATEGORY	13.00	0.00	 189.54	

RUN	I DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	74
SAI	LES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
				S	SALES REGISTER			BILL WEEK ENDIN	G 3/02/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185	5461	2/24/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	40.00		583.20 I	
					CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE					- 75	
SALES JRNI	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H		,
				SALES REGISTER			BILL WEEK ENI	DING 3/02	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURP	LUS
185462	2/24/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	30.00		437.40	I	
185463	2/24/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	11.00		160.38	I	
				CUSTOMER	41.00	0.00	597.78		
				CODICIEN	11.00	0.00	337.70		
				CATEGORY	41.00	0.00	597.78		

RUN DATE 02 SALES JRNL	2/29/12 - SUP SUN # 0270 LOC 001		REG NY NY			PAGE 1 - VCP CHOICE LHCSA	76
SALES URNL	# 0270 LOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
	2/24/12 000008 2/24/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	DELOSSANTOS, MA DELPOZO, MIGUEL	29.75 4.00		433.76 I 58.32 I	
			CUSTOMER	33.75	0.00	492.08	
			CATEGORY	33.75	0.00	492.08	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	77 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185466	2/24/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	22.00		320.76 I	
				CATEGORY	22.00	0.00	320.76	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	78
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185467	2/24/12	000008	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79
SALES JRN	ъ # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	BALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185468	2/24/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	43.50		634.25 I	
				CATEGORY	43.50	0.00	634.25	

ı	RUN DATE (	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	80
ı	SALES JRNI	և # 0270	LOC 001		REG NY NY			LTC NURSING HOMEW	
ı				:	SALES REGISTER			BILL WEEK ENDING	3/02/12
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
	185469	2/24/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	1.00		14.58 I	
					CATEGORY	1.00	0.00	14.58	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1	01
SALES JRN	IL # U2/U	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER	)		VCP CHOICE LHO	
			S	ALES KEGISIEF			DILL WEEK END.	ING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
105450	0.404.410				26.50		500 15	_
185470	2/24/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	36.50		532.17	1
185471	2/24/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	I
185472	2/24/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	70.00		1,020.60	I
185473	2/24/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	34.75		506.67	I
185474	2/17/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	4.00		58.32	I
185475	2/24/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I
				CUSTOMER	201.25	0.00	2,934.24	
				CATEGORY	201.25	0.00	2,934.24	
				CATEGORI	201.23	0.00	2,231.21	

			YSIDE CITYWIDE				PAGE 1 -	82
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	D		LTC NURSING HOME BILL WEEK ENDING	
				SALES REGISIE	K		BILL MEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
105456	0 /15 /10	000000		DOMESTIC GENERAL	6 00		05.40	
185476 185477	2/17/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	6.00 21.00		87.48 I 306.18 I	
103477	2/24/12	000000	VISITING NORSE SERVICE	DOMINICK, GINA				
				CUSTOMER	27.00	0.00	393.66	
				CATEGORY	27.00	0.00	393.66	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	83
Brille order	L    0270	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185478	2/24/12	800000	VISITING NURSE SERVICE	DUGLUS, MAY RUT	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	84
SALES JRN	IL # 0270	LOC 001		REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185479	2/24/12	000008	VISITING NURSE SERVICE	DUTAN, SELINDA	39.75		579.56 I	
				CATEGORY	39.75	0.00	579.56	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	5
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185480	2/24/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
ı									
ı					CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
185481	2/24/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	36.75		535.82 I	
				CATEGORY	36.75	0.00	 535.82	

RUN DATE 02/29/ SALES JRNL # 02			REG NY NY			PAGE 1 - 8 ADU ADULT	7
SALES URNL # UZ	70 LOC 001		SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185482 2/24/ 185483 2/24/		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 1.50		58.32 I 21.87 I	
			CUSTOMER	5.50	0.00	80.19	
			CATEGORY	5.50	0.00	80.19	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	NL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185484	2/24/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 89 CCL CONGREGATE CARE	DDOCDAM
SALES UKNI	ь # 0270	TOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
185485	2/24/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE	REG NY NY			PAGE 1 - 90	)
SALES JRN	IL # UZ/U	LOC 001	SUNNYSIDE CITYWIDE	SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185486 185487	2/24/12 2/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	30.00		437.40 I 43.74 I	
				CUSTOMER	33.00	0.00	481.14	
				CATEGORY	33.00	0.00	481.14	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	91
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185488	2/24/12	000008	VISITING NURSE SERVICE	EVERETT, SHIRLE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 9: ADU ADULT	2
DILLEG GIAV	0270	100 001		SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185489 185490 185491	2/10/12 2/24/12 2/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FADEN, ROBIN FADEN, ROBIN FAMBIATOU, PARA	1.50 48.00 15.00		21.87 I 699.84 I 218.70 I	
				CUSTOMER	64.50	0.00	940.41	
				CATEGORY	64.50	0.00	940.41	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93	
ı	SALES JRN	ь # 0270	LOC 001		REG NY NY			HOA HOSPICE ADULT		
ı				5	SALES REGISTER			BILL WEEK ENDING	3/02/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	185492	2/24/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	15.00		218.70 I		
					CATEGORY	15.00	0.00	218.70		

SALES JRNL # 0270 LOC 001 SUNNYSIDE CITYWIDE REG NY NY CCL CONGREGATE CARE	PROGRAM
SALES REGISTER BILL WEEK ENDING 3	/02/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP S	URPLUS
185493 2/24/12 000008 VISITING NURSE SERVICE FARO, VIRGINIA 6.00 87.48 I	
CATEGORY 6.00 0.00 87.48	

RUN DATE SALES JRI		LOC 001		REG NY NY			ADU ADULT	95
INVOICE#	DATE	CUST NO		SALES REGISTER REFERENCE	HOURS	TAY AMT	BILL WEEK ENDING	-, - ,
185494	DATE 2/24/12	000008	VISITING NURSE SERVICE		32.75	TAX AMT	AMOUNT TYP 477.50 I	SURPLUS
103494	2/24/12	000008	VISITING NORSE SERVICE	FAY, JULIA	32.75		477.50 1	
				CATEGORY	32.75	0.00	477.50	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 96	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PI	ROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 3/0	02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
185495	2/24/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES JRN	ъ # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S 2	ALES REGISTER			BILL WEEK ENDING	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
185496	2/24/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				-	98
SALES JRN	ь # 0270	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDING	3/02/12
								-, - ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185497	2/24/12	800000	VISITING NURSE SERVICE	FINK, ROSEMARIE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 99	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING 3	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
ı									
ı	185498	2/24/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	51.00		743.58 I	
ı									
1									
1					CATEGORY	51.00	0.00	743.58	

RUN DA	ATE 02/29/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 10	00
SALES	JRNL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185499	2/24/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	1
SALES JRN	rL # 0270	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185500	2/24/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	2
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185501	2/24/12	800000	VISITING NURSE SERVICE	FONSECA, EUGENI	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE (	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 10	)3	
SALES JRNI	և # 0270	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE L			
			S	BALES R	EGISTER			BILL WEEK EN	DING	3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	ਹਵਾਰ	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
INVOICE#	DAIL	COSI NO	COSTOMER NAME	KEF	EKENCE	HOURS	IAX AMI	AMOUNT	IIP	SURPLUS	
185502	2/24/12	800000	VISITING NURSE SERVICE	FONT	EBOA, GUILL	35.00		510.30	I		
					CATEGORY	35.00	0.00	510.30			

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 104
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	ING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185503	2/24/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48	I
185504	2/24/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	38.00		554.04	I
185505	2/24/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	35.50		517.59	I
				CUSTOMER	129.50	0.00	1,888.11	
				CATEGORY	129.50	0.00	1,888.11	

RU	JN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	105
SP	ALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
				S	SALES REGIS	TER		BILL WEEK ENDIN	IG 3/02/12
TN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
111	NVOICE#	DAIL	COSI NO	COSTOMER NAME	KEFEKENCE	CAUON	IAA AMI	AMOUNI II	P SURPLUS
18	35506	2/24/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30 I	
					CATEGOR	Y 35.00	0.00	510.30	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 106 ADU ADULT BILL WEEK ENDING 3/02/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	
185507	2/24/12	000008	VISITING NURSE SERVICE	GALARZA, JOSE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	_

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 107
SALES JRN	r∟ # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
				SALES REGISTER			BILL WEEK END	ING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
185508	2/24/12	000008	VISITING NURSE SERVICE	GALLARDO, ZOILA	42.00		612.36	I
185509	2/24/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22	I
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51 00	0.00	743 58	
				CUSTOMER  CATEGORY	51.00  51.00	0.00	743.58  743.58	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.08	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT	
				5	SALES REGISTER			BILL WEEK ENDING	3/02/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	185510	2/24/12	800000	VISITING NURSE SERVICE	GALLO, BENJAMIN	46.25		674.33 I		
					CATEGORY	46.25	0.00	674.33		
1					CATEGORI	40.23	0.00	0/4.33		

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 109	
ı	SALES JRN	L # 0270	LOC 001		REG NY NY			ADU ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING 3/02/	12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JUS
	185511	2/24/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	44.00		641.52 I	
					CATEGORY	44.00	0.00	641.52	

:	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	10
Н	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185512	2/24/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	56.50		823.77 I	
					CATEGORY	56.50	0.00	823.77	

			YSIDE CITYWIDE					111
SALES JRN	L # 0270	LOC 001		REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDI	ING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185513	2/24/12	800000	VISITING NURSE SERVICE	GARCIA, JUANA	84.00		1,224.72	I
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 112
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK END	ING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185514	2/24/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	30.50		444.69	I
185515	2/24/12	800000	VISITING NURSE SERVICE	GARY, MIKE	34.50		503.02	I
185516	2/24/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	30.75		448.34	I
				CUSTOMER	95.75	0.00	1,396.05	
				CATEGORY	95.75	0.00	1,396.05	

1	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L13
5	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185517	2/24/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	49.00		714.42 I	
					CATEGORY	49.00	0.00	 714.42	

