RUN DATE 11/08/11 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0254 LOC 001 SUNNYSIDE CITYWIDE REG NY NY

SALES REGISTER

PAGE 1 - 1 SHP SENIOR HEALTH PARTNERS BILL WEEK ENDING 11/11/11

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171795	11/04/11	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		52.40	I	
171796	11/04/11	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		52.40	I	
171797	11/04/11	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	4.00		52.40	I	
171798	11/04/11	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	20.00		262.00	I	
	11/04/11	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	16.00		209.60	I	
171800	11/04/11	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	24.00		314.40	I	
171801	11/04/11	000082	SENIOR HEALTH PARTNERS	FENTON, JESSIE	4.00		52.40	I	
	11/04/11	000082	SENIOR HEALTH PARTNERS	FENTON, JESSIE	4.00		52.40	I	
	11/04/11	000082	SENIOR HEALTH PARTNERS	FENTON, JESSIE	4.00		52.40	I	
171804	11/04/11	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	13.00		170.30	I	
171805	11/04/11	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	20.00		262.00	I	
171806	11/04/11	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	59.00		772.90	I	
171807	11/04/11	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	76.00		995.60	I	
171808	11/04/11	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	13.75		180.13	I	
171809	11/04/11	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	8.00		104.80	I	
171810	11/04/11	000082	SENIOR HEALTH PARTNERS	LEPORE, CLAIRE	4.75		62.23	I	
171811	11/04/11	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	34.00		445.40	I	
171812	11/04/11	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	42.00		550.20	I	
171813	11/04/11	000082	SENIOR HEALTH PARTNERS	PERALTA, RAMONA	28.00		366.80	I	
171814	11/04/11	000082	SENIOR HEALTH PARTNERS	PERALTA, RAMONA	48.00		628.80	I	
171815	11/04/11	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	4.00		52.40	I	
171816	11/04/11	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	16.00		209.60	I	
171817	11/04/11	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	10.00		131.00	I	
171818	11/04/11	000082	SENIOR HEALTH PARTNERS	SIMON, LUPE	8.00		104.80	I	
171819	11/04/11	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	8.00		104.80	I	
171820	11/04/11	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	24.00		314.40	I	
171821	10/28/11	000082	SENIOR HEALTH PARTNERS	VASQUEZ, CORNEL	4.00		52.40	I	
171822	11/04/11	000082	SENIOR HEALTH PARTNERS	VASQUEZ, CORNEL	8.00		104.80	I	
171823	11/04/11	000082	SENIOR HEALTH PARTNERS	VIDOT-LINARES,	8.00		104.80	I	
171824	11/04/11	000082	SENIOR HEALTH PARTNERS	VIDOT-LINARES,	32.00		419.20	I	
171825	11/04/11	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	4.00		52.40	I	
171826	11/04/11	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	8.00		104.80	I	
171827	11/04/11	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	4.00		52.40	I	
			SENIOR HEALTH PARTNERS	CUSTOMER	568.50	0.00	7,447.36		
				CATEGORY	568.50	0.00	7,447.36		

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	2	
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	SA	
		S A	ALES REGISTER			BILL WEEK ENDI	NG 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
							_	
171828 11/04/11	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	24.00		349.92	I	
171829 11/04/11	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	32.00		466.56	I	
171830 11/04/11	800000	VISITING NURSE SERVICE	ABREU, ANA	4.00		58.32	I	
171831 11/04/11	800000	VISITING NURSE SERVICE	ABREU, ANA	4.00		58.32	I	
			CUSTOMER	64.00	0.00	933.12		
			CATEGORY	64.00	0.00	933.12		

RUN DATE 11/08/11 - SALES JRNL # 0254		SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING	– HOMEW/	3 /O WALLS (LT
		\$	SALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171832 11/04/11 171833 11/04/11		VISITING NURSE SERVICE	*	7.00 21.00		102.06 306.18	I	
1/1033 11/04/11	000008 V	ISITING NORSE SERVICE						
			CUSTOMER	28.00	0.00	408.24		
			CATEGORY	28.00	0.00	408.24		

RUN DATE	11/08/11	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	4
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			S	ALES REGISTER			BILL WEEK END	ING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171834	11/04/11	800000	VISITING NURSE SERVICE	ADAMES, OLGA	5.00		72.90	I	
171835	11/04/11	000008	VISITING NURSE SERVICE	ADAMES, OLGA	20.00		291.60	I	
171836	11/04/11	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	14.50		211.41	I	
171837	11/04/11	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	20.00		291.60	I	
171838	11/04/11	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	28.00		408.24	I	
171839	11/04/11	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM	40.00		583.20	T	
171840	11/04/11	000008	VISITING NURSE SERVICE	ADUN, JEANETTE	8.00		116.64	T	
171841	11/04/11	000008	VISITING NURSE SERVICE	ADUN, JEANETTE	16.00		233.28	Ť	
171842	11/04/11	000008	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32	T	
1/1042	11/04/11	000000	VISITING NORSE SERVICE	APZAL, AMIK	4.00		50.52	±	
				CUSTOMER	155.50	0.00	2,267.19		
				CATEGORY	155.50	0.00	2,267.19		
				CATEGORI	133.30	0.00	2,207.19		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 5 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
171843 11/04/11 171844 11/04/11		VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	12.00 28.00		174.96 I 408.24 I
			CUSTOMER	40.00	0.00	583.20
			CATEGORY	40.00	0.00	583.20

RUN DATE	11/08/11	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	6
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			VCP CHOICE LH	CSA	
			S A	ALES REGISTER			BILL WEEK END	ING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171845	10/07/11	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	6.25		91.13	I	
171846	11/04/11	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	4.00		58.32	I	
171847	11/04/11	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	12.00		174.96	I	
171848	11/04/11	800000	VISITING NURSE SERVICE	ALESSIU, AGRIPI	3.00		43.74	I	
171849	11/04/11	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	5.00		72.90	I	
171850	11/04/11	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	20.00		291.60	I	
171851	11/04/11	800000	VISITING NURSE SERVICE	ALMANZAR, REMIG	4.00		58.32	I	
171852	11/04/11	000008	VISITING NURSE SERVICE	ALVAREZ, NAZARE	24.00		349.92	I	
171853	11/04/11	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	31.75		462.92	I	
171854	11/04/11	800000	VISITING NURSE SERVICE	ANDRADE, LOLA			349.92	I	
171855	11/04/11	800000	VISITING NURSE SERVICE	ANDRADE, LOLA			466.56	I	
171856	11/04/11	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI			349.92	I	
171857	11/04/11	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	25.25		368.15	I	
				CUSTOMER	215.25	0.00	3,138.36		
				CATEGORY	215.25	0.00	3,138.36		

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	7
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
		S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171858 11/04/11	800000	VISITING NURSE SERVICE	ANGULO, ELCY	4.00		58.32 I	
171859 11/04/11	800000	VISITING NURSE SERVICE	ANGULO, ELCY	12.00		174.96 I	
171860 11/04/11	800000	VISITING NURSE SERVICE	ANUT, ALICE	25.00		364.50 I	
171861 11/04/11	800000	VISITING NURSE SERVICE	ANUT, ALICE	36.00		524.88 I	
			CUSTOMER	77.00	0.00	1,122.66	
			CATEGORY	77.00	0.00	1,122.66	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	8
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
		5	SALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171862 10/21/11	800000	VISITING NURSE SERVICE	AOUN, ODETTE	4.00		58.32	I	
171863 11/04/11	000008	VISITING NURSE SERVICE	AOUN, ODETTE	4.00		58.32	I	
171864 11/04/11	000008	VISITING NURSE SERVICE	AOUN, ODETTE	15.75		229.64	I	
171865 11/04/11	000008	VISITING NURSE SERVICE	ARIAS, MAGDALEN	14.00		204.12	I	
171866 11/04/11	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	31.50		459.28	I	
			CUSTOMER	69.25	0.00	1,009.68		
			CATEGODY		0.00	1 000 60		
			CATEGORY	69.25	0.00	1,009.68		

RUN DATE 11/08/11						PAGE 1 -	9
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171867 11/04/11 171868 11/04/11		VISITING NURSE SERVICE VISITING NURSE SERVICE	ASADOURIAN, COR ASADOURIAN, COR	17.75 3.75		258.80 I 54.68 I	
			CUSTOMER	21.50	0.00	313.48	
			CATEGORY	21.50	0.00	313.48	

		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA	10
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171869 171870	9/23/11 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		2.00 6.00		29.16 87.48	I	
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE 11/08/	11 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 11			
SALES JRNL # 02	54 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT			
		i	SALES REGISTER	-		BILL WEEK ENDING 11/11/11			
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS			
171071 11/04/	11 000000	TITATETNA NUDAE ARRITAR	A CHILEY CLUDE	21 00		206 10 T			
171871 11/04/		VISITING NURSE SERVICE	, _	21.00		306.18 I			
171872 11/04/	11 000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	21.00		306.18 I			
171873 10/14/	11 000008	VISITING NURSE SERVICE	AZAD, ABUL	12.00		174.96 I			
171874 10/21/	11 000008	VISITING NURSE SERVICE	AZAD, ABUL	4.50		65.61 I			
171875 11/04/	11 000008	VISITING NURSE SERVICE	AZAD, ABUL	4.75		69.26 I			
			CUSTOMER	63.25	0.00	922.19			
			CATEGORY	63.25	0.00	922.19			

RUN DA	TE 11/08/11	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	_	12
SALES	JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE LE		
			2	SALES RI	EGIST	E R		BILL WEEK ENI	DING	11/11/11
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171876	11/04/11	000008	VISITING NURSE SERVICE	BAEZ,	JUAN	7.00		102.06	I	
171877	11/04/11	800000	VISITING NURSE SERVICE	BAEZ,	JUAN	28.00		408.24	I	
					CUSTOMER	35.00	0.00	510.30		
					COSTOMER	33.00	0.00	310.30		
					CATEGORY	35.00	0.00	510.30		

RUN DATE 11/08/11 -	- SUP SUNNY	SIDE CITYWIDE				PAGE 1	- 13
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENI	DING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
171878 11/04/11	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	10.00		145.80	I
171879 11/04/11	800000	VISITING NURSE SERVICE	BALLAS, VIOLA	20.00		291.60	I
171880 11/04/11	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	24.00		349.92	I
171881 11/04/11	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	32.00		466.56	I
			CUSTOMER	86.00	0.00	1,253.88	
			CATEGORY	86.00	0.00	1,253.88	

RUN DATE 11/08/11						-	14
SALES JRNL # 0254	LOC 001		REG NY NY			VCP CHOICE LHCSA	11/11/11
		S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171882 11/04/11	000008	VISITING NURSE SERVICE	BARBARITO, FRAN	10.00		145.80 I	
171883 11/04/11	800000	VISITING NURSE SERVICE	BARBARITO, FRAN	19.75		287.96 I	
			CUSTOMER	29.75	0.00	433.76	
			CATEGORY	29.75	0.00	433.76	

RUN DATE 11/08/11 SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171884 11/04/11 171885 11/04/11 171886 11/04/11 171887 11/04/11 171888 11/04/11 171889 11/04/11	000008 000008 000008 000008 000008	VISITING NURSE SERVICE	BARDEANU, VICTO BARDEANU, VICTO BATTLE, JEANETT BATTLE, JEANETT BECERRA, FELIPE BECERRA, FELIPE	17.00 28.00 21.00 21.00 7.00 30.00		247.86 I 408.24 I 306.18 I 306.18 I 102.06 I 437.40 I	
			CUSTOMER	124.00	0.00	1,807.92	
			CATEGORY	124.00	0.00	1,807.92	

RUN DATE 11/08/11 -	SUP SUNNYSIDE CITYWIDE				PAGE 1	- :	16
SALES JRNL # 0254	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
		SALES REGISTER	R		BILL WEEK ENI	DING	11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171890 11/04/11	000008 VISITING NURSE SERVIC	E BEGUM, IOBAL	6.00		87.48	I	
171891 11/04/11	000008 VISITING NURSE SERVIC	E BELLOROFONTE, M	63.00		918.54	I	
171892 11/04/11	000008 VISITING NURSE SERVIC	E BELLOROFONTE, M	76.00		1,108.08	I	
		CUSTOMER	145.00	0.00	2,114.10		
		CATEGORY	145.00	0.00	2,114.10		

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171893 11/04/11 171894 11/04/11 171895 11/04/11 171896 11/04/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BETHUNE, HARRYD BETHUNE, HARRYD BHAWNANI, BISHU BHAWNANI, BISHU	5.00 20.00 6.00 24.00		72.90 I 291.60 I 87.48 I 349.92 I	
			CUSTOMER	55.00	0.00	801.90	
			CATEGORY	 55.00	0.00	801.90	

			YSIDE CITYWIDE						-	18
SALES JRN	NL # 0254	LOC 001	SUNNYSIDE CITYW	VIDE REG NY SALES				ADU ADULT BILL WEEK EN	DIMO	11/11/11
				заць з	REGISIER			DILL MEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171897	11/04/11	800000	VISITING NURSE S	SERVICE 1	BHULLA, JIWAN	6.00		87.48	I	
171898	11/04/11	800000	VISITING NURSE S	SERVICE 1	BHULLA, JIWAN	18.00		262.44	I	
171899	11/04/11	800000	VISITING NURSE S	SERVICE 1	BIANCO HOPKINS,	4.00		58.32	I	
171900	11/04/11	800000	VISITING NURSE S	SERVICE 1	BIANCO HOPKINS,	14.00		204.12	I	
171901	11/04/11	800000	VISITING NURSE S	SERVICE 1	BIKA, AIDA	6.00		87.48	I	
					CHIGHOMED	40.00	0.00			
					CUSTOMER	48.00	0.00	699.84		
					CATEGORY	48.00	0.00	699.84		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 19 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
171902 11/04/11 171903 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	8.00 32.00		116.64 I 466.56 I
		CUSTOMER	40.00	0.00	583.20
		CATEGORY	40.00	0.00	583.20

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
171904 11/04/11	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	4.00		58.32 I	
171905 11/04/11	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	16.00		233.28 I	
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/08/11 -						PAGE 1 - 21
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		5	SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
171906 11/04/11	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	3.50		51.03 I
171907 11/04/11	800000	VISITING NURSE SERVICE	BOCANEGRA, GLAD	11.75		171.32 I
171908 11/04/11	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	21.00		306.18 I
171909 11/04/11	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	27.75		404.60 I
			CUSTOMER	64.00	0.00	933.13
			CATEGORY	64.00	0.00	933.13

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 22 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
171910 11/04/11 171911 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		5.00 20.00		72.90 I 291.60 I
		CUSTOMER	25.00	0.00	364.50
		CATEGORY	 25.00	0.00	364.50

	/08/11 - SUP SUN					PAGE 1 -	23
SALES JRNL :	# 0254 LOC 001		REG NY NY			VCP CHOICE LHCS	
		2	SALES REGISTER			BILL WEEK ENDIN	G 11/11/11
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
171912 11	/04/11 000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	4.00		58.32 I	
171913 11	/04/11 000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	8.00		116.64 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 24 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX A	AMT AMOUNT TYP SURPLUS
171914 11/04/11 171915 11/04/11	000008 VISITING NURSE SERVICE OUT	•	11.00 24.00	160.38 I 349.92 I
		CUSTOMER	35.00 0.	00 510.30
		CATEGORY	35.00 0.	00 510.30

RUN DATE 11/08/11 -			DEC NV NV			PAGE 1 - 2	5
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171916 11/04/11	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	3.00		43.74 I	
171917 11/04/11	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	5.25		76.55 I	
171918 11/04/11	800000	VISITING NURSE SERVICE	BURNS, MARGARET	20.50		298.89 I	
171919 11/04/11	800000	VISITING NURSE SERVICE	BURNS, MARGARET	31.50		459.28 I	
			CUSTOMER	60.25	0.00	878.46	
			CATEGORY	60.25	0.00	878.46	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 26 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
171920 11/04/11 171921 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 32.00		349.92 I 466.56 I
			CUSTOMER	56.00	0.00	816.48
			CATEGORY	56.00	0.00	816.48

RUN DATE 11/0	8/11 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRNL #	0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
		S	ALES REGISTER			BILL WEEK ENDI	NG 11/11/11
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
171922 11/0	04/11 000008	VISITING NURSE SERVICE	CABA, PURA	2.00		29.16	I
171923 11/0	04/11 000008	VISITING NURSE SERVICE	CABA, PURA	8.00		116.64	I
171924 10/1	4/11 000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	8.00		116.64	I
171925 11/0	000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	8.00		116.64	I
171926 11/0	04/11 000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	32.00		466.56	I
			CUSTOMER	58.00	0.00	845.64	
			CATEGORY	58.00	0.00	845.64	

			YSIDE CITYWIDE				PAGE 1	-	28
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171927	11/04/11	800000	VISITING NURSE SERVICE	CALDERON, ELISA	4.00		58.32	I	
171928	11/04/11	800000	VISITING NURSE SERVICE	CALDERON, ELISA	12.50		182.25	I	
				CUSTOMER	16.50	0.00	240.57		
				CATEGORY	16.50	0.00	240.57		

RUN DATE 11/08/11 - SALES JRNL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	29
STEEDS STATE II SEST	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171929 11/04/11	000008	VISITING NURSE SERVICE	CALDERON, FRANC	19.75		287.96 I	
171930 11/04/11	800000	VISITING NURSE SERVICE	CALDERON, FRANC	22.50		328.05 I	
171931 11/04/11	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	17.75		258.80 I	
171932 11/04/11	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	18.00		262.44 I	
			CUSTOMER	78.00	0.00	1,137.25	
			CATEGORY	78.00	0.00	1,137.25	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HOA HOSPICE A	DULT
		\$	SALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
171933 11/04/11 171934 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		26.00 36.00		379.08 524.88	I
			CUSTOMER	62.00	0.00	903.96	
			CATEGORY	62.00	0.00	903.96	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC NV NV				31
SALES URNL # 0254	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171935 11/04/11 171936 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	24.00 29.00		349.92 I 422.82 I	
			CUSTOMER	53.00	0.00	772.74	
			CATEGORY	53.00	0.00	 772.74	

RUN DATE 11/08/11 -						PAGE 1 -	32
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT	TATO 11/11/11
			SALES REGISIER			BILL WEEK ENDI	NG 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
171937 11/04/11	000008	VISITING NURSE SERVICE	CANO, ADELINA	5.00		72.90	I
171938 11/04/11	000008	VISITING NURSE SERVICE	CANO, ADELINA	22.00		320.76	I
171939 11/04/11	800000	VISITING NURSE SERVICE	CANTO, THERESA	9.00		131.22	I
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 33	
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING 11/	11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
171940 11/04/11	000008	VISITING NURSE SERVICE	CAPORASO, VINCE	36.00		524.88 I	
171941 11/04/11	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	48.00		699.84 I	
			CUSTOMER	84.00	0.00	1,224.72	
			CATEGORY	84.00	0.00	1,224.72	