RUN DATE	02/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	114
SALES JR	NL # 0270	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDIN	rG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185518	2/24/12	800000	VISITING NURSE SERVICE	GHEGELIU, HILDA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 02/29/12 SALES JRNL # 0270			REG NY NY			PAGE 1 - 115 LTC NURSING HOMEW/O WA	тте /тт
SALES UNIL # 0270	TOC 001		SALES REGISTER				2/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	PLUS
185519 2/17/12 185520 2/24/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	·	5.00 46.75		72.90 I 681.62 I	
103320 2/24/12	000008	VISITING NURSE SERVICE	GIORGIO, WILLIA	40.75			
			CUSTOMER	51.75	0.00	754.52	
			CATEGORY	51.75	0.00	754.52	

RUN DATE (		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUI	
SALES UKNI	L # 0270	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
185521	2/24/12	800000	VISITING NURSE SERVICE	GIUNTA, MADELIN	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	.7
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185522	2/24/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
					CATECORY	 56 00	0.00	916 48	
ı					CATEGORY	56.00	0.00	816.48	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	18	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				S	SALES REGISTER			BILL WEEK ENDING	3/02/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	185523	2/24/12	000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I		
ı										
ı										
ı					CATEGORY	25.00	0.00	364.50		

RUN DATE ( SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185524 185525	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		35.00 33.00		510.30 481.14	I	
				CUSTOMER	68.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.20
SALES UKI	NL # 0270	LOC 001		SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185526	2/24/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 121	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	SALES REGI	STER		BILL WEEK END	ING 3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS	
185527	2/24/12	800000	VISITING NURSE SERVICE	GONZALEZ, I	DOLOR 36.00		524.88	I	
				CATE	GORY 36.00	0.00	524.88		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	122
SALES JRN	IL # 0270	LOC 001		REG NY NY			LTC NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIL	COSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNT TIP	SURPLUS
185528	2/24/12	000008	VISITING NURSE SERVICE	GONZALEZ, ELSA	30.00		437.40 I	
100010	2,21,12		VIDITING NORDE DERVICE	CONTINUED, ELEN	30.00		137.10	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 123 CSA
	2    02/0	200 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
185529 185530	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 41.50		58.32 605.07	I
103330	2/24/12	000000	VISITING NORSE SERVICE	GRAVER, EDNA				
				CUSTOMER	45.50	0.00	663.39	
				CATEGORY	45.50	0.00	663.39	

			YSIDE CITYWIDE				PAGE 1 - 1	24
SALES	JRNL # 0270	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/02/12
INVOIC	!E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
						11111 11111		BORT EOD
185531	2/24/12	800000	VISITING NURSE SERVICE	GREGORETTI, JOH	3.75		54.68 I	
				CATEGORY	3.75	0.00	54.68	

			YSIDE CITYWIDE				PAGE 1 - 1	
SALES JRN	NL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185532	2/24/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	48.50		707.14 I	
				CATEGORY	48.50	0.00	707.14	

			YSIDE CITYWIDE				PAGE 1	- 12	26
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185533	2/24/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I	
185534	2/24/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	31.00		451.98	I	
				CUSTOMER	115.00	0.00	1,676.70		
				CATEGORY	115.00	0.00	1,676.70		

				YSIDE CITYWIDE				PAGE 1 - 127	
S	SALES JRN	ь # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	2 / 0 0 / 1 0
				2	SALES REGISTER			BILL WEEK ENDING	3/02/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	L85535	2/24/12	800000	VISITING NURSE SERVICE	HENAO, BEATRIZ	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	128
SALES JRN	rL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185536	2/24/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 1: ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185537	2/24/12	800000	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	0
SALES JRN	rL # 0270	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185538	2/24/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	37.25		543.11 I	
				CATEGORY	37.25	0.00	543.11	

RUN DATE (	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	31
SALES JRNI	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185539	2/24/12	000008	VISITING NURSE SERVICE	HERNANDEZ, SANT	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	132
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185540	2/24/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	31.50		459.27	I
185541	2/24/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	41.75		608.72	I
185542	2/24/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I
				CUSTOMER	113.25	0.00	1,651.19	
				CATEGORY	113.25	0.00	1,651.19	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185543	2/24/12	000008	VISITING NURSE SERVICE	IANNELLO, ROSE	5.00		72.90 I	
				CATEGORY	5.00	0.00		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	34
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185544	2/24/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 135
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI	AIDS ADULT POPUL
			5	SALES REGISTER			BILL WEEK EN	DING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185545	2/17/12	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	24.00		349.92	I
185546	2/24/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	29.00		422.82	I
				CUSTOMER	53.00	0.00	772.74	
				COSTOMER	55.00	0.00	112.14	
				CATEGORY	53.00	0.00	772.74	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	<b>ل</b> 36
SALES JRN	NL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			Ş	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185547	2/24/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	49.00		714.42 I	
				CATEGORY	49.00	0.00	 714.42	

RUN DATE	02/29/12 -		YSIDE CITYWIDE				PAGE 1	- 13	37
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			2	SALES REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185548	2/17/12	000008	VISITING NURSE SERVICE	IRUSTA, MARIA	3.00		43.74	I	
185549	2/24/12	800000	VISITING NURSE SERVICE	IRUSTA, MARIA	9.00		131.22	I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 138	3
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185550	2/24/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN	DATE (	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	139
SALI	ES JRNI	ь # 0270	LOC 001		REG NY NY			LTC NURSING HOME	
				:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185	551	2/24/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68 I	
					CATEGORY	46.00	0.00	670.68	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	140
BALLS OICH	L # 0270	100 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185552 185553	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JARA DEURUCHIM, JARAMILLO PAL,	10.00		145.80 14.58	I I
	_,,			CUSTOMER	11.00	0.00	160.38	
				CATEGORY	11.00	0.00	160.38	

			YSIDE CITYWIDE				PAGE 1 - 1	41
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185554	2/24/12	800000	VISITING NURSE SERVICE	JASZKOWSKI, GEN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE					- 14	12
SALES JRN	r∟ # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			i	SALES REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185555	2/24/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	66.00		962.28	I	
185556	2/24/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I	
				CUSTOMER	90.00	0.00	1,312.20		
				COSTONER	20.00	0.00	1,312.20		
				CATEGORY	90.00	0.00	1,312.20		

			TYSIDE CITYWIDE	DDG 1991			PAGE 1 - 1	
SALES JRN	IL # 02/0	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185557	2/24/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				 CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	44	
	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
				:	SALES REGISTER			BILL WEEK ENDING	3/02/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	185558	2/24/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	20.00		291.60 I		
					CATEGORY	20.00	0.00	291.60		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 145	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	GALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185559	2/24/12	000008	VISITING NURSE SERVICE	JOHANSSON, MARI	9.00		131.22 I	
185560	2/24/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00		291.60 I	
				CUSTOMER	29.00	0.00	422.82	
				CATEGORY	29.00	0.00	422.82	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	146
SALES JRN	r⊾ # 0270	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185561	2/24/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 02/29/	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 147
SALES JRNL # 02	70 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
		i	SALES REGISTER			BILL WEEK END	ING 3/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185562 2/24/	12 000008	VISITING NURSE SERVICE	JORRIN, HORTENS	24.75		360.86	I
185563 2/24/	12 000008	VISITING NURSE SERVICE	JORRIN, NILIO	38.25		557.69	I
			CUSTOMER	63.00	0.00	918.55	
			COSTOMER	03.00	0.00	910.55	
			CATEGORY	63.00	0.00	918.55	

	02/29/12 · NL # 0270			REG NY NY			PAGE 1 - 148 ADU ADULT	
				SALES REGISTER				3/02/12
INVOICE#		CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185564	2/24/12	800000	VISITING NURSE SERVICE	KAKOULLIS, FAY	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	149
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			i	SALES REGISTER			BILL WEEK ENDI	NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185565	2/24/12	000008	VISITING NURSE SERVICE	KAUR, SARD	8.00		116.64	I
185566	1/06/12	000008	VISITING NURSE SERVICE	KAUR, SHARAN	6.00		87.48	I
185567	2/24/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	51.75		754.52	I
185568	2/24/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	20.00		291.60	I
				CUSTOMER	85.75	0.00	1,250.24	
				CATEGORY	85.75	0.00	1,250.24	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185569	2/24/12	000008	VISITING NURSE SERVICE	KOPCHYNSKI, HIL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	51
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185570	2/24/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	152
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDI	NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185571	2/24/12	000008	VISITING NURSE SERVICE	LAKNER, MARIE	6.00		87.48	I
185572	2/24/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	14.75		215.06	I
				CUSTOMER	20.75	0.00	302.54	
				CATEGORY	20.75	0.00	302.54	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
511225 0144	2 11 0270	200 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185573	2/03/12	000008	VISITING NURSE SERVICE	- ,	8.00		116.64 I	
185574	2/24/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00 		816.48 I	
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 154	
SALES JRN	r∟ # 0270	LOC 001		REG NY NY			CCL CONGREGATE CARE F	
			\$	SALES REGISTER			BILL WEEK ENDING 3/	02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
185575	2/24/12	800000	VISITING NURSE SERVICE	LEE, HEE	3.75		54.68 I	
				CATEGORY	3.75	0.00	54.68	

RUN DATE 02/2	29/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 155
SALES JRNL #	0270 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
		\$	SALES REGISTER			BILL WEEK END	ING 3/02/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185576 2/2	24/12 000008	VISITING NURSE SERVICE	LEE, KATHLEEN	24.25		353.57	I
185577 2/2	24/12 000008	VISITING NURSE SERVICE	LEGASPI, CECILI	15.50		226.00	I
			CUSTOMER	39.75	0.00	579.57	
			COSTOMER	37.73	0.00	317.31	
			CATEGORY	39.75	0.00	579.57	

			YSIDE CITYWIDE				PAGE 1 - 156
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
			S	SALES REGISTER			BILL WEEK ENDING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
185578	2/24/12	000008	VISITING NURSE SERVICE	LEGOFF, ANDRE	6.00		87.48 I
185579	2/24/12	800000	VISITING NURSE SERVICE	LEVENDIS, GEORG	15.00		218.70 I
				CUSTOMER	21.00	0.00	306.18
				CATEGORY	21.00	0.00	306.18

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.57
SALES JRN	r⊾ # 0270	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185580	2/24/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

		UNNYSIDE CITYWIDE				PAGE 1 - 1	58
SALES JRNL	# 0270 LOC 00		REG NY NY			ADU ADULT	
		:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE CUST 1	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185581 2	2/24/12 000008	8 VISITING NURSE SERVICE	LINARES, MYRIAM	9.00		131.22 I	
185582 2	2/24/12 000008	8 VISITING NURSE SERVICE	LINARES, MYRIAM	4.00		58.32 I	
			CUSTOMER	13.00	0.00	189.54	
			COSTONER	13.00	0.00	109.54	
			CATEGORY	13.00	0.00	189.54	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.59
SALES JRN	r⊾ # 0270	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185583	2/24/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				PAGE 1 - 16	0
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185584	2/24/12	000008	VISITING NURSE SERVICE	LIRIANO, JOSE	9.00		131.22 I	
185585	2/24/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	20.00		291.60 I	
				CUSTOMER	29.00	0.00	422.82	
				CATEGORY	29.00	0.00	422.82	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 161
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	DING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185586	2/17/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	8.00		116.64	I
185587	2/24/12	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	56.00		816.48	I
185588	2/24/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I
				CUSTOMER	106.00	0.00	1,545.48	
				CATEGORY	106.00	0.00	1,545.48	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	52
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185589	2/24/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	69.00		1,006.02 I	
				CATEGORY	69.00	0.00	1,006.02	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 163 ADU ADULT BILL WEEK ENDING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
185590	2/24/12	800000	VISITING NURSE SERVICE	LOOR, MERCY	52.50		765.45 I
				CATEGORY	52.50	0.00	765.45

RUI	I DATE 0	2/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 164	
SAI	LES JRNL	# 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				2	SALES REGISTER			BILL WEEK ENDING	3/02/12
IN	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
18	5591	2/24/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 - 16	-
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB ON	
			2	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185592	2/24/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN				REG NY NY SALES REGISTER				166 MEW/O WALLS (LT NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185593	2/24/12	000008	VISITING NURSE SERVICE	LOPEZ, MARIA	34.50		503.01	I
				CATEGORY	34.50	0.00	503.01	

RUN DATE ( SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTEF	₹		PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185594	2/24/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	168
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	CARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDIN	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185595	2/24/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	19.75		287.96 I	
185596	2/24/12	000008	VISITING NURSE SERVICE	LYMN, ANGIE	30.00		437.40 I	
				CUSTOMER	49.75	0.00	725.36	
				CATEGORY	49.75	0.00	725.36	

	02/29/12 - NL # 0270		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	169 G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	-, -,
185597	2/24/12	000008	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	70
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185598	2/24/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L71
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185599	2/24/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	80.75		1,177.34 I	
				CATEGORY	80.75	0.00	1,177.34	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 17: ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185600	2/24/12	800000	VISITING NURSE SERVICE	MALIA, AGNES	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	3
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185601	2/24/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	19.50		284.31	I	
185602	2/24/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	77.00		1,122.66	I	
				CUSTOMER	96.50	0.00	1,406.97		
				CATEGORY	96.50	0.00	1,406.97		

RUN DATE 02/29/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	174
SALES JRNL # 0270	LOC 001		REG NY NY			LTC NURSING HOME	
		:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
185603 2/24/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	36.00		524.88 I	
185604 2/24/12	000008	VISITING NURSE SERVICE	MANOS, VASILIKE	18.00		262.44 I	
			CUSTOMER	54.00	0.00	787.32	
			0021011210	51.00	0.00	707.52	
			CATEGORY	54.00	0.00	787.32	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185605	2/24/12	800000	VISITING NURSE SERVICE	MANTILLA, CLEME	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1'	76
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
ı					SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185606	2/24/12	000008	VISITING NURSE SERVICE	MARINO, ANN	30.00		437.40 I	
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	7
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185607	2/24/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

ı	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.78
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT
ı					SALES REGISTER			BILL WEEK ENDING	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	105600	0.404.410				40.00		505.04	
ı	185608	2/24/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
ı									
ı					CATECODY	43.00	0.00	626.94	
ı					CATEGORY	43.00	0.00	020.94	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	79
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185609	2/24/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	12.00		174.96 I	
185610	2/24/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	14.50		211.41 I	
				CUSTOMER	26.50	0.00	386.37	
				CATEGORY	26.50	0.00	386.37	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 180	
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	i
			S	SALES REGISTER			BILL WEEK ENDING 3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
185611	2/24/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 18	1
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			5	SALES REGISTER			BILL WEEK END	ING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185612	2/24/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
185613	1/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	6.00		87.48	I	
185614	2/24/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	35.50		517.60	I	
185615	2/24/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	83.75		1,221.08	I	
				CUSTOMER	155.25	0.00	2,263.56		
				CATEGORY	155.25	0.00	2,263.56		

ı	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	82
ı	SALES JRN	ь # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185616	2/24/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	36.75		535.82 I	
ı									
ı									
ı					CATEGORY	36.75	0.00	535.82	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 183	
SALES JRN	ь # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 3	/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
185617	2/24/12	800000	VISITING NURSE SERVICE	MASI, RAFFAELE	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	84
SALES JRN	ъ # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185618	2/24/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 02/29/1 SALES JRNL # 027			REG NY NY			PAGE 1 - ADU ADULT	185
BALLS ORNE # 027	0 100 001		SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185619 2/24/1 185620 2/24/1		VISITING NURSE SERVICE VISITING NURSE SERVICE		59.25 168.00		863.87 I 2,449.44 I	
			CUSTOMER	227.25	0.00	3,313.31	
			CATEGORY	227.25	0.00	3,313.31	

			YSIDE CITYWIDE	DDG 197			PAGE 1 -	
SALES JRNI	L # 0270	LOC 001		REG NY NY ALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185621	2/24/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
				CATEGORY	56.00	0.00		

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 187 ADU ADULT	
DILLEO CIUV	L    0270	100 001		SALES REGISTER			BILL WEEK ENDING 3/02	2/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	PLUS
185622	2/24/12	800000	VISITING NURSE SERVICE	MCPARTLAN, CATH	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
SALES OWN	L # 0270	100 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
185623	2/24/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	20.00		291.60	I
185624 185625	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MEJIA, MARINA MELILLO, GRACE	20.00 16.00		291.60 233.28	I I
				GUGEOMED.			016 40	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DA	TE 02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 189	
SALES	JRNL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS ADULT PO	OPUL
			S	SALES REGISTER			BILL WEEK ENDING 3/02/12	2
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
185626	2/24/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	25.00		364.50 I	
								_
				CATEGORY	25.00	0.00	364.50	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 190 ADU ADULT	
DILLED CITY	L    0270	100 001		SALES REGISTER				3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185627	2/24/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	71.25		1,038.83 I	
				CATEGORY	71.25	0.00	1,038.83	

ı	RUN DATE (	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L91	
ı	SALES JRNI	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME		
ı				2	SALES REGISTER			BILL WEEK ENDING	3/02/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	185628	2/24/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I		
ı					CATEGORY	39.00	0.00	568.62		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	92
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185629	2/24/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	20.00		291.60 I	
185630	2/24/12	800000	VISITING NURSE SERVICE	MILEO, MARY	28.00		408.24 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	193
SALES JRN	L # 0270	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185631	2/24/12	800000	VISITING NURSE SERVICE	MIRANDA, ANDRES	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	194 SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185632	2/24/12	000008	VISITING NURSE SERVICE		10.00		145.80	I
185633	2/24/12	000008	VISITING NURSE SERVICE		30.00		437.40	I
185634	2/24/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	30.00		437.40	I
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 02/29/12 SALES JRNL # 0270		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 195 LTC NURSING HOMEW/O WALLS (I BILL WEEK ENDING 3/02/12	LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
185635 2/17/12 185636 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 40.00		87.48 I 583.20 I	
			CUSTOMER	46.00	0.00	670.68	
			CATEGORY	46.00	0.00	670.68	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 196 ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 3/02/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	JUS
185637	2/24/12	000008	VISITING NURSE SERVICE	MORALES, GENERO	72.00		1,049.76 I	
				CATEGORY	72.00	0.00	1,049.76	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	97
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
TATTOTOTI	DAME	GIIGE NO	CHOMOMED NAME	DEEDDENGE	HOHDG	max ave	AMOLINE EUR	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185638	2/24/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	42.50		619.65 I	
				CATEGORY	42.50	0.00	619.65	

			YSIDE CITYWIDE				PAGE 1 -	198
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
185639	2/24/12	000008	VISITING NURSE SERVICE	NARTIS, VIRGINI	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE I	PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING 3,	/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	URPLUS
	185640	2/24/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
ı					CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 200	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				5	SALES REGISTER			BILL WEEK ENDING 3/02/1	.2
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	IS
	185641	2/24/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 201	1
SALES JRN	ъ # 0270	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185642	2/24/12	800000	VISITING NURSE SERVICE	NER, STANISLAUS	2.50		36.45 I	
				CATEGORY	2.50	0.00	36.45	

]	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	202
1	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	3/02/12
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
Į.	185643	2/24/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	49.00		714.42 I	
					CATEGORY	49.00	0.00	714.42	

l	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	3
l	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185644	2/24/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	61.50		896.67 I	
					CATEGORY	61.50	0.00	896.67	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185645 185646 185647	2/17/12 2/24/12 2/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY	18.00 45.00 19.75		262.44 656.10 287.96	I I I	
				CUSTOMER	82.75	0.00	1,206.50		
				CATEGORY	82.75	0.00	1,206.50		