RUN DATE 11/08/11 - SALES JRNL # 0254			EG NY NY ES REGISTER			PAGE 1 - LAD NURSING HO BILL WEEK ENDI	34 ME W/O WALLS LT NG 11/11/11
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
171942 11/04/11 171943 11/04/11		NURSE SERVICE NURSE SERVICE	CARBAJAL, MERCE CARBAJAL, MERCE	11.00 24.00		160.38 349.92	I I
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

RUN DATE 11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 35
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
		S	ALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
171944 11/04/11	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	24.00		349.92	I
171945 11/04/11	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	31.00		451.98	I
171946 11/04/11	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	13.00		189.54	I
171947 11/04/11	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	18.00		262.44	I
			CUSTOMER	86.00	0.00	1,253.88	
			CATEGORY	86.00	0.00	1,253.88	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 36 ADU ADULT	
BALLO CIUL # 0251	100 001		SALES REGISTER			BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
171948 11/04/11 171949 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CARTAFALSA, NEL CARTAFALSA, NEL	30.00 40.00		437.40 I 583.20 I	
			CUSTOMER	70.00	0.00	1,020.60	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE 11/08/11 - SALES JRNL # 0254		SIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN	HOMEW	,
INVOICE# DATE	CUST NO CUSTOM	IER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171950 11/04/11 171951 11/04/11		NG NURSE SERVICE NG NURSE SERVICE	·	24.00 30.75		349.92 448.34	I I	
			CUSTOMER	54.75	0.00	798.26		
			CATEGORY	54.75	0.00	798.26		

RUN DATE 11/08/11 SALES JRNL # 0254			DEC NV NV			PAGE 1		
SALES URNL # U254	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LH BILL WEEK END		-
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	}
171952 11/04/11 171953 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00 16.00		58.32 233.28	I	
			CUSTOMER	20.00	0.00	291.60		•
			CATEGORY	20.00	0.00	291.60		

RUN DATE 11/08/11 - SALES JRNL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	39
SALES UNIL # U254	HOC 001		ALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171954 11/04/11	000008	VISITING NURSE SERVICE	CEDENO, ROSA	2.25		32.81 I	
171955 11/04/11 171956 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CEDENO, ROSA CELIO, MARION	6.00 4.25		87.48 I 61.97 I	
			CUSTOMER	 12.50	0.00	182.26	
			COSTOMER	12.50	0.00	102.20	
			CATEGORY	12.50	0.00	182.26	

RUN DATE	11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	40
SALES JRN	L # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			:	SALES REGISTER			BILL WEEK END	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171957	11/04/11	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	12.00		174.96	I	
171958	11/04/11	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	12.00		174.96	I	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

			YSIDE CITYWIDE				PAGE 1 - 41	=
SALES JRN	L # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			\$	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171959	11/04/11	800000	VISITING NURSE SERVICE	CERNY, ELIZABET	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 13	1/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE	1 –	42	
SALES JRNL	# 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT			
			2	SALES REGISTER			BILL WEEK E	NDING	11/11/11	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
171960 11	1/04/11	800000	VISITING NURSE SERVICE	CHAPDELAINE, JE	2.00		29.16	I		
				CATEGORY	2.00	0.00	29.16			

RUN DATE 11/ SALES JRNL #	08/11 - SUP SUNN : 0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK END	OMEW/O WALLS (LT
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
	05/11 000008 04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	4.00 16.00		58.32 233.28	I I
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/08/11 -			DEC NY NY				44
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171963 11/04/11 171964 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	6.00 24.00		87.48 I 349.92 I	
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 11/08/11 - SUP SU		a				45
SALES JRNL # 0254 LOC 00	1 SUNNYSIDE CITYWIDE REC	GNY NY ES REGISTER			LAD NURSING HOME BILL WEEK ENDING	
	-					, ,
INVOICE# DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171965 11/04/11 000008	VISITING NURSE SERVICE	CHARLES, JOSE	15.00		218.70 I	
		CATEGORY	15.00	0.00	218.70	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 46	5
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
		S	ALES REGISTER			BILL WEEK END	ING 3	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171966 11/04/11	000008	VISITING NURSE SERVICE	CHAUCA, PEDRO	24.00		349.92	I	
171967 11/04/11	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	17.75		258.80	I	
171968 11/04/11	800000	VISITING NURSE SERVICE	CHIPA, PANAGIOT	3.00		43.74	I	
171969 11/04/11	800000	VISITING NURSE SERVICE	CHIPA, PANAGIOT	12.00		174.96	I	
			CUSTOMER	56.75	0.00	827.42		
			CATEGORY	56.75	0.00	827.42		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 47 LTC NURSING HOMEW/O BILL WEEK ENDING 11	,
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
171970 11/04/11 171971 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	·	6.00 24.00		87.48 I 349.92 I	
		CUSTOMER	30.00	0.00	437.40	
		CATEGORY	30.00	0.00	437.40	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 48 VCP CHOICE LHCSA
SALES UNIT # 0234	100 001		SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
171972 11/04/11 171973 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	21.00 28.00		306.18 I 408.24 I
			CUSTOMER	49.00	0.00	714.42
			CATEGORY	49.00	0.00	714.42

RUN DATE 11/08/11						PAGE 1 -	49
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
171974 11/04/11 171975 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	2.00 6.00		29.16 I 87.48 I	
			CUSTOMER	8.00	0.00	116.64	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	50 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
171976 11/04/11 171977 11/04/11 171978 11/04/11 171979 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CHU, MOLLY CHU, MOLLY CHUCK, ENA CHUCK, ENA	8.00 32.00 12.25 16.00		116.64 I 466.56 I 178.61 I 233.28 I	
			CUSTOMER	68.25	0.00	995.09	
			CATEGORY	 68.25	0.00	995.09	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 51 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TYP SURPLUS
171980 11/04/11 171981 11/04/11	000008 VISITING NURSE SERVIC 000008 VISITING NURSE SERVIC	•	23.00 31.00	335.34 I 451.98 I
		CUSTOMER	54.00 0.	00 787.32
		CATEGORY	54.00 0.	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001		REG NY NY			PAGE 1 - 52 ADU ADULT
SALES URNL # U254	LOC 001		SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
171982 11/04/11 171983 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	2.00		29.16 I 58.32 I
			CUSTOMER	6.00	0.00	87.48
			CATEGORY	6.00	0.00	87.48

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES RE	r GISTER			PAGE 1 LTC NURSING BILL WEEK EN	HOMEW	53 /O WALLS (LT 11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171985 171986 171987 171988 171989	11/04/11 11/04/11 11/04/11 11/04/11 11/04/11 11/04/11 11/04/11	000008 000008 000008 000008 000008 000008	VISITING NURSE SERVICE	CE COLLER, CE COLLER, CE COLLER, CE COLON, CE COLON,		4.00 16.00 3.00 12.00 18.00 24.00 22.75		58.32 233.28 43.74 174.96 262.44 349.92 331.71	I I I I I	
				C	CUSTOMER	99.75	0.00	1,454.37		
				C	 CATEGORY	99.75	0.00	1,454.37		

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 54
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		5	SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
171991 11/04/11	000008	VISITING NURSE SERVICE	CORDERO, NELLY	72.00		1,049.76 I
171992 11/04/11	000008	VISITING NURSE SERVICE	CORDERO, NELLY	96.00		1,399.68 I
				1.60.00		0 440 44
			CUSTOMER	168.00	0.00	2,449.44
			CATEGORY	168.00	0.00	2,449.44

RUN DATE	11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- !	55
SALES JE	RNL # 0254	LOC 001		REG NY NY			LTC NURSING		•
				SALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
171993	11/04/11	000008	VISITING NURSE SERVICE	CORREA, MARGARI	6.00		87.48	I	
171994	11/04/11	800000	VISITING NURSE SERVICE	CORREA, MARGARI	24.00		349.92	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 56
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	HCSA
		S	SALES REGISTER			BILL WEEK END	DING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
171995 11/04/11	000008	VISITING NURSE SERVICE	COSTA, ANTOINET	4.00		58.32	I
171996 11/04/11	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	16.00		233.28	I
			OLIGHOMED	20.00	0.00	291.60	
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

RUN DATE	11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 57
SALES JRN	L # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
171997	11/04/11	800000	VISITING NURSE SERVICE	COSTA, ARSENE	4.00		58.32	I
171998	11/04/11	800000	VISITING NURSE SERVICE	COSTA, ARSENE	8.00		116.64	I
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	58
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		2	SALES REGISTER			BILL WEEK ENDI	NG 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
171999 11/04/11	000008	VISITING NURSE SERVICE	COTTON, MARCUS	8.00		116.64	I
172000 11/04/11	800000	VISITING NURSE SERVICE	COVALIU, SAVETA	4.00		58.32	Ι
172001 11/04/11	800000	VISITING NURSE SERVICE	COVALIU, SAVETA	16.75		244.22	I
			CUSTOMER	28.75	0.00	419.18	
			CATEGORY	28.75	0.00	419.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI		59
SALES UKN	11 # 0254	TOC 001		SALES REGISTER			BILL WEEK EN		11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	11/04/11 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00 16.00		58.32 233.28	I	
				CUSTOMER	20.00	0.00	291.60		
				CATEGORY	20.00	0.00	291.60		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 6 HOA HOSPICE ADULT BILL WEEK ENDING	0
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172004 11/04/11 172005 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	COX, PETRA COX, PETRA	12.00 7.00		174.96 I 102.06 I	
			CUSTOMER	19.00	0.00	277.02	
			CATEGORY	19.00	0.00	 277.02	

RUN DATE 11/08/11 -			DEC MY MY				61
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO (CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172006 11/04/11 172007 11/04/11		VISITING NURSE SERVICE VISITING NURSE SERVICE	CRUMPTON, LUCIL CRUMPTON, LUCIL	3.00 9.00		43.74 I 131.22 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYW	-	NY		PAGE 1 - LAD NURSING HOME	
		SALES R	EGISTER		BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFE	RENCE H	IOURS TAX AMT	AMOUNT TYP	SURPLUS
172008 11/04/11	000008 VISITING NURSE S	· · · · · · · · · · · · · · · · · · ·		8.50	269.73 I	
172009 11/04/11	000008 VISITING NURSE S	ERVICE CRUZ,	HECTOR 1	.4.25 	207.77 I	
			CUSTOMER 3	32.75 0.00	477.50	
			CATEGORY 3	32.75 0.00	477.50	

			YSIDE CITYWIDE	550 100			PAGE 1 -	63
SALES JR	NL # 0254	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
								, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172010	10/21/11	000008	VISITING NURSE SERVICE	CRUZ, JUANA	1.00		14.58 I	
172011	11/04/11	000008	VISITING NURSE SERVICE	CRUZ, JUANA	4.00		58.32 I	
172012	11/04/11	800000	VISITING NURSE SERVICE	CRUZ, JUANA	12.75		185.90 I	
172013	11/04/11	800000	VISITING NURSE SERVICE	CURLEY, INGEBOR	5.00		72.90 I	
172014	11/04/11	000008	VISITING NURSE SERVICE	CURLEY, INGEBOR	19.50		284.31 I	
				CUSTOMER	42.25	0.00	616.01	
				CATEGORY	42.25	0.00	616.01	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 64
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK END	DING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172015 11/04/11	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	5.00		72.90	I
172016 11/04/11	800000	VISITING NURSE SERVICE	DAMICO, ANGELA	17.50		255.15	I
172017 11/04/11	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	24.00		349.92	I
172018 11/04/11	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	32.00		466.56	I
			CUSTOMER	78.50	0.00	1,144.53	
			CATEGORY	 78.50	0.00	1,144.53	

RUN DATE 13 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	, - ,	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	DAVIS, LOUELLEN DAVIS, LOUELLEN	18.00 17.25		262.44 I 251.51 I	
				CUSTOMER	35.25	0.00	513.95	
				CATEGORY	35.25	0.00	 513.95	

RUN DATE 1: SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE ADU ADULT BILL WEEK E	1 - NDING	66 11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TNUOMA	TYP	SURPLUS
172021 13	1/04/11	800000	VISITING NURSE SERVICE	DE LIEUW, LIGIA	3.00		43.74	I	
				CATEGORY	3.00	0.00	43.74		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 67 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172022 11/04/11 172023 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 32.00		116.64 I 466.56 I
			CUSTOMER	40.00	0.00	583.20
			CATEGORY	40.00	0.00	583.20

			YSIDE CITYWIDE				PAGE 1		68
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE BILL WEEK END		11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172024 172025	11/04/11 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	24.00 32.00		349.92 466.56	I	
172025	11/04/11	000008	VISITING NORSE SERVICE	DELIACROZ, MANOE	32.00		400.30		
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 69
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
		\$	SALES REGISTER			BILL WEEK ENI	DING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172026 11/04/11	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	14.00		204.12	I
172027 11/04/11	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	24.00		349.92	I
172028 11/04/11	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	15.00		218.70	I
172029 11/04/11	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	20.00		291.60	I
			CUSTOMER	73.00	0.00	1,064.34	
			CATEGORY	73.00	0.00	1,064.34	

	11/08/11 NL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		70
DALLD ON	UVL # 0251	100 001		SALES REGISTER			BILL WEEK ENI		11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172030 172031	11/04/11 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 24.00		87.48 349.92	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	71
SALES OIGH # 0254	HOC 001		SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172032 11/04/11 172033 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	DELUCA, ANTIONE DELUCA, ANTIONE	12.00 12.00		174.96 I 174.96 I	
			CUSTOMER	24.00	0.00	349.92	
			CATEGORY	24.00	0.00	349.92	

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	72 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172034 11/04/11 172035 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	8.50 35.50		123.93 I 517.60 I	
			CUSTOMER	44.00	0.00	641.53	
			CATEGORY	44.00	0.00	641.53	

	- SUP SUNNYSIDE CITYWIDE	DEC NY NY			PAGE 1 -	73
SALES JRNL # 0254	LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK ENDIN	MEW/O WALLS (LT NG 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172036 11/04/11 172037 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	DIAZ, HILDA DIAZ, HILDA	5.00 21.25		72.90 I 309.83 I	[[
		CUSTOMER	26.25	0.00	382.73	
		CATEGORY	26.25	0.00	382.73	

RUN DATE 11/08/11 - SUP SUNN	TYSIDE CITYWIDE				PAGE 1 -	- 74
SALES JRNL # 0254 LOC 001	SUNNYSIDE CITYWIDE R	EG NY NY			VCP CHOICE LHC	:SA
	S A L	ES REGISTER	-		BILL WEEK ENDI	NG 11/11/11
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172038 11/04/11 000008	VISITING NURSE SERVICE	DIAZ, MARIA	7.00		102.06	I
172039 11/04/11 000008	VISITING NURSE SERVICE	DIAZ, MARIA	28.00		408.24	I
172040 11/04/11 000008	VISITING NURSE SERVICE	DIAZ, OLGA	18.00		262.44	I
172041 11/04/11 000008	VISITING NURSE SERVICE	DIAZ, OLGA	24.00		349.92	I
		CUSTOMER	77.00	0.00	1,122.66	
		CATEGORY	77.00	0.00	1,122.66	

RUN DATE 11/08/11 -		YSIDE CITYWIDE				PAGE 1 - 75	
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		2	SALES REGISTER			BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172042 11/04/11	800000	VISITING NURSE SERVICE	DIAZ, ROSA	12.00		174.96 I	
172043 11/04/11	800000	VISITING NURSE SERVICE	DIAZ, ROSA	24.00		349.92 I	
172044 11/04/11	000008	VISITING NURSE SERVICE	DIELE, MARIE	3.00		43.74 I	
			CUSTOMER	39.00	0.00	568.62	
			CATEGORY	39.00	0.00	568.62	

RUN DATE 11/08/11 -						PAGE 1 -	, 0
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE LHC BILL WEEK ENDI	
						DIED WEEK ENDI	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172045 11/04/11	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	30.00		437.40	т
172045 11/04/11		VISITING NURSE SERVICE	DILLUVIO, MATTI	40.00		583.20	Ī
172047 11/04/11		VISITING NURSE SERVICE	DOMINGUEZ, MARI	17.50		255.15	I
172048 11/04/11	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	24.00		349.92	I
			CUSTOMER	111.50	0.00	1,625.67	
			CATEGORY	111.50	0.00	1,625.67	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 77 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172049 11/04/11 172050 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- · · · ·	23.75 24.00	346.28 I 349.92 I
		CUSTOMER	47.75 0.00	696.20
		CATEGORY	47.75 0.00	 696.20

RUN DATE 11/ SALES JRNL #	08/11 - SUP SUNN : 0254 LOC 001		REG NY NY			PAGE 1 - VCP CHOICE LHO	
SALES OIGH #	0254 LOC 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	04/11 000008 04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	DUGLUS, MAY RUT DUGLUS, MAY RUT	18.00 24.00		262.44 349.92	I I
			CUSTOMER	42.00	0.00	612.36	
			CATEGORY	42.00	0.00	612.36	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R	PAGE 1 - 79 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
172053 11/04/11 172054 11/04/11	000008 VISITING NURSE SERV	•	12.00 28.00	174.96 I 408.24 I
		CUSTOMER	40.00 0.0	0 583.20
		 CATEGORY	40.00 0.0	 0 583.20

R	RUN DATE	11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 80	
S	SALES JRN	IL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRA	AM
				9	SALES REGISTER			BILL WEEK ENDING 11/11/11	1
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
1	L72055	11/04/11	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	-

RUN DATE 11/08/11 -		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
SALES UNIL # 0254	HOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172056 11/04/11	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	21.00		306.18 I	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 8 ADU ADULT BILL WEEK ENDING	32 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172057 11/04/11	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	4.00		58.32 I	
			CATEGORY	4.00	0.00	 58.32	

RUN DATE	11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	83
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172058	11/04/11	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 84 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172059 11/04/11 172060 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	EPSTEIN, GEORGE EPSTEIN, GEORGE	4.00 16.00		58.32 I 233.28 I
			CUSTOMER	20.00	0.00	291.60
			CATEGORY	20.00	0.00	291.60

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	85
DALLO GIAVE # 0251	100 001		SALES REGISTER			BILL WEEK ENDI	NG 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172061 11/04/11 172062 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ESCANDON, KLEBE ESCANDON, KLEBE	21.00 28.00		306.18 408.24	I I
			CUSTOMER	49.00	0.00	714.42	
			CATEGORY	49.00	0.00	714.42	

RUN DATE 11/08/11 - SUP SUNNYSIDE CITYWIDE		PAGE 1 - 86
SALES JRNL # 0254 LOC 001 SUNNYSIDE CITYWIDE REG NY NY		VCP CHOICE LHCSA
SALES REGISTER		BILL WEEK ENDING 11/11/11
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE	HOURS TAX	AMT AMOUNT TYP SURPLUS
172063 11/04/11 000008 VISITING NURSE SERVICE ESPINOSA, CLORI	8.00	116.64 I
172064 11/04/11 000008 VISITING NURSE SERVICE ESPINOSA, CLORI	8.00	116.64 I
CUSTOMER	16.00	0.00 233.28
CATEGORY	16.00	0.00 233.28

RUN DATE 11/08/11 SALES JRNL # 0254			REG NY NY			PAGE 1 - ADU ADULT	87
BALLO OIGIL # 0251	100 001		SALES REGISTER			BILL WEEK ENDING	G 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172065 11/04/11	000008	VISITING NURSE SERVICE	ESPINOZA, OLGA	2.50		36.45 I	
			CATEGORY	2.50	0.00	36.45	

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 88 VCP CHOICE LHCSA	
SALES ORNE # 0254		SALES REGISTER			BILL WEEK ENDING 11/13	1/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
172066 11/04/11 172067 11/04/11	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE	•	5.00 15.00		72.90 I 218.70 I	
		CUSTOMER	20.00	0.00	291.60	
		 CATEGORY	20.00	0.00	291.60	

	11/08/11 NL # 0254	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	-	89
DALLS ON	1111 # 0254	100 001		SALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172068	11/04/11	000008	VISITING NURSE SERVICE	FADEN, ROBIN	23.75		346.28	I	
172069	11/04/11	800000	VISITING NURSE SERVICE	FADEN, ROBIN	32.00		466.56	I	
172070	11/04/11	800000	VISITING NURSE SERVICE	FAY, JULIA	3.00		43.74	I	
172071	11/04/11	800000	VISITING NURSE SERVICE	FAY, JULIA	6.00		87.48	I	
172072	10/07/11	800000	VISITING NURSE SERVICE	FERNANDEZ, ENRI	1.00		14.58	I	
172073	11/04/11	800000	VISITING NURSE SERVICE	FERNANDEZ, ENRI	9.00		131.22	I	
172074	11/04/11	800000	VISITING NURSE SERVICE	FERNANDEZ, ENRI	15.75		229.64	I	
				CUSTOMER	90.50	0.00	1,319.50		
				CATEGORY	90.50	0.00	1,319.50		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGAT	- 90 E CARE PROGRAM
			SALES REGISTER			BILL WEEK END	OING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172075 11/04/11 172076 11/04/11	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 12.00		43.74 174.96	I I
		,	CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 11/08/11 -			5-10 has			PAGE 1 - 9	91
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172077 11/04/11 172078 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	FERNANDEZ, MATI FERNANDEZ, MATI	8.00 24.00		116.64 I 349.92 I	
			CUSTOMER	32.00	0.00	466.56	
			CATEGORY	32.00	0.00	466.56	

RUN DATE 11/08			DDG NV NV					92
SALES JRNL # 02	254 LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LE BILL WEEK ENI		11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172079 11/04/ 172080 11/04/		VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	3.00 12.00		43.74 174.96	I I	
			CUSTOMER	15.00	0.00	218.70		
			CATEGORY	15.00	0.00	218.70		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 93 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172081 11/04/11 172082 11/04/11	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE		20.25 32.50		295.25 I 473.85 I
		CUSTOMER	52.75	0.00	769.10
		CATEGORY	52.75	0.00	769.10

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - CCL CONGREGATI	- 94 E CARE PROGRAM
			SALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
172083 11/04/11 172084 11/04/11	800000	VISITING NURSE SERVICE	•	2.00		29.16 58.32	I
172084 11/04/11	000008	VISITING NURSE SERVICE	FLEITMAN, KLARA	4.00		50.32	
			CUSTOMER	6.00	0.00	87.48	
			CATEGORY	6.00	0.00	87.48	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
	:	SALES REGISTER			BILL WEEK ENDI	NG 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172085 11/04/11 172086 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	-,	7.00 23.00		102.06 335.34	I I
		CUSTOMER	30.00	0.00	437.40	
		CATEGORY	30.00	0.00	437.40	

		NYSIDE CITYWIDE					96
SALES JRNL #	0254 LOC 001		REG NY NY SALES REGISTER			CCL CONGREGATE C	
			SALES REGISIER			DILL WEEK ENDING	3 11/11/11
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172087 11/0	4/11 000008	VISITING NURSE SERVICE	FONSECA, EUGENI	18.00		262.44 I	
			CATEGORY	18.00	0.00	262.44	

RUN DATE 11/08/11 - SALES JRNL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 97 VCP CHOICE LHCSA
SALES UNIL # 0254	LOC 001		SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172088 11/04/11	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	15.00		218.70 I
172089 11/04/11	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	20.00		291.60 I
172090 11/04/11	800000	VISITING NURSE SERVICE	FRAGALE, CONCET	3.00		43.74 I
172091 11/04/11	800000	VISITING NURSE SERVICE	FRAGALE, CONCET	3.00		43.74 I
			CUSTOMER	41.00	0.00	597.78
			CATEGORY	41.00	0.00	597.78

			YSIDE CITYWIDE				PAGE 1 -	98
SALES JRI	NL # 0254	LOC 001		REG NY NY ALES REGISTER			ADU ADULT BILL WEEK ENDI	TC 11/11/11
			3	ALES REGISTER			DIDD MEEK ENDI	NG II/II/II
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172092 172093	11/04/11 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	FRANKEL, LISA FRANKEL, LISA	3.00 5.75		43.74 83.84	I I
				CUSTOMER	8.75	0.00	127.58	
				CATEGORY	8.75	0.00	127.58	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 99 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TYP SURPLUS
172094 11/04/11 172095 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	, -	24.00 32.00	349.92 I 466.56 I
		CUSTOMER	56.00 0.	00 816.48
		CATEGORY	56.00 0.	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	100
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172096 11/04/11	000008	VISITING NURSE SERVICE	FREDERICK, AMEL	6.00		87.48 I	
172097 11/04/11	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	16.50		240.57 I	
			CUSTOMER	22.50	0.00	328.05	
			COSTONER	22.50	0.00	320.03	
			CATEGORY	22.50	0.00	328.05	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 101 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172098 11/04/11 172099 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		11.75 31.00		171.32 I 451.98 I
			CUSTOMER	42.75	0.00	623.30
			CATEGORY	42.75	0.00	623.30

RUN DATE 11/08 SALES JRNL # 0			REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDI	CARE PROGRAM
		5	SALES REGISIER			RILL MEEK FINDI	NG 11/11/11
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172100 11/04 172101 11/04	,	VISITING NURSE SERVICE VISITING NURSE SERVICE	FRIAS, BARBARA FRIAS, BARBARA	2.00 4.00		29.16 58.32	I I
			CUSTOMER	6.00	0.00	87.48	
			CATEGORY	6.00	0.00	87.48	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 103 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172102 11/04/11 172103 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	9.50 20.00	138.51 I 291.60 I
		CUSTOMER	29.50 0.00	430.11
		CATEGORY	29.50 0.00	430.11

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - : VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172104 11/04/11 172105 11/04/11 172106 11/04/11 172107 11/04/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLARDO, ZOILA GALLARDO, ZOILA GALLINA, VIRGIN GALLINA, VIRGIN	17.75 23.75 3.00 6.00		258.80 I 346.28 I 43.74 I 87.48 I	
			CUSTOMER	50.50	0.00	736.30	
			CATEGORY	50.50	0.00	736.30	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	05
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW	O WALLS (LT
		S	SALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172108 11/04/11	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	32.00		466.56	I	
172109 11/04/11	800000	VISITING NURSE SERVICE	GARAY, ANGELES	11.00		160.38	I	
			CUSTOMER	43.00	0.00	626.94		
			CATEGORY	43.00	0.00	626.94		

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNNY	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 106 ADU ADULT	
		2	SALES REGISTER			BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172110 11/04/11 172111 11/04/11 172112 11/04/11 172113 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GARCIA, ADRIANO GARCIA, ADRIANO GARCIA, DORA GARCIA, DORA	15.00 19.75 4.00 16.00		218.70 I 287.96 I 58.32 I 233.28 I	
1,2113		VIBITING NORDE SERVICE	CUSTOMER	54.75	0.00	798.26	
			CATEGORY	54.75	0.00	798.26	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 107 VCP CHOICE LHCSA BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172114 11/04/11 172115 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	24.00 32.00	349.92 I 466.56 I
		CUSTOMER	56.00 0.00	816.48
		CATEGORY	56.00 0.00	816.48

RUN DATE SALES JRN		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
172117 172118 172119 172120 172121	10/21/11 11/04/11 11/04/11 11/04/11 11/04/11 11/04/11 11/04/11	000008 000008 000008 000008 000008 000008	VISITING NURSE SERVIC	GARCIA, OLGA GARCIA, OLGA GARY, MIKE GARY, MIKE GEBHARDT, DOROT	6.00 6.00 24.00 7.00 28.00 8.00 24.00		87.48 87.48 349.92 102.06 408.24 116.64 349.92	I I I I I	
				CUSTOMER	103.00	0.00	1,501.74		
				CATEGORY	103.00	0.00	1,501.74		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNNY: LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 109 VCP CHOICE LHCSA BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172123 11/04/11 172124 11/04/11		VISITING NURSE SERVICE VISITING NURSE SERVICE		4.75 19.50		69.26 I 284.32 I
			CUSTOMER	24.25	0.00	353.58
			CATEGORY	24.25	0.00	353.58

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 11 LTC NURSING HOMEW/	
DALLO CIUL # 0251		SALES REGISTER			BILL WEEK ENDING	•
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172125 11/04/11 172126 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	GIORGIO, WILLIA GIORGIO, WILLIA	18.00 25.75		262.45 I 375.44 I	
		CUSTOMER	43.75	0.00	637.89	
		CATEGORY	43.75	0.00	637.89	

	E 11/08/11 - RNL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 111 ADU ADULT BILL WEEK ENDING 11/11/	11
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
172127	11/04/11	800000	VISITING NURSE SERVICE	GLYPTIS, ARIADN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1	
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK END:	E CARE PROGRAM
							5111 MILIT 2115.	11.0 11,11,11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
150100	11/04/11	000000		GOT TOWNS 11 0 0 0 0 0	04.00		240.00	_
	, - ,			•				<u></u>
1/2129	11/04/11	000008	VISITING NURSE SERVICE	GOLIGHILI, OZEL	32.00		400.50	
				CUSTOMER	56.00	0.00	816.48	
				CATECORY	56 00	0.00	816 48	
172128 172129	11/04/11 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GOLIGHTLY, OZEL	24.00 32.00 56.00	0.00	349.92 466.56 	I

RUN DATE 11/08/11 SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	
		S	OALES KEGISIEK			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172130 11/04/11 172131 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GOMEZ, JOSEFINA GOMEZ, JOSEFINA	5.00 19.75		72.90 I 287.96 I	
			CUSTOMER	24.75	0.00	360.86	
			CATEGORY	24.75	0.00		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HON BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172132 11/04/11 172133 11/04/11 172134 11/04/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOMEZ, ROSANA GOMEZ, ROSANA GOMEZ, VICTORIA	7.00 28.00 5.00		102.06 408.24 72.90	[[[
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 11, SALES JRNL	/08/11 - SUP SUNN # 0254 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		15 11/11/11
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	/04/11 000008 /04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, DOLOR GONZALEZ, DOLOR	18.00 24.00		262.44 349.92	I	
			CUSTOMER	42.00	0.00	612.36		
			CATEGORY	42.00	0.00	612.36		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTEI	R		LTC NURSING	- 116 HOMEW/O WALLS (LT DING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172137 11/04/11 172138 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		6.00 24.00		87.48 349.92	I
		CUSTOMER	30.00	0.00	437.40	
		CATEGORY	30.00	0.00	437.40	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1: ADU ADULT	17
			SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172139 11/04/11 172140 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	4.00 12.00		58.32 I 174.96 I	
	00000	VIDITING NORDE BERVIOL	CUSTOMER	16.00	0.00	233.28	
			COSTONER	10.00	0.00	233.20	
			CATEGORY	16.00	0.00	233.28	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 118 VCP CHOICE LHCSA BILL WEEK ENDING 11/11/	11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
172141 11/04/11 172142 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 32.00		116.64 I 466.56 I	
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWI	DE REGNY NY SALES REGISTE	R	-	l - 119 I AIDS ADULT POPUL NDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	TRUOMA TMA 2	TYP SURPLUS
172143 11/04/11 172144 11/04/11	000008 VISITING NURSE SE 000008 VISITING NURSE SE	·	21.00 28.00	306.18 408.24	
		CUSTOMER	49.00	0.00 714.42	
		- CATEGORY	49.00	0.00 714.42	

RUN DATE 11 SALES JRNL	1/08/11 - SUP SUNN # 0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		YP SURPLUS
	1/04/11 000008 1/04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GUERRERO, SUSAN GUERRERO, SUSAN	3.00 6.00		43.74 87.48	I I
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE 11/08/11						-	21
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172147 11/04/11 172148 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, , , , , , , , , , , , , , , , , , ,	36.00 47.75		524.88 I 696.20 I	
			CUSTOMER	83.75	0.00	1,221.08	
			CATEGORY	83.75	0.00	1,221.08	

RUN DATE 11 SALES JRNL	1/08/11 - SUP SUNN # 0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172150 11 172151 11	1/04/11 000008 1/04/11 000008 1/04/11 000008 1/04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GUTIERREZ, ANGE GUTIERREZ, ANGE HENRIQUEZ, MARI HENRIQUEZ, MARI	8.00 32.00 24.00 27.25		116.64 466.56 349.92 397.31	I I I
			CUSTOMER	91.25	0.00	1,330.43	
			CATEGORY	91.25	0.00	1,330.43	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			-	123 MEW/O WALLS (LT NG 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172153 11/04/11 172154 11/04/11 172155 11/04/11 172156 11/04/11 172157 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE	HERRERA, ANGELA HERRERA, ANGELA HERRERA, HORACI HUNGRIA, SABINA HUNGRIA, SABINA	6.00 26.50 1.00 12.00 28.00		87.48 386.38 14.58 174.96 408.24	I I I I
			CUSTOMER	73.50	0.00	1,071.64	
			CATEGORY	73.50	0.00	1,071.64	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 124 VCP CHOICE LHCSA BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172158 11/04/11 172159 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 16.00		58.32 I 233.28 I
			CUSTOMER	20.00	0.00	291.60
			CATEGORY	20.00	0.00	291.60

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 125 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172160 11/04/11 172161 11/04/11		VISITING NURSE SERVICE VISITING NURSE SERVICE		5.00 20.00		72.90 I 291.60 I
			CUSTOMER	25.00	0.00	364.50
			CATEGORY	25.00	0.00	364.50

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LAA LOMBARDI	- 126 AIDS ADULT POPUL DING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172162 11/04/11 172163 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		13.00 32.00		189.54 466.56	I I
			CUSTOMER	45.00	0.00	656.10	
			CATEGORY	45.00	0.00	656.10	

RUN DATE 11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	127
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	3 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
172164 11/04/11	800000	VISITING NURSE SERVICE	INSERRA, CATHER	19.00		277.02 I	
172165 11/04/11	800000	VISITING NURSE SERVICE	INSERRA, CATHER	28.00		408.24 I	
172166 11/04/11	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	4.00		58.32 I	
172167 11/04/11	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	16.00		233.28 I	
			CUSTOMER	67.00	0.00	976.86	
			CATEGORY	67.00	0.00	976.86	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 128
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
		5	SALES REGISTER			BILL WEEK EN	DING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172168 11/04/11	000008	VISITING NURSE SERVICE	JAGDE, MARIA	15.00		218.70	I
172169 11/04/11	800000	VISITING NURSE SERVICE	JAGDE, MARIA	20.00		291.60	I
172170 11/04/11	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	14.00		204.12	I
172171 11/04/11	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	24.00		349.92	I
			CUSTOMER	73.00	0.00	1,064.34	
			CATEGORY	73.00	0.00	1,064.34	

RUN DATE	11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	29
SALES JRN	L # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172172	11/04/11	800000	VISITING NURSE SERVICE	JARA, DELIA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE 11/08/11 -	- SUP SUNNYSIDE CI	TYWIDE				PAGE 1	- 130
SALES JRNL # 0254	LOC 001 SUNNYS	SIDE CITYWIDE REC	NY NY			ADU ADULT	
		SALI	ES REGISTER			BILL WEEK EN	DING 11/11/11
INVOICE# DATE	CUST NO CUSTOME	ER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172173 11/04/11	000008 VISITIN	IG NURSE SERVICE	JHAVERI, RAMESH	4.00		58.32	I
172174 11/04/11	000008 VISITIN	NG NURSE SERVICE	JHAVERI, RAMESH	16.00		233.28	I
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11 SALES JRNL	1/08/11 - SUP SUNN # 0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 HOA HOSPICE BILL WEEK EN	-	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	1/04/11 000008 1/04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JIANNARAS, ANNA JIANNARAS, ANNA	30.00 40.00		437.40 583.20	I	
			CUSTOMER	70.00	0.00	1,020.60		
			CATEGORY	70.00	0.00	1,020.60		

RUN DATE 11/08/11 - SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING	- 132 HOMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172177 11/04/11 172178 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.75 15.00		69.26 218.70	I I
			CUSTOMER	19.75	0.00	287.96	
			CATEGORY	19.75	0.00	287.96	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 133 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172179 11/04/11 172180 11/04/11	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JOHNSON, DOROTH	4.00		58.32 I 233.28 I
			CUSTOMER	20.00	0.00	291.60
			CATEGORY	20.00	0.00	 291.60

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 134 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172181 11/04/11 172182 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	5.00 20.00		72.90 I 291.60 I
			CUSTOMER	25.00	0.00	364.50
			CATEGORY	25.00	0.00	 364.50

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 13 VCP CHOICE LHCSA BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172183 11/04/11 172184 11/04/11 172185 11/04/11	800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KAUR, SHARAN KEARNEY, LORRAI KEARNEY, LORRAI	22.75 4.00 16.00		331.71 I 58.32 I 233.28 I	
			CUSTOMER	42.75	0.00	623.31	
			CATEGORY	42.75	0.00	623.31	

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 136 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS T	AX AMT	AMOUNT TYP SURPLUS
172186 11/04/11 172187 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		7.75 8.00		113.00 I 116.64 I
		CUSTOMER	15.75	0.00	229.64
		CATEGORY	 15.75	0.00	229.64

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 137 ADU ADULT BILL WEEK ENDING 1	.1/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172188 11/04/11 172189 11/04/11 172190 11/04/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KONSTANTINAKOS,	30.00 39.75 2.00		437.40 I 579.56 I 29.16 I	
			CUSTOMER	71.75	0.00	1,046.12	
			CATEGORY	71.75	0.00	1,046.12	