RUN DATE 02 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING	- 20	
DALLED ORWE	т 0270	100 001		SALES REGISTER			BILL WEEK EN		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	21.00 34.50		306.18 503.01	I I	
				CUSTOMER	55.50	0.00	809.19		
				CATEGORY	55.50	0.00	809.19		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	16
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185650	2/17/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	7.00		102.06	I	
185651	2/24/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	49.00		714.42	I	
185652	2/24/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	42.50		619.66	I	
185653	2/24/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	17.00		247.86	I	
				CUSTOMER	115.50	0.00	1,684.00		
				CATEGORY	115.50	0.00	1,684.00		

RUN DATE 02/29/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0270 LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	
INVOICE# DATE CUST NO CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDI	NG 3/02/12 YP SURPLUS
185654 12/23/11 000008 VISITING NURSE SERVICE		5.00	11111	72.90	I SOME BOD
	CATEGORY	5.00	0.00	 72.90	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 20 ICSA	8
			S	SALES REGISTER			BILL WEEK END	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185655 185656	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	OSPINA, ANA PANASKAROLIDIS,	8.00 22.00		116.64 320.76	I I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 209 ADU ADULT BILL WEEK ENDING 3	/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
185657	2/24/12	800000	VISITING NURSE SERVICE	PAPAGIANNAKIS,	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 02/29/12 - SUP SUNNYSIDE CITYWIDE		PAGE 1 - 210
SALES JRNL # 0270 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER		VCP CHOICE LHCSA BILL WEEK ENDING 3/02/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE H	HOURS TAX AMT	AMOUNT TYP SURPLUS
105550		145.00
	L0.00	145.80 I
185659   2/24/12   000008   VISITING NURSE SERVICE   PAPAZIAN, MANNI   5	50.00	729.00 I
185660 2/24/12 000008 VISITING NURSE SERVICE PAPOUTSIS, MARY	6.00	87.48 I
185661 2/17/12 000008 VISITING NURSE SERVICE PAPP, TEREZIA	3.00	43.74 I
185662 2/24/12 000008 VISITING NURSE SERVICE PARETTI, MARIE 5	56.00	816.48 I
CUSTOMER 12	25.00 0.00	1,822.50
CATEGORY 12	25.00 0.00	1,822.50

ı	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	.1
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185663	2/24/12	800000	VISITING NURSE SERVICE	PARK, SUNG	16.00		233.28 I	
ı									
ı									
ı					CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 212 ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185664	2/24/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 21 VCP CHOICE LHCSA	.3
SALES OWN	11 # 0270	100 001		SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185665 185666	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	41.50 25.00		605.08 I 364.50 I	
				CUSTOMER	66.50	0.00	969.58	
				CATEGORY	66.50	0.00	969.58	

			YSIDE CITYWIDE				11101	- 21	1
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	TNC	3/02/12
				SALES REGISIER			PILL MEEK END.	ING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP	SURPLUS
105668	0 /04 /10	000000			15 00		010 50	_	
185667 185668	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PENARANDA, CARM PEREZ MONSER, C	15.00 49.00		218.70 714.42	<u>T</u>	
103000	2/24/12	000008	VISITING NORSE SERVICE	PEREZ MONSER, C	49.00		714.42		
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

ı	RUN DATE (	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	215
ı	SALES JRNI	և # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	· ·
ı					SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185669	2/24/12	000008	VISITING NURSE SERVICE	PEREZ, DOMINGA	31.00		451.98 I	
					CATEGORY	31.00	0.00	451.98	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	L6
SALES JRN	NL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185670	2/24/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	26.25		382.73 I	
				CATEGORY	26.25	0.00	382.73	

- 1		02/29/12 - L # 0270		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 217 ADU ADULT	
101	ALES UKNI	L # 0270	TOC 001		SALES REGISTER				3/02/12
II	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18	85671	2/24/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	15.00		218.70 I	
					CATEGORY	15.00	0.00		

RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 218	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185672	2/24/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	34.25		499.37 I	
1				CATEGORY	34.25	0.00	499.37	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE :	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
185673	2/24/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	56.00		816.48	I
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 -	220
SALES J.	RNL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 3/02/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185674	2/24/12	800000	VISITING NURSE SERVICE	PIAZZA, CONCETT	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

	RUN DATE 02/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 221												
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO						
			S	ALES REGISTER			BILL WEEK END	ING 3/02/12					
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS					
185675	2/24/12	000008	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	I					
185676	1/20/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	4.75		69.26	I					
185677	2/24/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50	I					
185678	2/24/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	42.00		612.36	I					
185679	2/24/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	36.00		524.88	I					
				CUSTOMER	110.75	0.00	1,614.74						
				CATEGORY	110.75	0.00	1,614.74						

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	222
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185680	2/24/12	000008	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA	/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ryp s	URPLUS
185681 185682 185683	2/24/12 2/17/12 2/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PULLIZA, DIANNE	30.75 6.00 42.00		448.35 87.48 612.36	I I I	
				CUSTOMER	78.75	0.00	1,148.19		
				CATEGORY	78.75	0.00	1,148.19		

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 224	<u> </u>
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185684	2/24/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	49.00		714.42 I	
ı									
ı									
ı					CATEGORY	49.00	0.00	714.42	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 225	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIAT	RIC
			2	SALES REGISTER			BILL WEEK ENDING 3/02/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
185685	2/24/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
								_
				CATEGORY	40.00	0.00	583.20	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 226
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK END	ING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185686	2/24/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94	I
185687	2/24/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	25.00		364.50	I
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

RUN DATE (		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - AUR ADULT REHAB	:
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185688	2/24/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	29.75		433.76 I	
				GAMPIGODY			422.76	
I				CATEGORY	29.75	0.00	433.76	

RUN DATE	RUN DATE 02/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 228												
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA					
			S	SALES REGISTER			BILL WEEK ENDI	NG 3/02/12					
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS					
185689	2/24/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	8.00		116.64	I					
185690	2/24/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	20.00		291.60	I					
185691	2/24/12	800000	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60	I					
185692	2/24/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	16.00		233.28	I					
				CUSTOMER	64.00	0.00	933.12						
				CATEGORY	64.00	0.00	933.12						

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 229	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (	LT
				SALES REGISTER			BILL WEEK ENDING 3/02/12	
TATIOTORU	DAME	GIIGE NO	CHOMOMED NAME	DEFENDA	HOHDG	max amm	AMOINE EVE CUEDIUS	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
185693	2/24/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 230	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 3	/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
185694	2/24/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185695	2/17/12	800000	VISITING NURSE SERVICE	RIVERA, ERESMIN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

ı	RUN DATE	02/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 232	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185696	2/24/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
					CATEGORY	20.00	0.00	 291.60	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185697	2/24/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	34
Bribbb orde	1 1 0270	100 001		ALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185698	2/24/12	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	26.00		379.08 I	
				CATEGORY	26.00	0.00	379.08	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 235 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
185699 185700	2/24/12 2/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	36.50 12.00		532.17 I 174.96 I
				CUSTOMER	48.50	0.00	707.13
				CATEGORY	48.50	0.00	707.13

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2:	36
SALES JRN	rL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185701	2/24/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

I	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 237	
5	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	S (LT
				S	SALES REGISTER			BILL WEEK ENDING 3/02/	12
:	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JUS
:	185702	2/24/12	000008	VISITING NURSE SERVICE	ROCCISANO, LOUI	47.75		696.20 I	
					CATEGORY	47.75	0.00	696.20	

	29/12 - SUP SUNN		DEC NY NY			PAGE 1	- 23	8
SALES JRNL #	0270 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	OING	3/02/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	17/12 000008 24/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 12.00		43.74 174.96	I	
			CUSTOMER	15.00	0.00	218.70		
			CATEGORY	15.00	0.00	218.70		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	<b>139</b>	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
105505	0 / 0 4 / 1 0				10 55		007.06		
185705	2/24/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	19.75		287.96 I		
				GA EDGODY	10.75	0.00	207.06		
				CATEGORY	19.75	0.00	287.96		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	240 G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
185706	2/24/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	36.50		532.17 I	
				CATEGORY	36.50	0.00	532.17	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	241
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
ı				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185707	2/24/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
ı									
1									
ı					CATEGORY	84.00	0.00	1,224.72	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 24 ADU ADULT	12
511225 014	02/0	200 001		SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185708	2/24/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARI	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 243
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HOMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK END	OING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
185709	2/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90	I
185710	2/24/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	24.75		360.86	I
				CUSTOMER	29.75	0.00	433.76	
				CATEGORY	29.75	0.00	433.76	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 244	i.
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185711	2/24/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	42.00		612.36 I	
					CATEGORY	42.00	0.00	612.36	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 245
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	OMEW/O WALLS (LT
			2	SALES REGISTER			BILL WEEK END:	ING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
185712	2/24/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20	I
185713	2/17/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	8.00		116.64	I
185714	2/24/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	47.75		696.20	I
							1 226 24	
				CUSTOMER	95.75	0.00	1,396.04	
				CATEGORY	95.75	0.00	1,396.04	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 246	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 3/0	02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	RPLUS
185715	2/24/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	33.50		488.43 I	
				CATEGORY	33.50	0.00	488.43	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	247
SALES JRN	r∟ # 0270	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185716	2/24/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	51.75		754.52 I	
				CATEGORY	51.75	0.00	754.52	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 24	18
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES R	EGISTE	R		BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185717	2/24/12	000008	VISITING NURSE SERVICE	ROMO,	FLOR	54.25		790.97	I	
185718	2/24/12	800000	VISITING NURSE SERVICE	ROSA,	ANA	40.00		583.20	I	
					CUSTOMER	94.25	0.00	1,374.17		
					CATEGORY	94.25	0.00	1,374.17		

- 1	RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	249
				\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185719	2/24/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	54.00		787.32 I	
ı					CATEGORY	54.00	0.00	787.32	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25	50
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185720	2/24/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
185721	2/24/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	36.00		524.88	I	
185722	1/27/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	5.00		72.90	I	
185723	2/24/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	20.00		291.60	I	
				CUSTOMER	77.00	0.00	1,122.66		
				CATEGORY	77.00	0.00	1,122.66		

RUN DATE 02/29/12 SALES JRNL # 0270		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 251 ADU ADULT
SALES URNL # 02/0	LOC 001		SALES REGISTER			BILL WEEK ENDING 3/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
185724 2/24/12 185725 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.00 20.25		291.60 I 295.25 I
			CUSTOMER	40.25	0.00	586.85
			CATEGORY	40.25	0.00	586.85

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	52
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185726	2/24/12	800000	VISITING NURSE SERVICE	RUEDA, INES	46.75		681.62 I	
				CATEGORY	46.75	0.00	681.62	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	253
SALES JRN	ъ # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185727	2/24/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	30.50		444.69 I	
				CATEGORY	30.50	0.00	444.69	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185728	2/24/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	1.00		14.58 I	
				CATEGORY	1.00	0.00		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	255
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDIN	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185729	2/24/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	33.50		488.43 I	
				CATEGORY	33.50	0.00	488.43	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	£56
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185730	2/24/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	77.00		1,122.66 I	
ı									
ı									
ı					CATEGORY	77.00	0.00	1,122.66	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 257	
ı	SALES JRN	L # 0270	LOC 001		REG NY NY			ADU ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING 3/0	02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
	185731	2/24/12	800000	VISITING NURSE SERVICE	SALCEDO, JOSE	6.00		87.48 I	
					CATEGORY	6.00	0.00	87.48	

RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	258
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185732	2/24/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
				SALES REGISIER			PILL MEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185733	2/24/12	800000	VISITING NURSE SERVICE	SALVUCCI, YOLAN	15.75		229.64 I	
				CATEGORY	15.75	0.00	229.64	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2	60
SALES UKN	ш # 0270	TOC 001		SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185734	2/24/12	800000	VISITING NURSE SERVICE	SALZ, HELENA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 26	51
SALES JRN	ъ # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			\$	SALES REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185735	2/24/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	12.00		174.96	I	
185736	2/24/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	48.00		699.84	I	
				CUSTOMER	60.00	0.00	874.80		
				CATEGORY	60.00	0.00	874.80		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	52
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185737	2/24/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 26	63
SALES JRN	և # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185738	2/24/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	4.00		58.32 I	
				 CATEGORY	4.00	0.00	58.32	

	TE 02/29/12 · JRNL # 0270	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 26 ADU ADULT	54
				S A L E S R E G I S T E R			BILL WEEK ENDING	3/02/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185739	2/24/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	02/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	65
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185740	2/24/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	266
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				SALES REGISTER	Я.		BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185741	2/24/12	800000	VISITING NURSE SERVICE	SEO, INJA	37.00		539.46 I	
				CATEGORY	37.00	0.00	 539.46	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	- 267 CSA	7
	_ "			SALES REGISTER			BILL WEEK END		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ΓΥΡ	SURPLUS
185742	2/24/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	48.00		699.84	I	
185743	2/24/12	000008	VISITING NURSE SERVICE	SERRANO, AGUEDA	48.00		699.84	I	
185744	2/24/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36	I	
185745	2/24/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	4.00		58.32	I	
				CUSTOMER	142.00	0.00	2,070.36		
				CATEGORY	142.00	0.00	2,070.36		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	268
SALES JRN	IL # 0270	LOC 001		REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	3/02/12
T1770 T G 7	53.00	G11GE 310	anamanan mana		*******		3.401PT	G11D D1 11G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185746	2/24/12	000008	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
105/40	2/24/12	000008	VISITING NURSE SERVICE	SILLS, UAMES	42.00		012.30	
				CATEGORY	42.00	0.00	612.36	

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 269 CSA
			S	SALES REGISTER			BILL WEEK END	ING 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
185747 185748	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SINGH, BADREE SINGH, JAMOONIE	30.00 15.00		437.40 218.70	I T
103710	2,21,12	00000	VIDITING NORDE BERVICE	CUSTOMER	45.00	0.00	656.10	
				CODIONER	15.00		030.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	270
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185749	2/24/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25	71
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			5	SALES REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185750	2/10/12	000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	4.00		58.32	I	
185751	2/24/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96	I	
				CUSTOMER	16.00	0.00	233.28		
				0021011211		0.00	200.20		
				CATEGORY	16.00	0.00	233.28		

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	272
ı	SALES JRN	ь # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	3/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	185752	2/24/12	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	24.00		349.92 I	
ı									
ı									
ı					CATEGORY	24.00	0.00	349.92	

	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	3
	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185753	2/24/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	55.50		809.19 I	
1									
					CATEGORY	55.50	0.00	809.19	

RUN DATE (		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 HOA HOSPICE ADULT	- · <del>-</del>
SALES URNI	L # 0270	LOC UUI		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185754	2/24/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEG NV NV			PAGE 1 - 275	
SALES URN.	L # 0270	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 3	/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
185755	2/24/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	8.00		116.64 I	
				CAREGODY			116.64	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 276 VCP CHOICE LHCSA BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	2/24/12 2/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		30.75 36.00		448.34 I 524.88 I	
				CUSTOMER	66.75	0.00	973.22	
				CATEGORY	66.75	0.00	973.22	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	7
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185758	2/10/12	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	8.00		116.64 I	
185759	2/17/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I	
185760	2/24/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	27.50		400.95 I	
				CUSTOMER	39.50	0.00	575.91	
				CATEGORY	39.50	0.00	575.91	

			YSIDE CITYWIDE					278
SALES JRNI	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/02/12
				SALES REGISTER			BILL MEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185761	2/24/12	000008	VISITING NURSE SERVICE	SULLIVAN, MADAL	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE ( SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END		79 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		LNG ГҮР	SURPLUS
185762	2/24/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	74.25		1,082.57	I	
				CATEGORY	74.25	0.00	1,082.57		

RUN DATE	02/29/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	280
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185763	2/24/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE (		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	281
			\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185764	2/24/12	800000	VISITING NURSE SERVICE	TAN, RONGZHAO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	282	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				5	SALES REGISTER			BILL WEEK ENDING	3/02/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	185765	2/24/12	800000	VISITING NURSE SERVICE	TAVANO, SILVIA	33.00		481.14 I		
ı										
ı								401 14		
ı					CATEGORY	33.00	0.00	481.14		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	283
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185766	2/24/12	000008	VISITING NURSE SERVICE	TAVERAS ARIAS,	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 02/29/12 - SUP SU SALES JRNL # 0270 LOC 00	)1 SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER			PAGE 1 - 28 ADU ADULT BILL WEEK ENDING	3/02/12
INVOICE# DATE CUST N		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185767 2/24/12 000008 185768 12/30/11 000008 185769 2/24/12 000008	3 VISITING NURSE SERVICE	TAWADROUS, ANWA TAWADROUS, ZENA TEJADA, BALDOME	16.00 1.00 16.00		233.28 I 14.58 I 233.28 I	
		CUSTOMER	33.00	0.00	481.14	
		CATEGORY	33.00	0.00	481.14	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	85
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB O	NLY
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185770	2/24/12	800000	VISITING NURSE SERVICE	TEJADA, MARIALU	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE ( SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AD BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185771	2/24/12	800000	VISITING NURSE SERVICE	TEMBELIS, DAPHN	15.00		218.70	I
				CAMPRODY.	15.00			
				CATEGORY	15.00	0.00	218.70	

ı	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	37	
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
					SALES REGISTER			BILL WEEK ENDING	3/02/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	185772	2/24/12	800000	VISITING NURSE SERVICE	TERRERO, RAMONI	12.00		174.96 I		
					CATEGORY	12.00	0.00	174.96		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 28	38
	.2    0270	200 001		ALES REGISTER			BILL WEEK ENI		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185773	2/24/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	35.00		510.31	I	
185774	2/24/12	800000	VISITING NURSE SERVICE	TINOCO, INES	35.00		510.30	Т	
				CUSTOMER	70.00	0.00	1,020.61		
				CATEGORY	70.00	0.00	1,020.61		

			YSIDE CITYWIDE				PAGE 1 -	289
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	2 / 2 2 / 1 2
			2	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185775	2/24/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	15.50		225.99 I	
				CATEGORY	15.50	0.00	225.99	

			YSIDE CITYWIDE				PAGE 1	- 29	0
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			·	SALES REGISTER			BILL WEEK END	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185776	2/24/12	000008	VISITING NURSE SERVICE	TORO, PURA	84.00		1,224.72	I	
185777	2/24/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	70.00		1,020.60	I	
				CUSTOMER	154.00	0.00	2,245.32		
				CATEGORY	154.00	0.00	2,245.32		

- 1				YSIDE CITYWIDE					91
	SALES JRN	L # 0270	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	•
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185778	2/24/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 - 29	92
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185779	2/24/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 29	93
BALLED GIGV	L # 0270	100 001		SALES REGISTER			BILL WEEK EN		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185780	2/17/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	8.00		116.64	I	
185781 185782	2/24/12 2/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TSOLISOS, FOTIN	20.00 48.00		291.60 699.84	I	
105/02	2/24/12	000006	VISITING NORSE SERVICE	ISOLISOS, FOIIN	40.00		099.04		
				CUSTOMER	76.00	0.00	1,108.08		
				CATEGORY	76.00	0.00	1,108.08		

RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	294
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185783	2/24/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 29	95
Bribbs orde	0270	100 001		ALES REGISTER			BILL WEEK EN		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185784 185785	2/24/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	56.00		816.48	I	
185/85	2/24/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72		
				CUSTOMER	63.00	0.00	2,041.20		
				CATEGORY	63.00	0.00	2,041.20		

ı	RUN DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	296
ı	SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
ı					SALES REGISTER			BILL WEEK ENDING	3/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	185786	2/24/12	800000	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	297	
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
			S	SALES REGISTER			BILL WEEK ENDIN	IG 3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
185787	2/24/12	000008	VISITING NURSE SERVICE	VALENCIANO-ROJ,	35.25		513.95 I	<del>-</del>	
				CATEGORY	35.25	0.00	513.95		