			YSIDE CITYWIDE					- 138
SALES JE	RNL # 0254	LOC 001		REG NY NY			AUR ADULT REHA	-
				SALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE‡	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
172191	11/04/11	800000	VISITING NURSE SERVICE	KOSSMANN, CAROL	5.75		83.84	I
				CATEGORY	5.75	0.00	83.84	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 139
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA
			SALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172192 10/28/11	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	16.00		233.28	I
172193 11/04/11	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	23.50		342.63	I
172194 11/04/11	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	32.00		466.56	I
			CUSTOMER	71.50	0.00	1,042.47	
			CATEGORY	71.50	0.00	1,042.47	

RUN DATE 11/08/11						PAGE 1 - 1	.40
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172195 11/04/11	000008	VISITING NURSE SERVICE	KOWLCZYK, GERTR	3.00		43.74 I	
172196 11/04/11	800000	VISITING NURSE SERVICE	KOWLCZYK, GERTR	9.00		131.22 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER		PAGE 1 - 141 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172197 11/04/11	000008 VISITING NURSE SERVICE	LAFONTAINE, JOS	16.00	233.28 I
		CATEGORY	16.00 0.00	233.28

RUN DATE 11 SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 142
SALES UNIL	# 0254	HOC 001		ALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
172198 11	1/04/11	000008	VISITING NURSE SERVICE	LARA, BELEN	8.00		116.64	I
				CATEGORY	8.00	0.00	116.64	

RUN DATE 11/08/11 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1	- 143
SALES JRNL # 0254	LOC 001 SUNNYSIDE CITYW	IDE REG NY N	IY		VCP CHOICE LH	ICSA
		SALES RE	GISTER		BILL WEEK END	OING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFER	ENCE HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172199 11/04/11	000008 VISITING NURSE S	ERVICE LE, HO	4.00		58.32	I
172200 11/04/11	000008 VISITING NURSE S	ERVICE LE, HO	16.00		233.28	I
			CUSTOMER 20.00	0.00	291.60	
			20.00	0.00	271.00	
			CATEGORY 20.00	0.00	291.60	
1			CAILGORI 20.00	0.00	291.60	

	11/08/11 - NL # 0254	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 144 ADU ADULT
			•	SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172201 172202	11/04/11 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00		43.74 I 43.74 I
				CUSTOMER	6.00	0.00	87.48
				CATEGORY	6.00	0.00	87.48

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 145
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDI	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TOUND T	TYP SURPLUS
172203 11/04/11	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	8.00		116.64	I
172204 11/04/11	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	16.00		233.28	I
172205 11/04/11	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	4.00		58.32	I
172206 11/04/11	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	12.00		174.96	I
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

	DATE 11/08/11 S JRNL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - AUR ADULT REHAB	ONLY
TNVC	DICE# DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	
1722			VISITING NURSE SERVICE		9.00		131.22 I	2011 202
				 CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 147 VCP CHOICE LHCSA	
	,, 0201	200 001		SALES REGISTER			BILL WEEK ENDING 11/11	./11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	LUS
	11/04/11 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 32.00		349.92 I 466.56 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172210 9/16/11	000008	VISITING NURSE SERVICE	LINARES, MYRIAM	4.00		58.32 I	
172211 9/23/11	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	8.00		116.64 I	
172212 11/04/11	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	4.00		58.32 I	
172213 11/04/11	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	16.00		233.28 I	
			CUSTOMER	32.00	0.00	466.56	
			CATEGORY	32.00	0.00	466.56	

RUN DATE	11/08/11	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	49
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK ENI	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172214	11/04/11	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	30.00		437.40	I	
172215	11/04/11	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	40.00		583.20	I	
				CUSTOMER	70.00	0.00	1,020.60		
							·		
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 150 ADU ADULT	
DALLO CIUL # 0251	100 001		SALES REGISTER			BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172216 11/04/11 172217 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	4.00 16.00		58.32 I 233.28 I	
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	 291.60	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			-	- 151 OMEW/O WALLS (LT ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
172218 10/28/11 172219 11/04/11 172220 11/04/11 172221 11/04/11 172222 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE	LOCORRIERE, JOS LOCORRIERE, JOS LOCORRIERE, JOS LOGAN, ADELE LOGAN, ADELE	8.00 16.00 32.00 16.00 16.25		116.64 233.28 466.56 233.28 236.93	I I I I
			CUSTOMER	88.25	0.00	1,286.69	
			CATEGORY	88.25	0.00	1,286.69	

RUN DATE 11/08/11 SALES JRNL # 0254		UNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172223 11/04/11 172224 11/04/11		SITING NURSE SERVICE SITING NURSE SERVICE	LONDONO, AMIRA LONDONO, AMIRA	30.00 40.00		437.40 I 583.20 I	
			CUSTOMER	70.00	0.00	1,020.60	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE 11/08/11 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0254 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER					PAGE 1 LTC NURSING E BILL WEEK END		O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172225 11/04/11 172226 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	6.00 23.75		87.48 346.28	I I	
		CUSTOMER	29.75	0.00	433.76		
		CATEGORY	29.75	0.00	433.76		

RUN DATE 11/08/11 -	SUP SUNNYSIDE CITY	YWIDE				PAGE 1 -	- 154
SALES JRNL # 0254	LOC 001 SUNNYSII	DE CITYWIDE REG N	Y NY			VCP CHOICE LHO	CSA
		SALES	REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	YP SURPLUS
172227 11/04/11	000008 VISITING	NURSE SERVICE	LOOR, MAURA	4.00		58.32	I
172228 11/04/11	000008 VISITING	NURSE SERVICE	LOOR, MAURA	8.00		116.64	I
172229 11/04/11	000008 VISITING	NURSE SERVICE	LOPEZ, ANGELICA	14.75		215.06	I
172230 11/04/11	000008 VISITING	NURSE SERVICE	LOPEZ, ANGELICA	20.00		291.60	I
			CUSTOMER	46.75	0.00	681.62	
			CATEGORY	46.75	0.00	681.62	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 155 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172231 11/04/11 172232 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	18.00 24.00	262.44 I 349.92 I
		CUSTOMER	42.00 0.00	612.36
		CATEGORY	42.00 0.00	612.36

RUN DATE 11 SALES JRNL	./08/11 - SUP SUNN # 0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 HOA HOSPICE A BILL WEEK ENI	_	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	./04/11 000008 ./04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LOPEZ, RAFAEL LOPEZ, RAFAEL	30.00 40.00		437.40 583.20	I	
			CUSTOMER	70.00	0.00	1,020.60		
			CATEGORY	70.00	0.00	1,020.60		

			YSIDE CITYWIDE				PAGE 1 - 157
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 11/11/11
				SALES REGISIER			BILL WEEK ENDING 11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172235	11/04/11	800000	VISITING NURSE SERVICE	LOPEZ, VIDA	24.00		349.92 I
172236	11/04/11	800000	VISITING NURSE SERVICE	LOPEZ, VIDA	24.00		349.92 I
				CUSTOMER	48.00	0.00	699.84
				CATEGORY	48.00	0.00	699.84

RUN DATE 11/08/11 -						PAGE 1 - 158
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		2	SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172237 11/04/11	000008	VISITING NURSE SERVICE	LORIA, DIANA	11.75		171.32 I
172238 11/04/11	800000	VISITING NURSE SERVICE	LORIA, DIANA	23.25		338.99 I
			CUSTOMER	35.00	0.00	510.31
			CUSTOMER	35.00	0.00	510.31
			CATEGORY	35.00	0.00	510.31

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 159 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172239 11/04/11 172240 11/04/11 172241 11/04/11 172242 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LUCES, LETICIA LUCES, LETICIA LYMN, ANGIE LYMN, ANGIE	3.75 15.75 5.00 20.50		54.68 I 229.64 I 72.90 I 298.89 I
			CUSTOMER	45.00	0.00	656.11
			CATEGORY	45.00	0.00	656.11

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	60 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172243 11/04/11 172244 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MACCHIA, CATHY MACCHIA, CATHY	21.00 15.00		306.18 I 218.70 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 161 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172245 11/04/11 172246 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- ,	15.00 19.00	218.70 I 277.03 I
		CUSTOMER	34.00 0.00	495.73
		CATEGORY	34.00 0.00	495.73

			YSIDE CITYWIDE					162
SALES JRNL	L # 0254	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			CCL CONGREGATE C	
TARIOTORII	DAME	GIIGH NO	CHICHOMED NAME	DEFEDENCE	HOHDG	max avm	AMOUNTE TOUT	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172247 1	11/04/11	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE 11/08/11 SALES JRNL # 0254		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADULT	- 163
		S	ALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
172248 11/04/11	800000	VISITING NURSE SERVICE	MAISSONET, DOMI	6.00		87.48	I
			CATEGORY	6.00	0.00	87.48	

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS	
172249 11/04/11 172250 11/04/11 172251 11/04/11 172252 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MANGAN, JOHN MANNINO, FRANCE	4.00 16.00 33.00 41.00		58.32 233.28 481.14 597.78	I I I	
			CUSTOMER	94.00	0.00	1,370.52		
			CATEGORY	94.00	0.00	1,370.52		

RUN DATE 11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	65
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	,
		S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172253 11/04/11	800000	VISITING NURSE SERVICE	MANOS, ARCHIE	17.75		258.80 I	
172254 11/04/11	800000	VISITING NURSE SERVICE	MANOS, ARCHIE	18.00		262.44 I	
172255 11/04/11	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	9.00		131.22 I	
172256 11/04/11	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	9.00		131.22 I	
			CUSTOMER	53.75	0.00	783.68	
			CATEGORY	53.75	0.00	783.68	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 166 CCL CONGREGATE CARE BILL WEEK ENDING 11	PROGRAM /11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
172257 11/04/11 172258 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	3.50 8.00		51.03 I 116.64 I	
			CUSTOMER	11.50	0.00	167.67	
			CATEGORY	11.50	0.00	167.67	

RUN DATE 11/08/11 SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
172259 11/04/11 172260 11/04/11		VISITING NURSE SERVICE VISITING NURSE SERVICE		5.00 20.00		72.90 291.60	I I
			CUSTOMER	25.00	0.00	364.50	
			CATEGORY	25.00	0.00	364.50	

	SUP SUNNYSIDE CITYWID LOC 001 SUNNYSIDE C	ITYWIDE REG NY	NY EGISTER		PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE# DATE	CUST NO CUSTOMER NAME	E REFE	CRENCE H	OURS TAX AMT	AMOUNT TY	P SURPLUS
172261 10/28/11 172262 11/04/11 172263 11/04/11	000008 VISITING NUR: 000008 VISITING NUR: 000008 VISITING NUR:	SE SERVICE MARMO	L, LIDIA 1	4.00 5.00 1.00	204.12 I 218.70 I 306.18 I	
			CUSTOMER 5	0.00	729.00	
			CATEGORY 5	0.00	729.00	

RUN DATE 11/08/11 SALES JRNL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 169
SALES ORNE # 0254	HOC 001		SALES REGISTER				OING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172264 11/04/11	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74	I
172265 11/04/11	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	9.00		131.22	I
172266 11/04/11	000008	VISITING NURSE SERVICE	MARTINEZ, CAMIL	3.00		43.74	I
172267 11/04/11	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	12.00		174.96	I
			CUSTOMER	27.00	0.00	393.66	
			CATEGORY	 27.00	0.00	393.66	

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDI	CARE PROGRAM
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172268 11/04/11 172269 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	29.75 40.00		433.76 583.20	I I
			CUSTOMER	69.75	0.00	1,016.96	
			CATEGORY	69.75	0.00	1,016.96	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 17 ADU ADULT BILL WEEK ENDING	71
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172270 11/04/11 172271 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 6.00		43.74 I 87.48 I	
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE 11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	172
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
		S	ALES REGISTER			BILL WEEK ENDING	3 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
172272 11/04/11	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	6.00		87.48 I	
172273 11/04/11	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	24.00		349.92 I	
172274 11/04/11	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	6.00		87.48 I	
172275 11/04/11	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	11.75		171.32 I	
			CUSTOMER	47.75	0.00	696.20	
			CATEGORY	47.75	0.00	696.20	

RUN DATE 11/0	08/11 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	173
SALES JRNL #	0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
		:	SALES REGISTER			BILL WEEK ENDIN	G 11/11/11
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172276 11/0	04/11 000008	VISITING NURSE SERVICE	MARTINEZ, MARTI	8.00		116.64 I	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/08 SALES JRNL # 0		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 174
DALLO OIGNE # 0	231 100 001		SALES REGISTER			BILL WEEK END	
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
172277 11/04 172278 11/04		VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, ROSA MARTINEZ, ROSA	36.00 48.00		524.88 699.84	I I
			CUSTOMER	84.00	0.00	1,224.72	
			CATEGORY	84.00	0.00	1,224.72	

RUN DATE 11/08/11 - SALES JRNL # 0254			GNY NY ES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172279 11/04/11 172280 11/04/11		NURSE SERVICE NURSE SERVICE	MARTINEZ, ROSAL MARTINEZ, ROSAL	14.00 24.00		204.12 349.92	I I	
			CUSTOMER	38.00	0.00	554.04		
			CATEGORY	38.00	0.00	554.04		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 176 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TYP SURPLUS
172281 11/04/11 172282 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	.= ,	2.00	29.16 I 58.32 I
		CUSTOMER	6.00 0.	00 87.48
		CATEGORY	6.00 0.	 00 87.48

RUN DATE 1	L1/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	77
SALES JRNI	L # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTE	R		BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172283 1	L0/28/11	800000	VISITING NURSE SERVICE	MATOS, ROSA	6.00		87.48	I	
172284 1	L1/04/11	800000	VISITING NURSE SERVICE	MATOS, ROSA	18.00		262.44	I	
172285 1	L1/04/11	800000	VISITING NURSE SERVICE	MATOS, ROSA	18.00		262.44	I	
172286 1	L1/04/11	000008	VISITING NURSE SERVICE	MATTICH, OLGA	36.00		524.88	I	
172287 1	L1/04/11	800000	VISITING NURSE SERVICE	MATTICH, OLGA	48.00		699.84	I	
				CUSTOMER	126.00	0.00	1,837.08		
				CATEGORY	126.00	0.00	1,837.08		

RUN DATE	11/08/11	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	178
SALES JRN	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDI	NG 11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
172288	11/04/11	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	27.00		393.66	I
172289	11/04/11	800000	VISITING NURSE SERVICE	MAZZONE, FRANCE	36.00		524.88	Ι
172290	11/04/11	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	72.00		1,049.76	Ι
172291	11/04/11	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	96.00		1,399.68	I
172292	11/04/11	800000	VISITING NURSE SERVICE	MCDONNELL, MART	5.00		72.90	I
				CUSTOMER	236.00	0.00	3,440.88	
				CATEGORY	236.00	0.00	3,440.88	

RUN DATE 11/08/11 - SUP SUNN SALES JRNL # 0254 LOC 001		REG NY NY			PAGE 1 - 179 VCP CHOICE LHCSA	
	S	ALES REGISTER			BILL WEEK ENDING 11/11/11	
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172293 11/04/11 000008 172294 11/04/11 000008	VISITING NURSE SERVICE	MCGUIRE, HELEN	24.00		349.92 I 466.56 T	
1,22,1 11,01,11 000000	VIBILING NORDE BERVIEL	·				
		CUSTOMER	56.00	0.00	816.48	
		CA EDGODY			016 40	
	CUSTOMER NAME	REFERENCE		TAX AMT0.00	AMOUNT TYP SURPLUS	

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 180 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	MT AMOUNT TYP SURPLUS
172295 11/04/11	000008 VISITING NURSE SERVIO	CE MCPARTLAN, CATH	6.00	87.48 I
		CATEGORY	6.00 0.0	 00

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 181
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		5	SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172296 11/04/11	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	4.00		58.32 I
172297 11/04/11	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	16.00		233.28 I
172298 11/04/11	000008	VISITING NURSE SERVICE	MEJIA, MARINA	8.00		116.64 I
172299 11/04/11	800000	VISITING NURSE SERVICE	MEJIA, MARINA	16.00		233.28 I
			OTIGEOMED	44.00	0.00	641 52
			CUSTOMER	44.00	0.00	641.52
			CATEGORY	44.00	0.00	641.52

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 182 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	TT AMOUNT TYP SURPLUS
172300 11/04/11 172301 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	11.50 27.50	167.67 I 400.96 I
		CUSTOMER	39.00 0.0	568.63
		CATEGORY	39.00 0.0	 10 568.63

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 183 VCP CHOICE LHCSA
SALES URNL # 0254	LOC 001		SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172302 11/04/11 172303 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 16.00		58.32 I 233.28 I
			CUSTOMER	20.00	0.00	291.60
			CATEGORY	20.00	0.00	291.60

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGIST	E R		PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172304 11/04/11 172305 11/04/11	000008 VISITING NURSE SERVI	•	4.00 12.00		58.32 I 174.96 I	
		CUSTOMER	16.00	0.00	233.28	
		CATEGORY	16.00	0.00	233.28	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 185 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172306 11/04/11 172307 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MENDOLIA, ANTOI MENDOLIA, ANTOI	4.00		58.32 I 116.64 I
			CUSTOMER	12.00	0.00	174.96
			CATEGORY	12.00	0.00	174.96

	SUP SUNNYSIDE CITYWI LOC 001 SUNNYSIDE					PAGE 1 LTC NURSING BILL WEEK EN		•
INVOICE# DATE	CUST NO CUSTOMER NA	AME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	SURPLUS
172308 11/04/11 172309 11/04/11		JRSE SERVICE JRSE SERVICE	MENDOZA, JULIO MENDOZA, JULIO	11.00 24.00		160.38 349.92	I I	
			CUSTOMER	35.00	0.00	510.30		
			CATEGORY	35.00	0.00	510.30		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172310 11/04/11 172311 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MENDOZA, VALENT MENDOZA, VALENT	4.00 16.00		58.32 I 233.28 I	
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	 291.60	

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		PAGE 1 - 188 ADU ADULT
		SALES REGISTER		BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172312 11/04/11 172313 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- ,	10.75 11.50	156.74 I 167.68 I
		CUSTOMER	22.25 0.00	324.42
		CATEGORY	22.25 0.00	324.42

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - CCL CONGREGATE	189
SALES URNL # U254	TOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172314 11/04/11 172315 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	4.00 12.00		58.32 I 174.96 I	
			CUSTOMER	16.00	0.00	233.28	
			CATEGORY	16.00	0.00	233.28	

RUN DATE	11/08/11		YSIDE CITYWIDE				PAGE 1	- 19	0
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	HCSA	
			S	ALES REGISTER			BILL WEEK ENI	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172316	11/04/11	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	2.00		29.16	I	
172317	11/04/11	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	8.00		116.64	I	
172318	11/04/11	800000	VISITING NURSE SERVICE	MONTES, MARTA	6.00		87.48	I	
172319	11/04/11	800000	VISITING NURSE SERVICE	MONTES, MARTA	24.00		349.92	I	
172320	11/04/11	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	15.00		218.70	I	
172321	11/04/11	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	14.00		204.12	I	
				CUSTOMER	69.00	0.00	1,006.02		
				CATEGORY	69.00	0.00	1,006.02		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 191 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP SURPLUS
172322 11/04/11 172323 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		18.00 24.50	262.44 I 357.21 I
		CUSTOMER	42.50 0	.00 619.65
		 CATEGORY	42.50 0	 .00 619.65