RUN DATE (	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 298	
SALES JRNI	և # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	OGRAM
			5	SALES REGISTER			BILL WEEK ENDING 3/0:	2/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
185788	2/24/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
				 CATEGORY	8.00	0.00	116.64	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	299
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			;	SALES REGISTE	R		BILL WEEK ENDIN	G 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185789	2/24/12	000008	VISITING NURSE SERVICE	VAROL, ELMAS	5.75		83.84 I	
185790	2/24/12	800000	VISITING NURSE SERVICE	VAROL, MUSTAFA	6.00		87.48 I	
				CUSTOMER	11.75	0.00	171.32	
				CATEGORY	11.75	0.00	171.32	

			YSIDE CITYWIDE				PAGE 1 -	300	
SALES JRN	ь # 0270	LOC 001		REG NY NY			VCP CHOICE LHCSA		
			i	SALES REGISTER			BILL WEEK ENDING	3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
185791	2/24/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	47.75		696.20 I		
				CATEGORY	47.75	0.00	696.20		

			YSIDE CITYWIDE				PAGE 1 -	301
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			\$	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185792	2/17/12	800000	VISITING NURSE SERVICE	VASOUEZ, EUSTAG	1.75		25.52 I	
185793	2/24/12	800000	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	32.00		466.58 I	
185794	2/17/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	3.00		43.74 I	
185795	2/24/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	18.00		262.44 I	
185796	2/24/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20 I	
				CUSTOMER	94.75	0.00	1,381.48	
				CATEGORY	94.75	0.00	1,381.48	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	02
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185797	2/24/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	17.75		258.80 I	
				CATEGORY	17.75	0.00	258.80	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	3
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185798	2/24/12	000008	VISITING NURSE SERVICE	VENTURA, ROSA	17.00		247.86 I	
185799	2/24/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	7.00		102.06 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	304
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185800	2/24/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	305 IG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
185801	2/24/12	800000	VISITING NURSE SERVICE	VICEDO, FREDELI	6.00		87.48	<u>.</u> -
				CATEGORY	6.00	0.00	87.48	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	)6
SALES JRN	rL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185802	2/24/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	307
SALES JR	NL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185803	2/24/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	08
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			:	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185804	2/24/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RU	N DATE	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	309
SA	LES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	3/02/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18	5805	2/24/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92 I	
					CATEGORY	24.00	0.00	349.92	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 32	LO
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	ALES REGISTER			BILL WEEK ENI	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185806	2/24/12	000008	VISITING NURSE SERVICE	VIVACOUA, EMMA	70.00		1,020.60	I	
185807	2/24/12	800000	VISITING NURSE SERVICE	WALLE, ILEANA	20.00		291.60	I	
185808	2/17/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	32.00		466.56	I	
185809	2/24/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40	I	
				CUSTOMER	152.00	0.00	2,216.16		
				CATEGORY	152.00	0.00	2,216.16		

			YSIDE CITYWIDE				PAGE 1 - 3	11
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185810	2/24/12	800000	VISITING NURSE SERVICE	WHITE, ANNIE	1.00		14.58 I	
				CATEGORY	1.00	0.00		
				CALEGORI	1.00	0.00	14.50	

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	12
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185811	2/24/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN	DATE (	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	313
SAL	ES JRNI	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	3/02/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185	812	2/24/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE (	02/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 31	4
SALES JRNI	և # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK ENI	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185813	2/24/12	000008	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	28.00		408.24	I	
185814	2/03/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	3.00		43.74	I	
185815	2/24/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	14.50		211.41	I	
185816	2/24/12	800000	VISITING NURSE SERVICE	ZARE, GLORIA	4.00		58.32	I	
				CUSTOMER	49.50	0.00	721.71		
				CATEGORY	49.50	0.00	721.71		

RUN DATE 02/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 315 SALES JRNL # 0270 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 3/02/12 REFERENCE HOURS TAX AMT AMOUNT

ACERNO, CLAIRE 20.00 265.60
ALI, AMRINISSA 19.50 258.96
AMABILE, ANTOIN 7.00 1,260.00
AYALLA, ENRIQUE 49.00 650.72
BEGUIN, JAMILA 72.00 956.16
CEPERA, TOMASA 30.00 398.40
COLAVITTI, JEAN 50.00 743.68
COLEMAN, REGINA 30.50 405.64
DIAZ, ALICIA 45.00 597.60
DONOSO, MARGARE 24.00 318.72
EARLINGTON, ALB 41.00 597.60
EXPONIZO, ALFON 38.00 504.64
FERRAN, LOIS 7.00 1,260.00
EXPONIZO, ALFON 38.00 504.64
FERRANDEZ, ANA 31.75 421.64
FERRANDEZ, ANA 31.75 421.64
GREENSPAN, ALIC 11.50 152.72
GREENSPAN, ALIC 11.50 152.72
GREENSPAN, ALIC 10.00 132.80
HUSTIU, SILVIA 6.00 79.68
JIMENEZ, EUGENI 91.00 1,260.00
MANGRAY, KARMAD 40.00 531.20
MARTINEZ, EMMA 36.00 478.08
MARTINEZ, EMMA 40.00 531.20
MARTINEZ, EMMA 36.00 478.08
MARTINEZ, EMMA 36.00 531.20
MARTINEZ, EMMA 36.00 478.08
MARTINEZ, EMMA 36.00 531.20
MARTINEZ, EMMA 36.00 478.08
MARTINEZ, EMMA 36.00 542.65
MOSCICKA, JADWI 24.00 332.00
NISHIMURA, ALBE 72.00 956.16
NUNEZ, IRIS 32.00 478.08
MARTINEZ, EMMA 36.00 743.68
MOSCICKA, JADWI 24.00 332.00
NESSOLO, RAMONA 25.00 332.00
NESSOLO, RAMONA 25.00 332.00
NESSOLO, RAMONA 25.00 332.00
NESSOLO, RAMONA 25.00 332.00
NESSOLO, RAMINA 24.00 318.72
PALTOULIS, KLEO 30.00 473.68
PALTOULIS, KLEO 30.00 398.40
PALTOULIS, KLEO 30.00 4743.68
PEREZ, MARIA 42.00 318.72
PICHARDO, MARIA 24.00 318.72
PICHARDO, MARIA 24.00 398.40
PALTOULIS, KLEO 30.00 4743.68
PEREZ, MARIA 24.00 398.40
PALTOULIS, KLEO 30.00 4743.68
PEREZ, MARIA 24.00 318.72
PICHARDO, MARIA 24.00 318.66.64
ROJAS, ANGEL 15.00 30.00 438.66.64
ROJAS INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 185817 265.60 I 2/24/12 000010 GUILDNET 258.96 I 185818 2/24/12 000010 GUILDNET 185819 2/24/12 000010 GUILDNET I 185820 2/24/12 000010 GUILDNET 185821 GUILDNET 2/24/12 000010 GUILDNET 185822 2/24/12 000010 185823 2/24/12 000010 GUILDNET 185824 GUILDNET 2/24/12 000010 185825 2/24/12 000010 GUILDNET 185826 2/24/12 000010 GUILDNET 185827 2/24/12 000010 GUILDNET GUILDNET 185828 2/24/12 000010 185829 2/24/12 000010 GUILDNET 185830 2/24/12 000010 GUILDNET 185831 2/24/12 000010 GUILDNET 185832 2/24/12 000010 GUILDNET 185833 2/17/12 000010 GUILDNET 185834 2/24/12 000010 GUILDNET 185835 2/24/12 000010 GUILDNET 185836 2/24/12 000010 GUILDNET 185837 GUILDNET 2/24/12 000010 185838 GUILDNET 2/24/12 000010 185839 2/10/12 000010 GUILDNET 185840 2/24/12 000010 GUILDNET 185841 2/24/12 000010 GUILDNET 185842 2/24/12 000010 GUILDNET 185843 2/24/12 000010 GUILDNET 185844 2/24/12 000010 GUILDNET 185845 2/24/12 000010 GUILDNET 185846 2/24/12 000010 GUILDNET 185847 2/24/12 000010 GUILDNET 185848 2/24/12 000010 GUILDNET 185849 2/24/12 000010 GUILDNET 185850 2/24/12 000010 GUILDNET 185851 2/17/12 000010 GUILDNET 185852 2/24/12 000010 GUILDNET 185853 2/24/12 000010 GUILDNET 185854 2/24/12 000010 GUILDNET 185855 2/24/12 000010 GUILDNET 185856 2/24/12 000010 GUILDNET 185857 2/24/12 000010 GUILDNET 185858 GUILDNET 2/24/12 000010 185859 2/24/12 000010 GUILDNET 185860 2/24/12 000010 GUILDNET 185861 2/24/12 000010 GUILDNET 185862 2/24/12 000010 GUILDNET 185863 2/24/12 000010 GUILDNET 185864 2/24/12 000010 GUILDNET 2/24/12 185865 000010 GUILDNET