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 192
SALES UNIL # 0254	LOC UUI SUNNISIDE CIIIWIDE	SALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
172324 11/04/11 172325 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		36.00 48.00		524.88 699.84	I I
		CUSTOMER	84.00	0.00	1,224.72	
		CATEGORY	84.00	0.00	1,224.72	

			YSIDE CITYWIDE	DDG 191			PAGE 1 - 193	3
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	11/11/11
				SALES KEGISIEK			BILL WEEK ENDING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172326 172327	11/04/11 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MOREL, JUANA MOREL, JUANA	3.00 12.00		43.74 I 174.96 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 194 ADU ADULT BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172328 11/04/11 172329 11/04/11 172330 11/04/11 172331 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NAGY, GEORGE NAGY, GEORGE NARANJO, HENRY NARANJO, HENRY	18.00 23.25 13.00 24.00		262.44 I 338.99 I 189.54 I 349.92 I	
			CUSTOMER	78.25	0.00	1,140.89	
			CATEGORY	78.25	0.00	1,140.89	

RUN DATE 11/08/11 SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE C BILL WEEK ENDING	ARE PROGRAM
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172332 11/04/11 172333 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	6.00 12.00		87.48 I 174.96 I	
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00		

	08/11 - SUP SUNN					-	- 196
SALES JRNL #	0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
		\$	SALES REGISTER			BILL WEEK ENDI	ING 11/11/11
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
172334 11/	04/11 000008	VISITING NURSE SERVICE	NELLINI, MARY	4.00		58.32	I
172335 11/	04/11 000008	VISITING NURSE SERVICE	,	16.00		233.28	I
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		LTC NURSING	L - 197 HOMEW/O WALLS (LT NDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	TRUOMA TMA 2	TYP SURPLUS
172336 11/04/11 172337 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	-, -	21.00 27.75	306.18 404.60	I I
		CUSTOMER	48.75	0.00 710.78	
		CATEGORY	48.75	0.00 710.78	

RUN DATE 11/08/11 SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 198 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172338 11/04/11 172339 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NIETO RAMOS, JO NIETO RAMOS, JO	27.00 27.00		393.66 I 393.66 I
			CUSTOMER	54.00	0.00	787.32
			CATEGORY	54.00	0.00	787.32

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 199 VCP CHOICE LHCSA BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172340 10/28/11 172341 11/04/11 172342 11/04/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY	10.00 8.00 32.00		145.80 I 116.64 I 466.56 I	
			CUSTOMER	50.00	0.00	729.00	
			CATEGORY	50.00	0.00	729.00	

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNNYSIDE CITYWII LOC 001 SUNNYSIDE		NY		PAGE 1 - : ADU ADULT	200
		SALES R	EGISTER		BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAI	ME REFE	RENCE HOU	URS TAX AMT	AMOUNT TYP	SURPLUS
172343 11/04/11 172344 11/04/11	000008 VISITING NUI		•	.00	43.74 I 174.96 I	
			CUSTOMER 15	.00 0.00	218.70	
			CATEGORY 15	.00 0.00	218.70	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REG	GISTER		PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFEREN	NCE HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172345 11/04/11 172346 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -			58.32 229.64	[[
			CU	JSTOMER 19.75	0.00	287.96	
			CA	ATEGORY 19.75	0.00	287.96	

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			11102	- 202 OMEW/O WALLS (LT
SALES REGISTER						BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172347 11/04/11	800000	VISITING NURSE SERVICE	NOBLIN, ELOISE	5.00		72.90	I
172348 11/04/11	800000	VISITING NURSE SERVICE	NOBLIN, ELOISE	15.75		229.64	I
172349 11/04/11	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	6.00		87.48	I
172350 11/04/11	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	28.00		408.24	I
			CUSTOMER	54.75	0.00	798.26	
			CATEGORY	54.75	0.00	798.26	

RUN DATE 11/08/11 - SUE	P SUNNYSIDE CITYWIDE				PAGE 1	- 2	03
SALES JRNL # 0254 LOC	C 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
	S A	LES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE# DATE CUS	ST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	0008 VISITING NURSE SERVICE	NUZIALE, CONCET	21.00			I	
172352 11/04/11 000	0008 VISITING NURSE SERVICE	NUZIALE, CONCET	31.00		451.98	I	
172353 11/04/11 000	0008 VISITING NURSE SERVICE	OCHOA, LUIS	11.00		160.38	I	
172354 11/04/11 000	0008 VISITING NURSE SERVICE	OCHOA, LUIS	28.00		408.24	I	
172355 11/04/11 000	0008 VISITING NURSE SERVICE	ORTEGA, CARLOS	15.00		218.70	I	
172356 11/04/11 000	0008 VISITING NURSE SERVICE	ORTEGA, CARLOS	24.00		349.92	I	
172357 11/04/11 000	0008 VISITING NURSE SERVICE	ORTIZ, LILIA	12.00		174.96	I	
172358 11/04/11 000	0008 VISITING NURSE SERVICE	ORTIZ, LILIA	24.00		349.92	I	
172359 11/04/11 000	0008 VISITING NURSE SERVICE	OSPINA, ANA	4.00		58.32	I	
172360 11/04/11 000	0008 VISITING NURSE SERVICE	PANASKAROLIDIS,	8.00		116.64	I	
172361 11/04/11 000	0008 VISITING NURSE SERVICE	PANASKAROLIDIS,	31.50		459.27	I	
		·					
		CUSTOMER	209.50	0.00	3,054.51		
					,		
		CATEGORY	209.50	0.00	3,054.51		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 HOA HOSPICE A BILL WEEK ENI	-	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	11/04/11 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PANAYIDES, APHR PANAYIDES, APHR	3.00 12.00		43.74 174.96	I I	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGIS	STER		PAGE 1 - ADU ADULT BILL WEEK ENDIN	205 G 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172364 11/04/11 172365 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•			29.16 I 58.32 I	
			CUSTON	MER 6.00	0.00	87.48	
			CATEGO	DRY 6.00	0.00	87.48	

RUN DATE		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 2	06
SALES UKN.	L # U254	TOC 001		ALES REGISTER			BILL WEEK EN		11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172366	11/04/11	000008	VISITING NURSE SERVICE	PAPADOPOULOS, M	4.00		58.32	I	
172367	11/04/11	800000	VISITING NURSE SERVICE	PAPADOPOULOS, M	16.00		233.28	I	
172368	11/04/11	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	10.00		145.80	I	
172369	11/04/11	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	40.00		583.20	I	
172370	11/04/11	800000	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74	I	
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 207 ADU ADULT
DALLO ORNE # 0251	BOC OUT BONNISIDE CITIVIDE	SALES REGISTE	R		BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172371 11/04/11 172372 11/04/11	000008 VISITING NURSE SERV	•	24.00 16.00		349.92 I 233.28 I
		CUSTOMER	40.00	0.00	583.20
		- CATEGORY	40.00	0.00	583.20

RUN DATE 11/08/11	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 2	208
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172373 11/04/11	800000	VISITING NURSE SERVICE	PARETTI, MARIE	16.00		233.28 I	
			CATEGORY	16.00	0.00	233.28	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			-	209 MEW/O WALLS (LT NG 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172374 11/04/11 172375 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	4.00 16.00		58.32 233.28	I I
		CUSTOMER	20.00	0.00	291.60	
		CATEGORY	20.00	0.00	291.60	

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	210
			SALES REGISTER			BILL WEEK ENDIN	TG 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	YT TRUOMA	P SURPLUS
172376 11/04/11	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	4.00		58.32	• •
172377 11/04/11	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	16.00		233.28	- -
172378 11/04/11	800000	VISITING NURSE SERVICE	PENA, VICTORIA	5.50		80.19	- -
172379 11/04/11	800000	VISITING NURSE SERVICE	PENA, VICTORIA	19.75		287.96	- -
			CUSTOMER	45.25	0.00	659.75	
			CATEGORY	45.25	0.00	659.75	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 211	
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 11/11/	/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
172380 11/04/11	000008	VISITING NURSE SERVICE	PENAGOS, MARIA	10.00		145.80 I	
172381 11/04/11	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	15.00		218.70 I	
			CUSTOMER	25.00	0.00	364.50	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 212 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172382 11/04/11 172383 11/04/11		ISITING NURSE SERVICE ISITING NURSE SERVICE	,	18.00 24.00		262.44 I 349.92 I
			CUSTOMER	42.00	0.00	612.36
			CATEGORY	42.00	0.00	612.36

RUN DATE 11/08		NYSIDE CITYWIDE				PAGE 1	- 2	13
SALES JRNL # (0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
		S	ALES REGISTER	2		BILL WEEK EN	DING	11/11/11
INVOICE# DAT	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172384 10/0	7/11 000008	VISITING NURSE SERVICE	PEREZ, GLADYS	6.00		87.48	I	
172385 11/04	4/11 000008	VISITING NURSE SERVICE	PEREZ, GLADYS	6.00		87.48	I	
172386 11/04	4/11 000008	VISITING NURSE SERVICE	PEREZ, GLADYS	23.75		346.28	I	
172387 11/04	4/11 000008	VISITING NURSE SERVICE	PHILIPPS, MARY	24.00		349.92	I	
172388 11/04	4/11 000008	VISITING NURSE SERVICE	PHILIPPS, MARY	31.50		459.27	I	
			CUSTOMER	91.25	0.00	1,330.43		
			CATEGORY	91.25	0.00	1,330.43		

RUN DATE 11/0 SALES JRNL #	08/11 - SUP SUNN 0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 HOA HOSPICE A BILL WEEK END	-
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	04/11 000008 04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PIERREPONT, ELV PIERREPONT, ELV	3.00 12.00		43.74 174.96	I I
			CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 2	
								, ,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172391 11/04/11	800000	VISITING NURSE SERVICE		2.50		36.45	I	
172392 11/04/11	000008	VISITING NURSE SERVICE	PIESLEWICZ, FLO	2.75		40.10		
			CUSTOMER	5.25	0.00	76.55		
			CATEGORY	5.25	0.00	76.55		

			YSIDE CITYWIDE						16
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDI		D		VCP CHOICE L		11/11/11
				SALES REGISTE	K		BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172393	11/04/11	000008	VISITING NURSE SERV	VICE PIZARRO, BARBAR	2.75		40.10	I	
172394	11/04/11	800000	VISITING NURSE SERV	VICE PLACIDO, GENARO	5.00		72.90	I	
172395	11/04/11	800000	VISITING NURSE SERV	VICE PLACIDO, GENARO	18.00		262.44	I	
172396	11/04/11	800000	VISITING NURSE SERV	VICE PLACIDO, MERCED	6.00		87.48	I	
172397	11/04/11	800000	VISITING NURSE SERV	VICE PLACIDO, MERCED	24.00		349.92	I	
172398	11/04/11	800000	VISITING NURSE SERV	VICE POGGI, EMERITA	6.00		87.48	I	
172399	11/04/11	800000	VISITING NURSE SERV	VICE POGGI, EMERITA	23.75		346.28	I	
				CUSTOMER	85.50	0.00	1,246.60		
				- CATEGORY	 85.50	0.00	1,246.60		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWID	REG NY NY SALES REGIST	E R		PAGE 1 - 217 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172400 11/04/11 172401 11/04/11	000008 VISITING NURSE SER 000008 VISITING NURSE SER	- ,	8.00 32.00		116.64 I 466.56 I
		CUSTOMER	40.00	0.00	583.20
		CATEGORY	40.00	0.00	583.20

RUN DATE 11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	218
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
		5	SALES REGISTER			BILL WEEK ENDING	G 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172402 11/04/11	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	11.25		164.03 I	
172403 11/04/11	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	14.75		215.06 I	
172404 11/04/11	000008	VISITING NURSE SERVICE	PULLIZA, DIANNE	18.00		262.44 I	
172405 11/04/11	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	18.00		262.44 I	
			CUSTOMER	62.00	0.00	903.97	
			CATEGORY	62.00	0.00	903.97	

	SUP SUNNYSIDE CITYWIDE LOC 001 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	TP SURPLUS
172406 11/04/11 172407 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	~ '	18.00 23.75		262.44 I 346.28 I	
		CUSTOMER	41.75	0.00	608.72	
		CATEGORY	41.75	0.00	608.72	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 220 VCP CHOICE LHCSA BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172408 11/04/11 172409 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	26.00 10.00		379.08 I 145.80 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 221 LAP LOMBARDI AIDES PEDIATRIC BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172410 11/04/11 172411 11/04/11		SITING NURSE SERVICE	RAMIREZ, ANA RAMIREZ, ANA	8.00 32.00		116.64 I 466.56 I
			CUSTOMER	40.00	0.00	583.20
			CATEGORY	40.00	0.00	583.20

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	222
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172412 11/04/11	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	15.00		218.70 I	
172413 11/04/11	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	28.00		408.24 I	
172414 11/04/11	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	5.00		72.90 I	
172415 11/04/11	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	20.00		291.60 I	
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

RUN DATE 11/08	8/11 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	223
SALES JRNL # (0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
		5	SALES REGISTER			BILL WEEK ENDIN	G 11/11/11
INVOICE# DAT	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172416 11/04	4/11 000008	VISITING NURSE SERVICE	RAMOS, IRIS	11.00		160.38 I	
			CATEGORY	 11.00	0.00	160.38	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 224 AUR ADULT REHAB ONLY BILL WEEK ENDING 13	1/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
172417 11/04/11 172418 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMOS, JENNIFER RAMOS, JENNIFER	7.00 32.00		102.06 I 466.56 I	
			CUSTOMER	39.00	0.00	568.62	
			CATEGORY	39.00	0.00	 568.62	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172419 11/04/11 172420 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMOS, JORGE RAMOS, JORGE	3.00 6.00		43.74 I 87.48 I	
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI	ICSA	26 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172421 11/04/11 172422 11/04/11 172423 11/04/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMPHAL, INDRIA RANDAZZO, ROSAL RANDAZZO, ROSAL	12.00 4.00 11.75		174.96 58.32 171.32	I I I	
			CUSTOMER	27.75	0.00	404.60		
			CATEGORY	27.75	0.00	404.60		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REG	ISTER		PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFEREN	CE HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172424 11/04/11 172425 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -			54.68 I 113.00 I	
			CU	STOMER 11.50	0.00	167.68	
			CA	TEGORY 11.50	0.00	167.68	

RUN DATE 11/08/11	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2:	28
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172426 11/04/11	000008	VISITING NURSE SERVICE	REINA, JOSE	8.00		116.64 I	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/08/1 SALES JRNL # 025		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 229 ADU ADULT BILL WEEK ENDING 1	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172427 11/04/1	1 000008	VISITING NURSE SERVICE	REYES, RICARDO	3.00		43.74 I	
			CATEGORY	3.00	0.00	43.74	

RUN DATE 11/08/11 -						PAGE 1 - 230
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		5	SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172428 11/04/11	000008	VISITING NURSE SERVICE	RIVADENEIRA, OL	4.00		58.32 I
172429 11/04/11	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	4.00		58.32 I
			CUSTOMER	8.00	0.00	116.64
			CATEGORY	8.00	0.00	116.64

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 231 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP SURPLUS
172430 11/04/11 172431 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	24.00 32.00	349.92 I 466.56 I
		CUSTOMER	56.00 0	.00 816.48
		CATEGORY	 56.00 0	.00 816.48

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	232
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
		S	ALES REGISTER			BILL WEEK ENDIN	G 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172432 11/04/11	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	5.00		72.90 I	
172433 11/04/11	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	10.00		145.80 I	
172434 11/04/11	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	4.00		58.32 I	
172435 11/04/11	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	16.00		233.28 I	
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

RUN DATE 11/08	/11 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	233
SALES JRNL # 0:	254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172436 8/05	/11 000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	4.00		58.32 I	
172437 11/04	/11 000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	4.00		58.32 I	
172438 11/04	/11 000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	16.00		233.28 I	
			CUSTOMER	24.00	0.00	349.92	
			CATEGORY	24.00	0.00	349.92	

RUN DATE 11/08/11 -						PAGE 1 - 234	
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 11/11	/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
172439 11/04/11	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	12.00		174.96 I	
172440 11/04/11	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	16.00		233.28 I	
			CUSTOMER	28.00	0.00	408.24	
			COSTORER	20.00	0.00	100.21	
			CATEGORY	28.00	0.00	408.24	

RUN DATE 11/08/11	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 235
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
100441 11/04/11	000000		D.T.I.D.1	01 75		21月 10 - 〒
172441 11/04/11	800000	VISITING NURSE SERVICE	RIVERA, WANDA	21.75		317.12 I
172442 11/04/11	800000	VISITING NURSE SERVICE	RIVERA, WANDA	29.50		430.12 I
172443 10/28/11	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	4.00		58.32 I
172444 11/04/11	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	4.00		58.32 I
172445 11/04/11	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	8.00		116.64 I
			CUSTOMER	67.25	0.00	980.52
			CATEGORY	67.25	0.00	980.52

RUN DATE 11,	/08/11 - SUP SUNN # 0254 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 236 VCP CHOICE LHCSA	
Bridde Grave (, 0231 200 001		SALES REGISTER			BILL WEEK ENDING 11/1	1/11
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	PLUS
	/04/11 000008 /04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ROBINSON, MARGA ROBINSON, MARGA	19.25 28.00		280.67 I 408.24 I	
			CUSTOMER	47.25	0.00	688.91	
			CATEGORY	47.25	0.00	688.91	

RUN DATE 11/08/13 SALES JRNL # 025		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		O WALLS (LT
TARIOT GELL DAME	CHICE NO			HOUDA				
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172448 11/04/13		VISITING NURSE SERVICE	·	16.00		233.28	I	
172449 11/04/13	1 000008	VISITING NURSE SERVICE	ROCCISANO, LOUI	32.00		466.56	I 	
			CUSTOMER	48.00	0.00	699.84		
			CATEGORY	48.00	0.00	699.84		

RUN DATE 11/	08/11 - SUP SUN	NNYSIDE CITYWIDE				PAGE 1 - :	238
SALES JRNL #	0254 LOC 001	1 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# D	PATE CUST NO	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172450 11/	04/11 000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGA	- 2 TE CA	
			SALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172451 11/04/11 172452 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		36.00 48.00		524.88 699.84	I	
1/2452 11/04/11	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	40.00		099.04		
			CUSTOMER	84.00	0.00	1,224.72		
			CATEGORY	84.00	0.00	1,224.72		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 240 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172453 11/04/11 172454 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	· · ·	5.00 20.00	72.90 I 291.60 I
		CUSTOMER	25.00 0.00	364.50
		CATEGORY	25.00 0.00	364.50