	02/29/12 - JL # 0270		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 2 GUI GUILDNET	- 33	16
DALLO OIG	VL # 0270	100 001	BONNIBIDE CITIVIDE	SALES REGISTER	!		BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185866	2/24/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		265.60	I	
185867	2/24/12	000010	GUILDNET	RUBIANO, MARIA	20.00		265.60	I	
185868	2/24/12	000010	GUILDNET	SALJANIN, DILJA	61.00		810.08	I	
185869	2/24/12	000010	GUILDNET	SANCHEZ, ELIZAB	43.00		571.04	I	
185870	2/24/12	000010	GUILDNET	SHELTON, AGUEDA	32.00		424.96	I	
185871	2/24/12	000010	GUILDNET	SOMRAJ, UMILLA	12.00		159.36	I	
185872	2/24/12	000010	GUILDNET	TOROSSIAN, PARI			275.56	I	
185873	2/24/12	000010	GUILDNET	VILLACRES, LUZ	8.00		106.24	I	
185874	2/24/12	000010	GUILDNET	VLAHOS, MARIE	70.00		929.60	I	
185875	2/24/12	000010	GUILDNET	WEISZ, KLARA			106.24	I	
185876	2/17/12	000010	GUILDNET	WEST, BALDWIN	32.00		424.96	I	
185877	2/24/12	000010	GUILDNET	WHITLEY, MYRNA	20.00		265.60	I	
185878	2/24/12	000010	GUILDNET	YI, CARLOS	24.00		318.72	I	
185879	2/24/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,260.00	I	
185880	2/24/12	000010	GUILDNET	ZARE, GLORIA	23.50		312.08	I	
185881	2/24/12	000010	GUILDNET	ZARE, GLORIA	43.50		577.68	I	
185882	2/24/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		849.92	I	
				CUSTOMER	2,216.50	0.00	34,103.28		<b></b>
				CATEGORY	2,216.50	0.00	34,103.28		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 31	7
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIR	RST	
				REGNY NY SALES REGISTER	3		BILL WEEK ENDI	NG	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP	SURPLUS
185883	2/24/12	000122	HEALTH FIRST	BEGUM. MANWARA	20.00		337.60	т	
185884	2/24/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
185885	2/24/12	000122	HEALTH FIRST	BOCHENEC TOTAN	42.00		708.96	T	
185886	2/24/12	000122	HEALTH FIRST	CARMONA. LUZ	40.00		675.20	T	
185887	2/10/12	000122	HEALTH FIRST	CARRION. MARIA	56.00		945.28	T	
185888	2/24/12	000122	HEALTH FIRST	CEBALLOS. ANA	40.00		675.20	T	
185889	2/24/12	000122	HEALTH FIRST	CHARITAR, RAMKA	15.00		253.20	T	
185890	2/24/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	Ī	
185891	2/24/12	000122	HEALTH FIRST	DENNISON, KELVI	20.00		337.60	T	
185892	2/24/12	000122	HEALTH FIRST	DORNELLAS. STEL	23.50		396.68	I	
185893	2/24/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64	I	
185894	2/24/12	000122	HEALTH FIRST	ESTEVES, JOSE	63.00		1.063.44	I	
185895	2/10/12	000122	HEALTH FIRST	FERGERSON. TINA	42.00		708.96	T	
185896	2/24/12	000122	HEALTH FIRST	FERRERA, FRANCI	11.00		185.68	I	
185897	2/24/12	000122	HEALTH FIRST	FONTANES, PEDRO	39.00		658.32	I	
185898	2/24/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
185899	2/24/12	000122	HEALTH FIRST	FRIAS, BARBARA	4.00		67.52	I	
185900	2/17/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	Ī	
185901	1/27/12	000122	HEALTH FIRST	HERRING, CHARLE	16.00		270.08	I	
185902	2/24/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
185903	2/24/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
185904	2/24/12	000122	HEALTH FIRST	LAZALA, GLADYS	168.00		34,030.08	I	
185905	2/24/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	77.00		1,299.76	I	
185906	2/24/12	000122	HEALTH FIRST	MACARENA, SAHAR	61.50		1,038.12	I	
185907	2/24/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
185908	2/24/12	000122	HEALTH FIRST	ORTIZ, TULA	24.00		405.12	I	
185909	2/24/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
185910	2/24/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	I	
185911	2/24/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	19.00		320.72	I	
185912	2/24/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96	I	
185913	2/24/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
185914	2/24/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	I	
185915	2/24/12	000122	HEALTH FIRST	SPIVEY, PATRICI	25.00		422.00	I	
185916	2/10/12	000122	HEALTH FIRST	ST ROMAINE, CLA	97.00		1,637.36	I	
185917	2/24/12	000122	HEALTH FIRST	SURIEL, GERTRUD	28.00		472.64	I	
185918	2/24/12	000122	HEALTH FIRST	TEJADA, PAULA	40.00		675.20	I	
185919	2/24/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12	I	
				REFERENCE  BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DENNISON, KELVI DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD TEJADA, PAULA WILLIAMS, RODNE	1,421.00	0.00	55,180.72		
				CATEGORY	1,421.00	0.00	55,180.72		

RUN DATE SALES JRN	02/29/12 L # 0270	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY			PAGE 1 NHP NEIGHBORE	- 31 100D F	.8 HEALTH
			S A	LES REGISTER			BILL WEEK ENI	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME			TAX AMT		TYP	SURPLUS
185920	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS AKHTER, SELINA	36.00		607.68	I	
185921	2/24/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS ARDITTO, PATRIC	30.00		506.40	I	
185922	2/24/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS CHUKWUJIORAH, T	43.00		725.84	I	
185923	2/24/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS DIAZ, CARMEN	20.00		337.60	I	
185924	2/24/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS FERNANDEZ, MARI	12.00		202.56	I	
185925	2/03/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS FLORES, MARITZA	80.00		1,350.40	I	
185926	1/06/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS JONES, CYNTHIA	46.00		776.48	I	
185927	2/17/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS KHALIL, RASHAN	37.00		624.56	I	
185928	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS KHAN, FARUQUE	30.00		506.40	I	
185929	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS KROLL, KATHERIN	35.00		590.80	I	
185930	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS MORALES, EDWIN	42.00		708.96	I	
185931	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS MOSKOWITZ, RONA	24.00		405.12	I	
185932	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS OCASIO, VIRGINI	21.00		354.48	I	
185933	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS RODRIGUEZ, MARI	8.00		135.04	I	
185934	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS SALVATO, MARY	54.00		911.52	I	
185935	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS SCOTT, MICHAEL	40.00		675.20	I	
185936	2/17/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS SHEPPARD, ERMA	80.00		1,350.40	I	
185937	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS WELLS, WYNORIA	16.00		270.08	I	
185938	2/24/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS WILSON, SHERYL	34.00		573.92	I	
				DERS AKHTER, SELINA DERS ARDITTO, PATRIC DERS CHUKWUJIORAH, T DERS DIAZ, CARMEN DERS FERNANDEZ, MARI DERS FLORES, MARITZA DERS JONES, CYNTHIA DERS KHALIL, RASHAN DERS KHALIL, RASHAN DERS MORALES, EDWIN DERS MOSKOWITZ, RONA DERS OCASIO, VIRGINI DERS RODRIGUEZ, MARI DERS SALVATO, MARY DERS SCOTT, MICHAEL DERS SHEPPARD, ERMA DERS WELLS, WYNORIA DERS WILSON, SHERYL CUSTOMER	688.00	0.00	11,613.44		
							,		
				CATEGORY	688.00	0.00	11,613.44		

RUN DATE	02/29/12		YSIDE CITYWIDE				PAGE 1	- 31	9
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOL	DELIS	
				SALES REGISTER			BILL WEEK END	ING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185939	2/24/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	63.00		1,063.44	I	
185940	2/24/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	28.00		472.64	I	
185941	2/24/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	25.00		422.00	I	
185942	2/24/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.92	I	
185943	2/24/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,063.44	I	
185944	2/24/12	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	40.00		675.20	I	
185945	2/24/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		675.20	I	
185946	2/24/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	33.00		557.04	Ī	
				CUSTOMER	376.00	0.00	6,346.88		
				CATEGORY	376.00	0.00	6,346.88		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED HE		0
				SALES REGISTED	?		BILL WEEK END	ING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185947	2/17/12	000128	UNITED HEALTH CARE	AHMED, UMARA	112.00		1,921.92	I	
185948	2/24/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	I	
185949	2/24/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
185950	2/24/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	53.00		909.48	I	
185951	2/24/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
185952	2/24/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
185953	2/24/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
185954	2/24/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	10.00		171.60	I	
				CUSTOMER	366.00	0.00	6,280.56		
				CATEGORY	366.00	0.00	6,280.56		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - EHP EMBLEM HEALT	
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185955	2/24/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00 I	
185956	2/24/12	000114	EMBLEM HEALTH	COPELAND, ELISE	18.00		256.50 I	
185957	2/24/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00 I	
185958	2/24/12	000114	EMBLEM HEALTH	KEATON, CATHERI	83.75		1,172.50 I	
185959	2/24/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00 I	
185960	2/24/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00 I	
				CUSTOMER	273.75	0.00	3,837.00	
				CATEGORY	273.75	0.00	3,837.00	

RUN DATE (	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	22
SALES JRNI	և # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			HIP HEALTH I	NSURAI	ICE PLAN
			i	SALE	S REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
INVOICE#	DAIL	COSI NO	COSTOMER NAME		REFERENCE	HOURS	IAA AMI	AMOUNT	IIP	SURPLUS
185961	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	AHMAD, AMATUL	14.00		236.32	I	
185962	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	BORLAZA, FRANCI	167.75		2,831.62	I	
185963	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	CIPRIAN, JACQUE	8.00		135.04	I	
185964	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	DE JESUS, TIBUR	63.00		1,063.44	I	
185965	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	GOMES, AGUSTINA	54.00		911.52	I	
185966	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	LOYOLA, MARIA	50.00		844.00	I	
185967	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	ORR, LOUISE	40.00		675.20	I	
185968	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	PARADISE, ANITA	24.00		405.12	I	
185969	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	TOWLES, ADA	12.00		202.56	I	
185970	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	WILLIAMS, DIANE	20.00		337.60	I	
185971	2/24/12	000136	HEALTH INSURANCE PLAN	OF NY	ZAMBRANO, ZOILA	13.00		219.44	I	
					CUSTOMER	465.75	0.00	7,861.86		
					CATEGORY	465.75	0.00	7,861.86		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 32	3
SALES JRN	rL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HPS HEALTH PLU	JS	
				SALES REGISTER			BILL WEEK END:	ING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ГҮР	SURPLUS
185972	2/24/12	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	24.00		408.00	I	
185973	2/24/12	000138	HEALTH PLUS PHSP, INC	VEGA, GLORIA	35.00		595.00	I	
185974	2/24/12	000138	HEALTH PLUS PHSP, INC	WALTERS, BYRON	25.00		425.00	I	
185975	2/24/12	000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	18.00		306.00	I	
				CUSTOMER	102.00	0.00	1,734.00		
				CATEGORY	102.00	0.00	1,734.00		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3:	24
SALES JRN	rL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AFF AFFINITY HEAL	TH PLUS
				SALES REGISTER			BILL WEEK ENDING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
185976	2/24/12	000142	AFFINITY HEALTH PLUS	PURNELL, ROSE M	28.00		672.00 I	
				CATEGORY	28.00	0.00	672.00	