RUN DATE 11/08/11 SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 241 VCP CHOICE LHCSA BILL WEEK ENDING 11/11/13	L
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	5
172455 10/28/11 172456 11/04/11 172457 11/04/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, PORF	7.00 21.00 28.00		102.06 I 306.18 I 408.24 I	
			CUSTOMER	56.00	0.00	816.48	_
			CATEGORY	56.00	0.00	816.48	-

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172458 11/04/11 172459 11/04/11 172460 11/04/11 172461 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, ROQU RODRIGUEZ, ROQU ROLON, JUANITA ROLON, JUANITA	16.00 24.00 5.75 30.25		233.28 349.92 83.84 441.05	I I I
			CUSTOMER	76.00	0.00	1,108.09	
			CATEGORY	76.00	0.00	1,108.09	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	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	SURPLUS
172462 11/04/11 172463 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · ·	23.00 29.75		335.34 I 433.76 I	
			CUSTOMER	52.75	0.00	769.10	
			CATEGORY	52.75	0.00	 769.10	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 2	44
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY N	1X			LTC NURSING	HOMEW	O WALLS (LT
		Ş	SALES RE	GISTE	R		BILL WEEK EN	DING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFER	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172464 11/04/11	000008	VISITING NURSE SERVICE	ROMO,	FLOR	23.75		346.28	I	
172465 11/04/11	800000	VISITING NURSE SERVICE	ROMO,	FLOR	32.00		466.56	I	
172466 11/04/11	800000	VISITING NURSE SERVICE	ROSA,	ANA	16.00		233.28	I	
				CUSTOMER	71.75	0.00	1,046.12		
				CATEGORY	71.75	0.00	1,046.12		

RUN DATE 11/08/11 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 245
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			ADU ADULT	
		2	SALES R	EGISTER			BILL WEEK EN	DING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172467 11/04/11	000008	VISITING NURSE SERVICE	,	LUZ E	23.50		342.63	I
172468 11/04/11	800000	VISITING NURSE SERVICE	ROSA,	LUZ E	25.00		364.50	I
				CUSTOMER	48.50	0.00	707.13	
				CATEGORY	48.50	0.00	707.13	

			YSIDE CITYWIDE				PAGE 1	- 2	46
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172469	11/04/11	000008	VISITING NURSE SERVICE	ROSA, MANOLO	4.00		58.32	I	
172470	11/04/11	800000	VISITING NURSE SERVICE	ROSA, MANOLO	12.00		174.96	I	
172471	11/04/11	000008	VISITING NURSE SERVICE	ROSARIO, ELSA	11.50		167.67	I	
172472	11/04/11	000008	VISITING NURSE SERVICE	ROSARIO, ELSA	24.00		349.92	I	
172473	11/04/11	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	5.00		72.90	I	
172474	11/04/11	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	15.00		218.70	I	
				CUSTOMER	71.50	0.00	1,042.47		
				CATEGORY	71.50	0.00	1,042.47		

	SUP SUNNYSIDE CITYWIDE				PAGE 1 - 247	
SALES JRNL # 0254	LOC 001 SUNNYSIDE CI				ADU ADULT	
		SALES RE	GISTER		BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFER	ENCE HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172475 11/04/11	000008 VISITING NURS	E SERVICE ROSEN,	BESSIE 6.00		87.48 I	
172476 11/04/11	000008 VISITING NURS	E SERVICE ROSEN,	BESSIE 9.00		131.22 I	
			CUSTOMER 15.00	0.00	218.70	
			15.00	0.00	210.70	
			CATEGORY 15.00	0.00	218.70	

RUN DATE 11/08 SALES JRNL # 0			REG NY NY SALES REGISTER			PAGE 1 HOA HOSPICE A BILL WEEK END	-
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172477 11/04 172478 11/04		VISITING NURSE SERVICE VISITING NURSE SERVICE	RUBERTO, MARY RUBERTO, MARY	3.00 12.00		43.74 174.96	I I
			CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 249 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172479 11/04/11 172480 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 12.00		87.48 I 174.96 I
			CUSTOMER	18.00	0.00	262.44
			CATEGORY	18.00	0.00	262.44

RUN DATE 11/08/11 -	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 250
SALES JRNL # 0254	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHCSA
	i	SALES REGISTER		BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172481 11/04/11	000008 VISITING NURSE SERVICE	RUEDA, INES	18.00	262.44 I
172482 11/04/11	000008 VISITING NURSE SERVICE	RUEDA, INES	28.00	408.24 I
		CUSTOMER	46.00 0.00	670.68
		CATEGORY	46.00 0.00	670.68

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 251 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS T	AX AMT	AMOUNT TYP SURPLUS
172483 11/04/11 172484 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- ,	6.00 17.75		87.48 I 258.80 I
		CUSTOMER	23.75	0.00	346.28
		CATEGORY	23.75	0.00	346.28

RUN DATE 11/08/1 SALES JRNL # 02!		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 252 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172485 11/04/3 172486 11/04/3		VISITING NURSE SERVICE VISITING NURSE SERVICE		30.00 40.00		437.40 I 583.20 I
			CUSTOMER	70.00	0.00	1,020.60
			CATEGORY	70.00	0.00	1,020.60

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 253 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172487 11/04/11 172488 11/04/11		VISITING NURSE SERVICE VISITING NURSE SERVICE	, =	14.00 26.50		204.12 I 386.38 I
			CUSTOMER	40.50	0.00	590.50
			CATEGORY	40.50	0.00	 590.50

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 254 CCL CONGREGATE CARE PROGRAM
		2	SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172489 11/04/11 172490 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SAKELL, CHRYSAN SAKELL, CHRYSAN	18.00 18.00		262.44 I 262.44 I
			CUSTOMER	36.00	0.00	524.88
			CATEGORY	36.00	0.00	524.88

RUN DATE 11/08/11 -			222			PAGE 1	
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			VCP CHOICE LH	
							- , ,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172491 11/04/11	000008	VISITING NURSE SERVICE	SALADIN, MARIA	33.00		481.14	I
172492 11/04/11	800000	VISITING NURSE SERVICE	SALADIN, MARIA	44.00		641.52	I
			CUSTOMER	77.00	0.00	1,122.66	
			CODIONEIC	77.00	0.00	1,122.00	
			CATEGORY	77.00	0.00	1,122.66	

RUN DATE 11/08/11 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 256
SALES JRNL # 0254	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	:	SALES REGISTER		BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172493 11/04/11	000008 VISITING NURSE SERVICE	SALVATIERRA, TE	12.00	174.96 I
		CATEGORY	12.00 0.00	174.96

RUN DATE 1	L1/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	57
SALES JRNI	L # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	A L E S R E G I S T E R			BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172494 1	L1/04/11	000008	VISITING NURSE SERVICE	SALVUCCI, YOLAN	16.00		233.28	I	
172495 1	L1/04/11	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	4.00		58.32	I	
172496 1	L1/04/11	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	11.00		160.38	I	
172497 1	11/04/11	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	14.00		204.12	I	
172498 1	11/04/11	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	28.00		408.24	I	
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

	11/08/11 - NL # 0254	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - CCL CONGREGATE C	258 ARE PROGRAM
	"			ALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172499 172500	11/04/11 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SANCHEZ, MARIA SANCHEZ, MARIA	12.00 24.00		174.96 I 349.92 I	
172300	11/01/11	00000	VIBILING NORTH BERVICE	CUSTOMER	36.00	0.00	524.88	
				COSTOMER	30.00	0.00	324.00	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 11/08/11 SALES JRNL # 0254		DE CITYWIDE	REG NY NY LES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	!SA
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172501 11/04/11 172502 11/04/11		NURSE SERVICE	SANCHEZ, NILSA SANCHEZ, NILSA	4.00 16.00		58.32 233.28	I
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/08/11 - SUP ST SALES JRNL # 0254 LOC 00	01 SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 260 ADU ADULT BILL WEEK ENDING	
INVOICE# DATE CUST 1	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172503 11/04/11 000008	8 VISITING NURSE SERVICE	SCHWARZ, CHARLE	3.00		43.74 I	
		CATEGORY	3.00	0.00	43.74	

RUN DATE 11/08/11 SALES JRNL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 261
STEED STATE 023 T	100 001		SALES REGISTER				ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172504 11/04/11	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	4.00		58.32	I
172505 11/04/11	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	16.00		233.28	I
172506 11/04/11	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	6.00		87.48	I
172507 11/04/11	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	18.00		262.44	I
			CUSTOMER	44.00	0.00	641.52	
			CATEGORY	44.00	0.00	641.52	

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY S A L E S R	NY EGISTE	R		PAGE 1 LTC NURSING BILL WEEK EN	HOMEW	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172508 11/04/11 172509 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·- · ,	INJA INJA	12.00 16.50		174.96 240.57	I I	
				CUSTOMER	28.50	0.00	415.53		
				 CATEGORY	28.50	0.00	415.53		

RUN DATE 11/08/ SALES JRNL # 02			REG NY NY			PAGE 1 - VCP CHOICE LHCS	
		\$	SALES REGISTE	R		BILL WEEK ENDI	NG 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
172510 10/28/	11 000008	VISITING NURSE SERVICE	SERAFIN, WALTER	8.00		116.64	1
172511 11/04/	11 000008	VISITING NURSE SERVICE	SERAFIN, WALTER	24.00		349.92	Ĺ
172512 11/04/	11 000008	VISITING NURSE SERVICE	SERAFIN, WALTER	31.50		459.28	Ĺ
172513 11/04/	11 000008	VISITING NURSE SERVICE	SERRANO, AGUEDA	23.75		346.28	1
172514 11/04/	11 000008	VISITING NURSE SERVICE	SERRANO, AGUEDA	32.00		466.56	Ē
			CUSTOMER	119.25	0.00	1,738.68	
			CATEGORY	119.25	0.00	1,738.68	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 264 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172515 11/04/11 172516 11/04/11		VISITING NURSE SERVICE VISITING NURSE SERVICE		2.00 3.75		29.16 I 54.68 I
			CUSTOMER	5.75	0.00	83.84
			CATEGORY	5.75	0.00	83.84

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 26 VCP CHOICE LHCSA BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172517 11/04/11 172518 11/04/11 172519 11/04/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SHANNON, ELNORA	18.75 21.00 4.00		273.38 I 306.18 I 58.32 I	
			CUSTOMER	43.75	0.00	637.88	
			CATEGORY	43.75	0.00	637.88	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 266 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11	Г
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172520 11/04/11 172521 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		18.00 24.00		262.44 I 349.92 I	
		CUSTOMER	42.00	0.00	612.36	
		CATEGORY	42.00	0.00	612.36	

RUN DATE 11/08/11	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	267
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	!SA
		S	SALES REGISTER			BILL WEEK ENDI	NG 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172522 11/04/11	000008	VISITING NURSE SERVICE	SINGH, BADREE	6.00		87.48	I
172523 11/04/11	800000	VISITING NURSE SERVICE	SINGH, BADREE	24.00		349.92	I
172524 11/04/11	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	3.00		43.74	I
172525 11/04/11	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	12.00		174.96	I
			CUSTOMER	45.00	0.00	656.10	
			CATEGORY	45.00	0.00	656.10	

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 268 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172526 11/04/11 172527 11/04/11 172528 11/04/11 172529 11/04/11	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SLEVIN, JAMES SLEVIN, JAMES SMELTZER, ESTEL SMELTZER, ESTEL	3.00 6.00 3.00 12.00		43.74 I 87.48 I 43.74 I 174.96 I
			CUSTOMER	24.00	0.00	349.92
			CATEGORY	24.00	0.00	349.92

RUN DATE 11/08/11	L - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	269
SALES JRNL # 0254	1 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172530 11/04/11	L 000008	VISITING NURSE SERVICE	SOLANO, SANTA	14.50		211.41 I	
172531 11/04/11	L 000008	VISITING NURSE SERVICE	SOLANO, SANTA	19.75		287.96 I	
			CUSTOMER	34.25	0.00	499.37	
			CATEGORY	34.25	0.00	499.37	

			YSIDE CITYWIDE					270
SALES	JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
17253	2 11/04/11	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 271 CCL CONGREGATE CARE BILL WEEK ENDING 1	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172533 11/04/11 172534 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00		58.32 I 116.64 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	 174.96	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CI	TYWIDE REG NY	NY REGISTER			LTC NURSING H	- 272 HOMEW/O WALLS (LT DING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172535 11/04/11 172536 11/04/11	000008 VISITING NURS		A, ROLANDO A, ROLANDO	6.00 24.00		87.48 349.92	I I
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE	11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 273	
SALES JRNI	L # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 11/11	/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
172537	11/04/11	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	24.00		349.92 I	
172538	11/04/11	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	31.25		455.63 I	
				CUSTOMER	55.25	0.00	805.55	
				CATEGORY	55.25	0.00	805.55	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AI BILL WEEK ENDI	-
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
172539 11/04/11 172540 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	STEIN, STEPHANI STEIN, STEPHANI	9.00 12.00		131.22 174.96	I I
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

	2 11/08/11 RNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 275 ADU ADULT BILL WEEK ENDING 1	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172541 172542	11/04/11 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	STERGIOU, GLORI STERGIOU, GLORI	2.00 5.75		29.16 I 83.84 I	
				CUSTOMER	7.75	0.00	113.00	
				CATEGORY	7.75	0.00	113.00	

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2° VCP CHOICE LHCSA	
		2	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172543 11/04/11	000008	VISITING NURSE SERVICE	STICKELL, BLANC	7.00		102.06 I	
172544 11/04/11	800000	VISITING NURSE SERVICE	STICKELL, BLANC	14.00		204.12 I	
172545 11/04/11	800000	VISITING NURSE SERVICE	STROBL, ALFRED	12.00		174.96 I	
172546 11/04/11	800000	VISITING NURSE SERVICE	STROBL, ALFRED	24.00		349.92 I	
			CUSTOMER	57.00	0.00	831.06	
			CATEGORY	57.00	0.00	831.06	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172547 11/04/11 172548 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	13.50 22.25		196.83 324.41	I I
		CUSTOMER	35.75	0.00	521.24	
		CATEGORY	35.75	0.00	521.24	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 278 ADU ADULT
SALES UNIL # 0254	LOC 001		SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172549 11/04/11 172550 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SWABY, MYRNA SWABY, MYRNA	4.00 15.75		58.32 I 229.64 I
			CUSTOMER	19.75	0.00	287.96
			CATEGORY	19.75	0.00	287.96

	11/08/11 - NL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172551 172552	11/04/11 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	23.75 31.00		346.28 451.98	I I	
				CUSTOMER	54.75	0.00	798.26		
				CATEGORY	 54.75	0.00	798.26		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 CCL CONGREGATE CA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172553 11/04/11 172554 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· - · - · - · - · - · · · · · · ·	3.00 6.00		43.74 I 87.48 I	
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING F BILL WEEK ENI		O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172555 11/04/11 172556 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- ,	24.00 32.00		349.92 466.56	I I	
		CUSTOMER	56.00	0.00	816.48		
		CATEGORY	56.00	0.00	816.48		

RUN DATE I		SUP SUNN 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 TY	P SURPLUS
172557	11/04/11	800000	VISITING NURSE SERVICE	TAMBURELLO, PAL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 283 VCP CHOICE LHCSA BILL WEEK ENDING 11/11/2	11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
172558 11/04/11 172559 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 32.00		349.92 I 466.56 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 284 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172560 11/04/11 172561 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		4.00 10.75		58.32 I 156.74 I
		CUSTOMER	14.75	0.00	215.06
		CATEGORY	 14.75	0.00	215.06

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 285 HOA HOSPICE ADULT BILL WEEK ENDING 11/11/11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
172562 11/04/11 172563 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TEMBELIS, DAPHN TEMBELIS, DAPHN	3.00 12.00		43.74 I 174.96 I	
			CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 11/08/11 - SALES JRNL # 0254		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 286 VCP CHOICE LHCSA BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172564 11/04/11 172565 11/04/11 172566 11/04/11 172567 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TERZIAN, ASDGHI TERZIAN, ASDGHI TINOCO, INES TINOCO, INES	15.00 20.00 21.00 21.00		218.70 I 291.60 I 306.18 I 306.18 I
			CUSTOMER	77.00	0.00	1,122.66
			CATEGORY	77.00	0.00	1,122.66

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 287 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172568 11/04/11 172569 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TORO VEGA, LUZV TORO VEGA, LUZV	4.00		58.32 I 116.64 I
			CUSTOMER	12.00	0.00	174.96
			CATEGORY	12.00	0.00	 174.96

			YSIDE CITYWIDE					- 2	88
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		11/11/11
				SALES REGISTER			BILL WEEK ENI	JING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP	SURPLUS
172570	11/04/11	000008	VISITING NURSE SERVIC	E TORO, PURA	35.50		517.59	I	
172571	11/04/11	800000	VISITING NURSE SERVICE	E TORO, PURA	48.00		699.84	I	
172572	11/04/11	800000	VISITING NURSE SERVICE	E TORRES, EMELINA	5.00		72.90	I	
172573	11/04/11	800000	VISITING NURSE SERVICE	E TORRES, EMELINA	20.00		291.60	I	
172574	11/04/11	000008	VISITING NURSE SERVICE	E TORRES, LUZ M	19.75		287.96	I	
172575	11/04/11	000008	VISITING NURSE SERVIC	E TORRES, LUZ M	39.25		572.27	I	
				CUSTOMER	167.50	0.00	2,442.16		
				CATEGORY	167.50	0.00	2,442.16		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTEF	<u>.</u>		PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172576 11/04/11 172577 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	18.00 18.00		262.44 1 262.44 1	[[
		CUSTOMER	36.00	0.00	524.88	
		CATEGORY	36.00	0.00	524.88	

RUN DATE	11/08/11 -		YSIDE CITYWIDE				PAGE 1	- 2	90
SALES JRN	IL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	ALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172578	10/28/11	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	4.00		58.32	I	
172579	11/04/11	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	4.00		58.32	I	
172580	11/04/11	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	16.00		233.28	I	
172581	11/04/11	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	23.50		342.64	I	
172582	11/04/11	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	31.75		462.92	I	
				CUSTOMER	79.25	0.00	1,155.48		
				CATEGORY	79.25	0.00	1,155.48		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWI	E REGNY NY SALES REGISTEF	2	PAGE 1 - 291 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	
172583 11/04/11 172584 11/04/11	000008 VISITING NURSE SE 000008 VISITING NURSE SE	· · · · · · · · · · · · · · · · · · ·	4.00 16.00	58.32 I 233.28 I
		CUSTOMER	20.00 0.00	291.60
		 CATEGORY	20.00 0.00	291.60

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172585 11/04/11 172586 11/04/11 172587 11/04/11 172588 11/04/11	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE TZOUMAS, EFFIE UGURLUYAN, KARA UGURLUYAN, KARA	24.00 30.00 30.00 17.50		349.92 437.40 437.40 255.15	I I I	
			CUSTOMER	101.50	0.00	1,479.87		
			CATEGORY	101.50	0.00	1,479.87		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWII	E REG NY NY SALES REGIST	E R		1 - 293 HOMEW/O WALLS (LT NDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS T	'AX AMT AMOUNT	TYP SURPLUS
172589 11/04/11 172590 11/04/11	000008 VISITING NURSE SEF	· · · · · · · · · · · · · · · · · · ·	15.00 20.00	218.70 291.60	_
		CUSTOMER	35.00	0.00 510.30)
		CATEGORY	 35.00	0.00 510.30	

RUN DATE 11/08/11 SALES JRNL # 025		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		94
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172591 11/04/13 172592 11/04/13		VISITING NURSE SERVICE VISITING NURSE SERVICE	VALENCIANO-ROJ, VALENCIANO-ROJ,	4.00 12.00		58.32 174.96	I I	
			CUSTOMER	16.00	0.00	233.28		
			CATEGORY	16.00	0.00	233.28		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 29 CCL CONGREGATE CAR BILL WEEK ENDING	E PROGRAM
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172593 11/04/11 172594 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	2.00 6.00		29.16 I 87.48 I	
			CUSTOMER	8.00	0.00	116.64	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	296
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDI	NG 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172595 11/04/11	800000	VISITING NURSE SERVICE	VAROL, ELMAS	2.00		29.16	I
172596 11/04/11	800000	VISITING NURSE SERVICE	VAROL, ELMAS	4.00		58.32	I
172597 11/04/11	800000	VISITING NURSE SERVICE	VAROL, MUSTAFA	2.00		29.16	I
172598 11/04/11	800000	VISITING NURSE SERVICE	VAROL, MUSTAFA	4.00		58.32	I
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	297 A
		S	BALES REGISTER			BILL WEEK ENDIN	G 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172599 11/04/11 172600 11/04/11	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, ARTURO VASQUEZ, ARTURO	21.00 14.00		306.18 I 204.12 I	
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 298
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	DMEW/O WALLS (LT
		5	SALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
172601 11/04/11	800000	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	13.00		189.54	I
172602 11/04/11	800000	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	19.50		284.31	I
172603 11/04/11	000008	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	9.00		131.22	I
172604 11/04/11	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	12.00		174.96	I
			CUSTOMER	53.50	0.00	780.03	
			CATEGORY	53.50	0.00	780.03	

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 299 CSA
		S	SALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
172605 11/04/11 172606 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	VAZIRANI, CHAND VAZIRANI, CHAND	3.75 16.00		54.68 233.28	I I
			CUSTOMER	19.75	0.00	287.96	
			CATEGORY	19.75	0.00	287.96	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWI	DE REGNY NY SALES REGISTER		PAGE 1 - 300 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172607 11/04/11 172608 11/04/11	000008 VISITING NURSE SE 000008 VISITING NURSE SE	~ ~ ,	16.00 24.00	233.28 I 349.92 I
		CUSTOMER	40.00 0.00	583.20
		CATEGORY	40.00 0.00	583.20

RUN DATE 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	1
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172609 11/04/11	000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	1.00		14.58 I	
172610 11/04/11	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	11.75		171.32 I	
			CUSTOMER	12.75	0.00	185.90	
			0051011210		3.33		
			CATEGORY	12.75	0.00	185.90	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 302 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172611 11/04/11 172612 11/04/11	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		18.00 28.00	262.44 I 408.24 I
		CUSTOMER	46.00 0.00	670.68
		CATEGORY	46.00 0.00	 670.68

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 VCP CHOICE LHCSA	303
		\$	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172613 10/28/11	000008	VISITING NURSE SERVICE	VERAS, JUANA	8.00		116.64 I	
172614 11/04/11	000008	VISITING NURSE SERVICE		8.00		116.64 I	
172615 11/04/11	000008	VISITING NURSE SERVICE	VERAS, JUANA	32.50		473.85 I	
			CUSTOMER	48.50	0.00	707.13	
			CATEGORY	48.50	0.00	707.13	

RUN DATE 11	L/08/11 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 30	4
SALES JRNL	# 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172616 11	1/04/11	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	11/08/11 NL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 305
			S	ALES REGISTER			BILL WEEK ENDI	ING 11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
172617	11/04/11	000008	VISITING NURSE SERVICE	VILLA, AGNES	3.00		43.74	I
172618	11/04/11	800000	VISITING NURSE SERVICE	VILLA, AGNES	2.00		29.16	I
172619	10/21/11	800000	VISITING NURSE SERVICE	VILLADA, MARIA	4.00		58.32	I
172620	10/28/11	800000	VISITING NURSE SERVICE	VILLADA, MARIA	2.00		29.16	I
172621	11/04/11	800000	VISITING NURSE SERVICE	VILLADA, MARIA	2.00		29.16	I
172622	11/04/11	800000	VISITING NURSE SERVICE	VILLADA, MARIA	2.00		29.16	I
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY		0.00	218.70	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 306 VCP CHOICE LHCSA
DALLO GIAVE # 0251	100 001		SALES REGISTER			BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172623 11/04/11 172624 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ·	6.00 24.00		87.48 I 349.92 I
			CUSTOMER	30.00	0.00	437.40
			CATEGORY	30.00	0.00	437.40

RUN DATE 1	11/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	07
SALES JRNL	1 # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172625 1	11/04/11	800000	VISITING NURSE SERVICE	VISCONTI, JASON	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

			YSIDE CITYWIDE							08
SALES JRN	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE	-	NY			LTC NURSING		•
				SALES R	EGISTE	R		BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172626	11/04/11	000008	VISITING NURSE SERVICE	VITO,	CARMEN	6.00		87.48	I	
172627	11/04/11	800000	VISITING NURSE SERVICE	VITO,	CARMEN	18.00		262.44	I	
					CUSTOMER	24.00	0.00	349.92		
					CATEGORY	24.00	0.00	349.92		

RUN DATE 11/08/13		YSIDE CITYWIDE				PAGE 1 - 30	19
SALES JRNL # 0254	1 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172628 11/04/13	L 000008	VISITING NURSE SERVICE	VIVACQUA, EMMA	21.50		313.47 I	
172629 11/04/13	L 000008	VISITING NURSE SERVICE	VIVACQUA, EMMA	22.75		331.70 I	
				44.05			
			CUSTOMER	44.25	0.00	645.17	
			CATEGORY	44.25	0.00	645.17	

	11/08/11 NL # 0254	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC MY MY			-	- 310
SALES UR	NL # UZ54	TOC 001		REG NY NY ALES REGISTER			VCP CHOICE LHO	
			-				5111 MILIT 1115.	11, 11, 11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172630	10/28/11	000008	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74	т
172631	11/04/11	000008	VISITING NURSE SERVICE	VOLASTRO, JOHN VOLASTRO, JOHN	3.00		43.74	T
172632	11/04/11	000008	VISITING NURSE SERVICE	WALLE, ILEANA	4.00		58.32	Ť
172633	11/04/11	000008	VISITING NURSE SERVICE	WALLE, ILEANA	16.00		233.28	Ī
172634	11/04/11	000008	VISITING NURSE SERVICE	WEBB, ANA	17.25		251.51	Ī
172635	11/04/11	000008	VISITING NURSE SERVICE	WEBB, ANA	24.00		349.92	I
				CUSTOMER	67.25	0.00	980.51	
				CATEGORY	67.25	0.00	980.51	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 311
			SALES REGISTER			BILL WEEK END	ING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
172636 11/04/11 172637 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 12.00		43.74 174.96	I
1/203/ 11/04/11	000006	VISITING NURSE SERVICE	WERNER, PHILLIS	12.00		1/4.90	
			CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 11/0 SALES JRNL #	08/11 - SUP SUNN 0254 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK EN		11/11/11
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	04/11 000008 04/11 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	YAGHDJIAN, SIRA YAGHDJIAN, SIRA	5.75 12.00		83.84 174.96	I	
			CUSTOMER	17.75	0.00	258.80		
			CATEGORY	 17.75	0.00	258.80		

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 313 CCL CONGREGATE CARE BILL WEEK ENDING 1	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172640 11/04/11 172641 11/04/11	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	YELLAPAH, DOLLI YELLAPAH, DOLLI	3.00 9.00		43.74 I 131.22 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 11/08	3/11 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	314
SALES JRNL # 0	0254 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		2	SALES REGISTER			BILL WEEK ENDING	3 11/11/11
INVOICE# DAT	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
172642 11/04	1/11 000008	VISITING NURSE SERVICE	YOUSSEFF, NADIA	1.00		14.58 I	
			CATEGORY	1.00	0.00	14.58	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER		PAGE 1 - 315 ADU ADULT BILL WEEK ENDING 11/11/11
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
172643 11/04/11	000008 VISITING NURSE SERVICE	ZAMBRANO, VICTO	16.00	233.28 I
		CATEGORY	16.00 0.00	233.28

RUN DATE 11/08/11 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0254 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
SALES REGISTER

SALES REGISTER

BILL WEEK ENDING 11/11/11

INVOICE# DATE CUST NO CUSTOMER NAME

REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS

				SALES REGISTER			BILL WEEK ENI	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE ACERNO, CLAIRE ACERNO, CLAIRE ALI, AMRUNISSA AYALA, ENRIQUE AYALA, ENRIQUE BEGUM, JAMILA BRADLEY, MARGAR BRADLEY, MARGAR BRADLEY, MARGAR BUCARO, CONCETT CEPEDA, TOMASA CHASIJUAN, MANU COLAVITTI, JEAN COLAVITTI, JEAN COLAVITTI, JEAN DIAZ, ALICIA DONOSO, MARGARE EARLINGTON, ALB EARLINGTON, ALB EARLINGTON, ALB ESCOBAR, DOMING ESPINOZA, MARIA EXPOSITO, ALFON FELICIANO, JOAN FERNADADEZ, ANA GREENSPAN, ALIC GREENSPAN, ALIC GREENSPAN, ALIC JIMENEZ, EUGENI JOHNSON, DOROTH LATVIS, CHARLES LATVIS, CHARLES LATVIS, CHARLES LATVIS, CHARLES LATVIS, CHARLES MANGRAY, KARMAD MARTINEZ, EMMA MARTINEZ, EMMA MARTINEZ, EMMA MARTINEZ, CHARLES LATVIS, CHARLES LATVIS, CHARLES LATVIS, CHARLES LATVIS, CHARLES LATVIS, CHARLES MANGRAY, KARMAD MARTINEZ, EMMA MARTINEZ, EMMA MARTINEZ, CHORI MICHEL, DOROTHY MOSCICKA, JADWI MUSCAT, CARMEN MUS	HOURS	TAX AMT	AMOUNT 66.40 249.00 212.48 79.68 106.24 956.16 900.00 106.24 597.60 318.72 143.00 212.48 424.96 481.40 315.40 172.64 371.84 292.16 159.36 185.92 239.04 504.64 315.40 199.20 849.92 180.00 360.00 531.20 478.08 13.28 743.68 424.96 66.40 265.60 53.12	TYP	SURPLUS
172644	11/04/11	000010	GUILDNET	ACERNO, CLAIRE	5.00		66.40	I	
172645	11/04/11	000010	GUILDNET	ACERNO, CLAIRE	18.75		249.00	I	
172646	11/04/11	000010	GUILDNET	ALI, AMRUNISSA	16.00		212.48	I	
172647	11/04/11	000010	GUILDNET	AYALA. ENRIQUE	6.00		79.68	Ī	
172648	11/04/11	000010	GUILDNET	AYALA. ENRIQUE	8.00		106.24	Ī	
172649	11/04/11	000010	GUILDNET	BEGUM. JAMILA	72.00		956.16	Ī	
172650	11/04/11	000010	GUILDNET	BRADLEY MARGAR	5 00		900.00	Ī	
172651	11/04/11	000010	GUILDNET	BRADLEY, MARGAR	8.00		106.24	Ī	
172652	11/04/11	000010	GUILDNET	BUCARO, CONCETT	45.00		597.60	Ī	
172653	11/04/11	000010	GUILDNET	CEPEDA. TOMASA	24.00		318.72	Ī	
172654	4/11/08	000010	GUILDNET	CHASTITIAN MANU	11.00		143.00	Ī	
172655	11/04/11	000010	GUILDNET	COLAVITTI, JEAN	16.00		212.48	Ī	
172656	11/04/11	000010	GUILDNET	COLAVITTI, JEAN	32.00		424.96	Ī	
172657	11/04/11	000010	GUILDNET	DIAZ. ALICIA	36.25		481.40	Ī	
172658	11/04/11	000010	GUILDNET	DONOSO, MARGARE	23.75		315.40	Ī	
172659	11/04/11	000010	GUILDNET	EARLINGTON, ALB	13.00		172.64	Ī	
172660	11/04/11	000010	GUILDNET	EARLINGTON, ALB	28.00		371.84	Ī	
172661	11/04/11	000010	GUILDNET	ESCOBAR, DOMING	22.00		292.16	Ī	
172662	11/04/11	000010	GUILDNET	ESPINOZA, MARIA	12.00		159.36	I	
172663	11/04/11	000010	GUILDNET	EXPOSITO, ALFON	14.00		185.92	I	
172664	11/04/11	000010	GUILDNET	EXPOSITO, ALFON	18.00		239.04	I	
172665	11/04/11	000010	GUILDNET	FELICIANO, JOAN	38.00		504.64	I	
172666	11/04/11	000010	GUILDNET	FERNANDEZ, ANA	23.75		315.40	I	
172667	11/04/11	000010	GUILDNET	GREENSPAN, ALIC	15.00		199.20	I	
172668	11/04/11	000010	GUILDNET	GREENSPAN, ALIC	20.00		265.60	I	
172669	10/21/11	000010	GUILDNET	JIMENEZ, EUGENI	77.50		1,029.20	I	
172670	11/04/11	000010	GUILDNET	JOHNSON, DOROTH	64.00		849.92	I	
172671	11/04/11	000010	GUILDNET	LATVIS, CHARLES	1.00		180.00	I	
172672	11/04/11	000010	GUILDNET	LATVIS, CHARLES	2.00		360.00	I	
172673	11/04/11	000010	GUILDNET	MANGRAY, KARMAD	40.00		531.20	I	
172674	11/04/11	000010	GUILDNET	MARTINEZ, EMMA	36.00		478.08	I	
172675	11/04/11	000010	GUILDNET	MARTINEZ, GLORI	1.00		13.28	I	
172676	11/04/11	000010	GUILDNET	MICHEL, DOROTHY	56.00		743.68	I	
172677	11/04/11	000010	GUILDNET	MOSCICKA, JADWI	32.00		424.96	I	
172678	11/04/11	000010	GUILDNET	MUSCAT, CARMEN	5.00		66.40	I	
172679	11/04/11	000010	GUILDNET	MUSCAT, CARMEN	20.00		265.60	I	
172680	11/04/11	000010	GUILDNET	NETTLES, DONNA	4.00		53.12	I	
172681	11/04/11	000010	GUILDNET	NETTLES, DONNA	4.00		53.12	I	
172682	11/04/11	000010	GUILDNET	NEWBOLD, RAMONA	25.00		332.00	I	
172683	11/04/11	000010	GUILDNET	NISHIMURA, ALBE	66.00		876.48	I	
172684	11/04/11	000010	GUILDNET	NUNEZ, ANGELINA	4.00		53.12	I	
172685	11/04/11	000010	GUILDNET	NUNEZ, ANGELINA	20.00		265.60	I	
172686	11/04/11	000010	GUILDNET	ORTIZ, LAURA	62.75		833.32	I	
172687	11/04/11	000010	GUILDNET	PAPHITIS, RICHA	8.00		106.24	I	
172688	11/04/11	000010	GUILDNET	PAPHITIS, RICHA	32.00		424.96	I	
172689	11/04/11	000010	GUILDNET	PAZIOULIS, GEOR	42.00		557.76	I	
172690	11/04/11	000010	GUILDNET	PAZIOULIS, KLEO	35.00		464.80	I	
172691	11/04/11	000010	GUILDNET	PENA, WALESKA	56.00		743.68	I	
172692	11/04/11	000010	GUILDNET	PEREZ, MARIA	24.00		318.72	I	

			YSIDE CITYWIDE					- 3	17
SALES JF	RNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		
				SALES REGISTE	R		BILL WEEK END	ING	11/11/11
INVOICE‡	‡ DATE	CUST NO	CUSTOMER NAME	DEFEDENCE	TO LID G	ייאע אאיי	AMOUNT	TYP	SURPLUS
172693	11/04/11	000010	GUILDNET	PICHARDO, MARIA	63.00		836.64	I	
172694	11/04/11	000010	GUILDNET	PROANO, ALICIA PROANO, BRUNO PRYCE, CLYDIA	21.00		278.88	I	
172695	11/04/11	000010	GUILDNET	PROANO, BRUNO	33.00		438.24	I	
172696	11/04/11	000010	GUILDNET	PRYCE, CLYDIA	16.00		212.48	I	
172697	11/04/11	000010	GUILDNET	RESTULA, VINCEN	20.00		265.60	I	
172698	11/04/11	000010	GUILDNET	RIVAS, GERTRUDI	20.00		265.60	I	
172699	11/04/11	000010	GUILDNET	RODRIGUEZ, HOLG	21.00		278.88	I	
172700	11/04/11	000010	GUILDNET	RODRIGUEZ, HOLG	28.00		371.84	I	
172701	11/04/11	000010	GUILDNET	ROJAS, ANGEL	15.00		199.20	I	
172702	11/04/11	000010	GUILDNET	ROJAS, HAYDEE	20.00		265.60	I	
172703	11/04/11	000010	GUILDNET	ROJAS, HAYDEE RUBIANO, MARIA	4.00		53.12	I	
172704	11/04/11	000010	GUILDNET	RUBIANO, MARIA	12.00		159.36	I	
172705	11/04/11	000010	GUILDNET	SALJANIN, DILJA	61.00		810.08	I	
172706	11/04/11	000010	GUILDNET	SANCHEZ, ELIZAB	11.00		146.08	I	
172707	11/04/11	000010	GUILDNET	SANCHEZ, ELIZAB SHELTON, AGUEDA SHIRKES, MIRIAM	21.00		278.88	I	
172708	11/04/11	000010	GUILDNET	SHELTON, AGUEDA	35.00		464.80	I	
172709	11/04/11	000010	GUILDNET	SHIRKES, MIRIAM	70.00		929.60	I	
172710	10/21/11	000010	GUILDNET	SOMRAJ, UMILLA	15.00		199.20	I	
172711	11/04/11	000010	GUILDNET	TOROSSIAN, PARI	16.00		212.48	I	
172712	11/04/11	000010	GUILDNET	VILLACRES, LUZ	8.00		106.24	I	
172713	11/04/11	000010	GUILDNET	VLAHOS, MARIE	30.00		398.40	I	
172714	11/04/11	000010	GUILDNET	VLAHOS, MARIE	40.00		531.20	I	
172715	11/04/11	000010	GUILDNET	WEISZ, KLARA	8.00		106.24	I	
172716	11/04/11	000010	GUILDNET	VLAHOS, MARIE WEISZ, KLARA WHITLEY, MYRNA YI, CARLOS	16.00		212.48	I	
172717	11/04/11	000010	GUILDNET	YI, CARLOS	24.00		318.72	I	
172718	11/04/11	000010	GUILDNET	YIANTSELIS, VIR	3.00		540.00	I	
172719	11/04/11	000010	GUILDNET	YIANTSELIS, VIR	4.00		720.00	I	
172720	11/04/11	000010	GUILDNET	ZUMAETA, FANNY	24.00		318.72	I	
172721	11/04/11	000010	GUILDNET	ZUMAETA, FANNY ZUMAETA, FANNY	40.00		531.20	I	
				CUSTOMER	1,946.75	0.00	28,350.56		
				CATEGORY	1,946.75	0.00	28,350.56		