RUN DATE 02/29/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0270 LOC 001 SUNNYSIDE CITYWIDE				REG NY NY SALES REGISTER			PAGE 1 -	325
SALES JRN	IL # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLUS	HEALTH
				SALES REGISTER			BILL WEEK ENDI	NG 3/02/12
		~~						
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
185977	2/24/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	84 00		1,440.60	I
185978	2/24/12	000130	METROPLUS HEALTH METROPLUS HEALTH	ANDERSON, BETH	42 00		720 30	I
185979	2/24/12	000130	METROLIC HEALTH	ARTAG MORA	68 00		1 166 20	Ī
185980	2/24/12	000130	METROLIC HEALTH	REDOVA MONTON	35 00		600.25	Ī
185981	2/24/12	000130	METROPHOS HEADIN	BEDOTA, MONICA	55.00		960 40	I
185982	2/24/12	000130	METROPHOS HEADIN	DRICCO I OUTO	77 00		1 220 55	I
185983	2/24/12	000130	METROPLUS HEALIN	CHADMAN FOTDET	12 50		221 52	I
185984	2/24/12	000130	METROPLUS HEALIN	COPDERO POCEND	70 00		1 200 50	I
185985	2/17/12	000130	METROPHOS HEADIN	DAVITE ANGTE	145 00		2 496 75	I
185986	1/06/12	000130	METROPLUS HEALIN	DEWANTER MIDA	0 00		127 20	I
185987	2/24/12	000130	METROPLUS HEALIN	DEWANUEE, MIKA	0.00		137.20	I
185988	2/24/12	000130	METROPLUS HEALIN	CALAC TEDECA	25 00		600 25	I
185989	2/24/12	000130	METROPLUS HEALIN	MANITACT VINCEN	94 00		1 440 60	L T
185990	2/24/12	000130	METROPLUS REALIR	MIDDOCK CERTRII	40.00		696 00	I
185990		000130	METROPLUS HEALIH	MURDOCK, GERIRU	71 00		1 217 65	I.
	2/24/12	000130	METROPLUS HEALIH	PERSAD, USHA	71.00		1,217.05	
185992	2/24/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	I <del>-</del>
185993	2/24/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	23.00		394.45	I <del>-</del>
185994	2/24/12	000130	METROPLUS HEALTH	RYALS, CHARLES	28.00		480.20	I <del>-</del>
185995	2/24/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	12.00		205.80	I <del>-</del>
185996	2/17/12	000130	METROPLUS HEALTH	ANDERSON, BETH ARIAS, NORA BEDOYA, MONICA BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA MANIACI, VINCEN MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE VALLE, BLASINA	13.00		222.95	L
				CUSTOMER	968.50	0.00	16,609.78	
				CATEGORY		0.00	16,609.78	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG				WEL WELCARE O		
				SALE	S REGISTE	₹		BILL WEEK END	ING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
185997	2/24/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	44.00		756.80	I	
185998	2/24/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	42.00		722.40	I	
185999	2/24/12	000124	WELCARE OF NEW YORK,	INC.	PEREZ, MAURA	70.00		1,204.00	I	
186000	2/24/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	54.00		928.80	I	
					CUSTOMER	210.00	0.00	3,612.00		
					CATEGORY	210.00	0.00	3,612.00		

			YSIDE CITYWIDE						327
SALES JRNI	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG N S A L E S				NPS NY PRESBYT	
				SALES	S REGISTER			BILL WEEK ENDI	NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
100001	2/24/12	000124	NI DDEGDUMEDIAN GUGER	A CRI DOM	WADAGGAWIDIG A	25 00		600 60	<del>-</del>
186001	2/24/12	000134	NY-PRESBYTERIAN SYSTE	M SELECT	KARASSAVIDIS, A	35.00		600.60	1
					CATEGORY	35.00	0.00	600.60	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY	PAGE 1 - 328 AMG AMERIGROUP				
SALES URN	L # UZ/U	TOC 001	SUNNISIDE CITIMIDE	SALES REGISTED	R.		BILL WEEK ENI		3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186002	2/24/12	000132	AMERIGROUP	FERNANDEZ, NORK	42.00		708.54	I	
186003	1/27/12	000132	AMERIGROUP	GERGIS, NIMR	63.00		1,062.81	I	
186004	2/24/12	000132	AMERIGROUP	GUERRA, LORRAIN	30.00		506.10	I	
186005	2/24/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04	I	
				CUSTOMER	143.00	0.00	2,412.49		
				CATEGORY	143.00	0.00	2,412.49		

			YSIDE CITYWIDE					- 32	29
SALES JRN	L # 0270	LOC 001					PAR PRIVATE		2 /00 /10
			SALE	S REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186006	2/24/12	000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS	4.00		58.00	I	
186007	2/24/12	000002	SUNNYSIDE COMMUNITY SERVICES	BUTLER, MARY	2.75		39.88	I	
186008	2/24/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	6.00		87.00	I	
186009	2/24/12	000002	SUNNYSIDE COMMUNITY SERVICES	MAZZA, ROLAND	4.00		58.00	I	
186010	2/24/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, MARIA	4.00		58.00	I	
186011	2/24/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, TIRSO	4.00		58.00	I	
186012	2/24/12	000002	SUNNYSIDE COMMUNITY SERVICES	SAK, FIRDEVS	8.00		116.00	I	
				CUSTOMER	32.75	0.00	474.88		
186013	2/24/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
186014	2/24/12	000049	ELIZABETH SETON PEDIATRIC CTR	MORSHELINA, NAS	6.00		82.74	I	
186015	2/24/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
186016	2/24/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				 CATEGORY	 73.75	0.00	2,329.62		

RUN DATE	02/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 33	0
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN	'S AID	SOCIETY
			S.	ALES REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186017	2/24/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I	
186018	2/17/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	4.00		62.00	I	
186019	2/24/12	880000	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
186020	2/17/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	4.00		62.00	I	
186021	2/24/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
186022	2/24/12	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	20.00		310.00	I	
186023	2/24/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	20.00		310.00	I	
186024	2/24/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	20.00		310.00	Ī	
186025	2/24/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	27.50		426.25	Ī	
	_,,								
				CUSTOMER	132.50	0.00	2,053.75		
				CATEGORY	132.50	0.00	2,053.75		

			YSIDE CITYWIDE					11101	- 33	31
SALES JRN	L # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			PAR PRIVATE	DING	2 /02 /12
				SALES	REGISTER			BILL WEEK EN	DING	3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
10000	0.404.410							21.0	_	
186026	2/24/12	000098	MILDRED PANSE	PA	ANSE, MILDRED	20.00		310.00	I	
					CATEGORY	20.00	0.00	310.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ELD ELDERSERVEI BILL WEEK ENDII	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
186027 186028	2/24/12 2/24/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 16.00		337.50 216.00	[ [
				CUSTOMER	41.00	0.00	553.50	
				CATEGORY	41.00	0.00	553.50	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK ENI	55	3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
186029	2/24/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	16.00		254.00	I		
186030	2/24/12	000145	LARRY EISENBERG	BERGER, TESS	53.00		848.50	I		
				CATEGORY	 69.00	0.00	1,102.50			

RUN DATE (	02/29/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	334
SALES JRNI	և # 0270	LOC 001	SUNNYSIDE CITYWIDE	REG NY	Y NY			CCM COMPREHENS	IVE CARE MGMT
				SALES	REGISTER			BILL WEEK ENDI	NG 3/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186031	2/24/12	000150	COMPREHENSIVE CARE N	MANAGEMENT R	ROSARIO, CELEST	35.75		469.04	I
								460.04	
					CATEGORY	35.75	0.00	469.04	

RUN DATE 02/29/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0270 LOC 001 SUNNYSIDE CITYWIDE		SUNNYSIDE CITYWIDE	REG NY NY SALES REGIST	E R		PAGE 1 PAR PRIVATE BILL WEEK END	- 33	3/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186032	2/24/12	000151	MICHAEL SIANO	SIANO, ANDREW	20.00		270.00	I	
186033	2/24/12	000153	PATRICIA RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
186034	2/24/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
186035	2/24/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
186036	2/24/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
186037	2/24/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
186038	2/24/12	006337	STEPHEN EDEL	EDEL, CANDACE	72.50		1,147.76	I	
186039	2/24/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	35.00		550.00	I	
186040	2/24/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
186041	2/24/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
186042	2/24/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
186043	2/24/12	009036	MR. FERNANDO RIVERA	RIVERA, ALCIRA	6.00		93.00	I	
186044	2/24/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
186045	2/24/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	6.00		93.00	I	
186046	2/24/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
186047	2/24/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
186048	2/24/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
186049	2/24/12	009801	JOSEPH HEPPT	HEPPT, EDWARD	84.00		1,338.00	I	
186050	2/24/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
186051	2/24/12	009857	ALZHEIMER'S ASSOCIATION	N,NYC MARTIN, RUTH	8.00		124.00	I	
186052	2/24/12	997760	MARASA, ANTONIO	MARASA, ANTONIO	9.00		121.50	I	
186053	2/17/12	997971	SUNNYSIDE, USAGE	SUNNYSIDE, USAG	2.00		34.30	I	
				CATEGORY	551.50	0.00	8,661.06		
				LOCATION	22,012.25	0.00	368,786.34		
				COMPANY	22,012.25		368,786.34		

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SALES JRNL # 0270 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 3/02/12

INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS

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