RUN DATE SALES JR	11/08/11 - NL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 HFS HEALTH F	- 3 IRST	18
				SALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE#		CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172722	10/28/11	000122	HEALTH FIRST	AUER, BARBARA	30.00		506.40	I	
172723	11/04/11	000122	HEALTH FIRST	BEGUM, MANWARA	24.00		405.12	I	
172724	11/04/11	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
172725	11/04/11	000122	HEALTH FIRST	BOWERS, DIANE	50.00		844.00	I	
172726	11/04/11	000122	HEALTH FIRST	CARMONA, LUZ	32.00		540.16	I	
172727	11/04/11	000122	HEALTH FIRST	CARMONA, LUZ	8.00		135.04	I	
172728	11/04/11	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
172729	11/04/11	000122	HEALTH FIRST	CEBALLOS, ANA	35.00		590.80	I	
172730	9/30/11	000122	HEALTH FIRST	CHARITAR, RAMKA	25.00		422.00	I	
172731	11/04/11	000122	HEALTH FIRST	DILLON, LAURA	20.00		337.60	I	
172732	10/21/11	000122	HEALTH FIRST	DORNELLAS, STEL	24.00		405.12	I	
172733	11/04/11	000122	HEALTH FIRST	ESPAILLAT, AMPA	20.00		337.60	I	
172734	11/04/11	000122	HEALTH FIRST	ESTEVES, JOSE	54.00		911.52	I	
172735	11/04/11	000122	HEALTH FIRST	FERGERSON, TINA	25.00		422.00	I	
172736	11/04/11	000122	HEALTH FIRST	FERRERA, FRANCI	11.50		194.12	I	
172737	11/04/11	000122	HEALTH FIRST	FONTANES, PEDRO	28.00		472.64	I	
172738	11/04/11	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
172739	11/04/11	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
172740	11/04/11	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
172741	11/04/11	000122	HEALTH FIRST	LAZALA, GLADYS	84.00		1,417.92	I	
172742	11/04/11	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	75.25		1,270.22	I	
172743	11/04/11	000122	HEALTH FIRST	MACARENA, SAHAR	54.00		911.52	I	
172744	11/04/11	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
172745	11/04/11	000122	HEALTH FIRST	RIVERA, CHRISTO	18.00		303.84	I	
172746	9/02/11	000122	HEALTH FIRST	RIVERA, EDDIE	36.00		612.54	I	
172747	11/04/11	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
172748	11/04/11	000122	HEALTH FIRST	RUIZ JR, SAMUEL	14.00		236.32	I	
172749	11/04/11	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
172750	11/04/11	000122	HEALTH FIRST	SALHUANA, YOLAN	12.00		202.56	I	
172751	9/02/11	000122	HEALTH FIRST	SPIVEY, PATRICI	6.00		101.28	I	
172752	11/04/11	000122	HEALTH FIRST	SPIVEY, PATRICI	7.75		130.82	I	
172753	11/04/11	000122	HEALTH FIRST	ST ROMAINE, CLA	28.00		472.64	I	
172754	10/28/11	000122	HEALTH FIRST	SURIEL, GERTRUD	32.00		540.16	I	
172755	11/04/11	000122	HEALTH FIRST	TEJADA, PAULA	38.50		649.88	I	
172756	11/04/11	000122	HEALTH FIRST	WILLIAMS, RODNE	12.00		202.56	I	
				AUER, BARBARA BEGUM, MANWARA BHAIRO, KOWSILI BOWERS, DIANE CARMONA, LUZ CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA DILLON, LAURA DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD TEJADA, PAULA WILLIAMS, RODNE CUSTOMER CUSTOMER	1,129.00	0.00	19,062.38		
				CATEGORY	 1,129.00	0.00	19,062.38		

	UN DATE 11/08/11 - SUP SUNNYSIDE CITYWIDE ALES JRNL # 0254 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R BILL WEEK ENDING 11/11/11									
			YSIDE CITYWIDE				PAGE 1	- 31		
SALES JR	NL # 0254	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			NHP NEIGHBORE			
			SALE	S REGISTER			BILL WEEK ENI	DING	11/11/11	
INVOICE#	DATE	CUST NO	CIICTOMED MAME	DEFEDENCE	TO LID G	ጥላል ላለው	A MOTINT	TYP	SURPLUS	
INVOICE	Dill	0001 110	CODIONER WILL	REI EREIVOE	1100115	11111 11111	11100111		BOILT LOD	
172757	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	AHMED, UMARA	55.00		928.40	I		
172758	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	AKHTAR, SELINA	56.00		945.28	I		
172759	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	ARDITTO, PATRIC	20.00		337.60	I		
172760	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	BRATHWAITE, DON	28.00		472.64	I		
172761	8/05/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	CAMPUSANO, MIRD	1.00		202.44	I		
172762	9/02/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	CAMPUSANO, MIRD	5.00		1,012.20	I		
172763	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I		
172764	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	DARWISH, NADIA	8.00		135.04	I		
172765	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	20.00		337.60	I		
172766	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I		
172767	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	70.00		1,181.60	I		
172768	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	45.00		759.60	I		
172769	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHEREI	35.00		590.80	I		
172770	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES, EDWIN	42.00		708.96	I		
172771	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	30.00		506.40	I		
172772	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	22.00		371.36	I		
172773	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, JESS	30.00		506.40	I		
172774	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I		
172775	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	SALVATO, MARY	49.00		827.12	I		
172776	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	SANCHEZ, CHRIST	9.00		151.92	I		
172777	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	SCOTT, MICHAEL	40.00		675.20	I		
172778	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	SHEPPARD, ERMA	53.00		894.64	I		
172779	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	SUERO, MICHAEL	84.00		1,417.92	I		
172780	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	WELLS, WYNORIA	16.00		270.08	I		
172781	11/04/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	24.00		405.12	I		
				AHMED, UMARA AKHTAR, SELINA ARDITTO, PATRIC BRATHWAITE, DON CAMPUSANO, MIRD CAMPUSANO, MIRD CHUKWUJIORAH, T DARWISH, NADIA DIAZ, CARMEN FERNANDEZ, MARI FLORES, MARITZA JONES, CYNTHIA KROLL, KATHEREI MORALES, EDWIN MOSKOWITZ, RONA OCASIO, VIRGINI RODRIGUEZ, JESS RODRIGUEZ, MARI SALVATO, MARY SANCHEZ, CHRIST SCOTT, MICHAEL SHEPPARD, ERMA SUERO, MICHAEL WELLS, WYNORIA WILSON, SHERYL	816.00	0.00	14,887.44			
				CATEGORY	816.00		14,887.44			

RUN DATE 1	L1/08/11 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3	20
SALES JRNL	L # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/F	IDELIS
				SALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	L1/04/11	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	27.00		455.76	I	
	L1/04/11	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	36.00		607.68	I	
172784	8/05/11	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	75.00		1,266.00	I	
172785 1	L1/04/11	000126	NYS CATHOLIC/FIDELIS	BOCHENEK, JOLAN	42.00		708.96	I	
172786 1	11/04/11	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	40.00		675.20	I	
172787 1	11/04/11	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.75		417.78	I	
172788 1	11/04/11	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	6.00		101.28	I	
172789 1	11/04/11	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	15.00		253.20	I	
172790 1	11/04/11	000126	NYS CATHOLIC/FIDELIS	OLIVAPUIG, CARM	4.00		67.52	I	
	11/04/11	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,063.44	I	
	11/04/11	000126	NYS CATHOLIC/FIDELIS	PEREZ, MARIA E	20.00		337.60	T	
	11/04/11	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	40.00		675.20	T	
	11/04/11	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	54.00		911.52	T	
	11/04/11	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	13.00		219.44	т	
	11/04/11	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	20.00		337.60		
1/2/90 1	11/04/11	000120	NIS CAIROLIC/FIDELIS	SZE, BECKI	20.00		337.00		
				CUSTOMER	479.75	0.00	8,098.18		
				COSTOMER	17.75	0.00	0,090.10		
				CATEGORY	479.75	0.00	8,098.18		
1				CAILGORI	1,7.13	0.00	0,000.10		

	11/08/11 NL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED HE	- 321
SALES UR	иц # 0254	TOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172797	11/04/11	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	Т
172798	11/04/11	000128	UNITED HEALTH CARE	KHODZAUDIEV, NI	25.00		429.00	I
172799	11/04/11	000128	UNITED HEALTH CARE	LYMBERIS, HELEN	60.00		1,029.60	Ī
172800	11/04/11	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I
172801	11/04/11	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	56.00		960.96	I
172802	11/04/11	000128	UNITED HEALTH CARE	SAFOS, PATRA	54.00		926.64	I
172803	11/04/11	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I
172804	11/04/11	000128	UNITED HEALTH CARE	ZANE, GEORGE	15.00		257.40	I
				CUSTOMER	325.00	0.00	5,577.00	
				CATEGORY	325.00	0.00	5,577.00	

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNNYSIDE CITYW LOC 001 SUNNYSIDE			2		PAGE 1 EHP EMBLEM HI BILL WEEK ENI		
INVOICE# DATE	CUST NO CUSTOMER N	AME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172805 10/28/11 172806 11/04/11 172807 11/04/11 172808 11/04/11	000114 EMBLEM HEA 000114 EMBLEM HEA 000114 EMBLEM HEA 000114 EMBLEM HEA	LTH LTH	COPE, WILLIE COPELAND, ELISE DE LA O, MARIA REYNOLDS, HARRI	96.00 30.00 14.00 12.00		1,344.00 427.50 196.00 168.00	I I I	
			CUSTOMER	152.00	0.00	2,135.50		
			 CATEGORY	 152.00	0.00	2,135.50		

RUN DATE 11/08/11 SALES JRNL # 0254	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			- 323 NSURANCE PLAN DING 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS TAX A	TT AMOUNT	TYP SURPLUS
172809 11/04/11 172810 11/04/11 172811 11/04/11 172812 11/04/11 172813 10/28/11 172814 11/04/11 172815 11/04/11 172816 11/04/11 172817 11/04/11 172818 11/04/11	000136 000136 000136 000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF	NY BORLAZA, FRANCI NY DE JESUS, TIBUR NY GREGG, DAVID NY LOYOLA, MARIA NY ORR, LOUISE NY SHAH, HANSIKABE NY TOWLES, ADA NY WILLIAMS, DIANE	47.50 7.00 64.00 23.75 30.00 29.50 4.00 20.00 20.00 8.00	801.80 1,417.92 1,080.32 400.90 506.40 497.96 67.52 337.60 337.60 135.04	I I I I I I I I
			CUSTOMER	253.75 0.	5,583.06	
			CATEGORY	253.75 0.	5,583.06	

RUN DATE 11/08/11 - SALES JRNL # 0254	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 HPS HEALTH PL BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172819 10/21/11 172820 11/04/11 172821 11/04/11 172822 10/28/11 172823 10/28/11	000138 000138 000138 000138 000138	HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC	HARDING, EDNA VAZQUEZ, ARCADI VEGA, GLORIA WALTERS, BYRON YOUNG, KALEILE	36.00 12.00 35.00 45.00 32.00		612.00 204.00 595.00 765.00 544.00	I I I I
			CUSTOMER	160.00	0.00	2,720.00	
			CATEGORY	160.00	0.00	2,720.00	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 325 AFF AFFINITY HEALTH PLUS BILL WEEK ENDING 11/11/11
INVOICE# DATE C	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
172825 11/04/11 0	000142 AFFINITY HEALTH PLUS 000142 AFFINITY HEALTH PLUS 000142 AFFINITY HEALTH PLUS	HERNANDEZ, ANTO PURNELL, ROSE M VAMVAKAS, SOPHI	40.00 4.00 40.00		960.00 I 96.00 I 960.00 I
		CUSTOMER	84.00	0.00	2,016.00
		CATEGORY	84.00	0.00	2,016.00

RUN DATE	E 11/08/11 -	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1	- 32	26
SALES JE	RNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLUS	HEA1	LTH
				SALES REGISTER			BILL WEEK ENI	OING	11/11/11
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
172827	11/04/11	000130	METROPLUS HEALTH	ABBAS, SENOWARA	84.00		1,440.60	I	
172828	11/04/11	000130	METROPLUS HEALTH	ANDERSON, BETH	36.00		617.40	I	
172829	11/04/11	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
172830	11/04/11	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	I	
172831	11/04/11	000130	METROPLUS HEALTH	BESANT, NAOMI	25.00		428.75	I	
172832	11/04/11	000130	METROPLUS HEALTH	BRACERO, HELEN	84.00		1,440.60	I	
172833	11/04/11	000130	METROPLUS HEALTH	BRIGGS, LOUIS	77.00		1,320.55	I	
172834	11/04/11	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I	
172835	11/04/11	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50	I	
172836	11/04/11	000130	METROPLUS HEALTH	DAVIS, ANGIE	84.00		1,440.60	I	
172837	8/05/11	000130	METROPLUS HEALTH	DEWANJEE, MIRA	28.00		480.20	I	
172838	11/04/11	000130	METROPLUS HEALTH	DURAHAM, CYNTHI	12.00		205.80	I	
172839	11/04/11	000130	METROPLUS HEALTH	GALAS, TERESA	37.00		634.55	I	
172840	11/04/11	000130	METROPLUS HEALTH	GONZALEZ, CARLO	20.00		343.00	I	
172841	11/04/11	000130	METROPLUS HEALTH	MANIACI, VINCEN	84.00		1,440,60	I	
172842	11/04/11	000130	METROPLUS HEALTH	MATUTE-CALLE. R	84.00		1.440.60	I	
172843	11/04/11	000130	METROPLUS HEALTH	MIIRDOCK, GERTRII	40.00		686.00	I	
172844	11/04/11	000130	METROPLUS HEALTH	PERSAD. USHA	60.00		1.029.00	Ī	
172845	11/04/11	000130	METROPLUS HEALTH	PUCHUELA MARTA	56.00		960.40	Ī	
172846	10/14/11	000130	METROPLUS HEALTH	RAMPERSATO ALT	36.00		617 40	Ī	
172847	11/04/11	000130	METRODIJIS HEALTH	RVALS CHARLES	21 00		360 15	Ī	
172848	11/04/11	000130	METROLLOS HEALIN	WALLE BLACINA	30 00		514 50	Ī	
1/2040	11/04/11	000130	METROFHOS HEADTH	VALUE, BUASINA	30.00		314.30		
				CUSTOMER 1					
					•		· 		
						0.00			
1				CAIEGURI	.,000.00	0.00	10,024.90		

RUN DATE 11/08/11 - SALES JRNL # 0254	SUP SUNNYSIDE CITY LOC 001 SUNNYSID	NIDE E CITYWIDE REG NY S A L E S	NY REGISTER			PAGE 1 AMG AMERIGRO BILL WEEK EN	
INVOICE# DATE	CUST NO CUSTOMER 1	IAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
172849 11/04/11 172850 11/04/11 172851 11/04/11 172852 11/04/11 172853 11/04/11	000132 AMERIGROUI 000132 AMERIGROUI 000132 AMERIGROUI 000132 AMERIGROUI 000132 AMERIGROUI	G: G	IAMBRONE, JOSE IAMBRONE, JOSE UERRA, LORRAIN UERRA, LORRAIN RUITT, JOHNNY	17.75 3.00 20.00 20.00 9.00		299.44 50.61 337.40 337.40 151.83	I I I I
			CUSTOMER	69.75	0.00	1,176.68	
			CATEGORY	69.75	0.00	1,176.68	

RUN DATE 11/08/11 - SALES JRNL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 WEL WELCARE (BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172854 11/04/11 172855 11/04/11 172856 11/04/11	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA RAMIREZ, ALIDA RANJITSINGH, ES	41.75 84.00 56.00		718.10 1,444.80 963.20	I I I	
				CUSTOMER	181.75	0.00	3,126.10		
				 CATEGORY	181.75	0.00	3,126.10		

RUN DATE 11/08/11 -								329
SALES JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY				NPS NY PRESBYTE BILL WEEK ENDIN	
			SALES	KEGISIEK			PILL MEEV FINDIN	G 11/11/11
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
172857 11/04/11	000134	NY-PRESBYTERIAN SYSTEM	I SELECT I	KARASSAVIDIS, A	49.00		840.84 I	
				CATEGORY	49.00	0.00	840.84	

			YSIDE CITYWIDE				PAGE 1 - 330	
SALES	JRNL # 0254	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HCP HEALTHCARE PARTI	
				SALES REGISTER			BILL WEEK ENDING 11	1/11/11
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
172858	3 10/28/11	000148	HEALTH CARE PATTNERS	MISIR, SAVITRI	49.50		835.56 I	
				CATEGORY	49.50	0.00	835.56	

			YSIDE CITYWIDE				PAGE 1	- 3	31
SALES JF	RNL # 0254	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY S R E G I S T E R			PAR PRIVATE BILL WEEK ENI	TNC	11/11/11
			5 А Ц Е	SKEGISIEK			DITT MEEK ENT	JING	11/11/11
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME				AMOUNT	TYP	SURPLUS
172859	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	BECKFORD, DORIS BECKFORD, DORIS CORTES DE GALIN GENOA, ANTONIO NAANURI, ZUNDA NEREY, DULCE ORTIZ, AURA ORTIZ, AURA ORTIZ, AURA REID, DAPHNIE REID, DAPHNIE ROCSIN, FLORICA	6.00		87.00	I	
172860	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	BECKFORD, DORIS	6.00		87.00	I	
172861	10/28/11	000002	SUNNYSIDE COMMUNITY SERVICES	CORTES DE GALIN	12.00		174.00	I	
172862	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	GENOA, ANTONIO	8.00		116.00	I	
172863	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	NAANURI, ZUNDA	5.00		67.50	I	
172864	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	NEREY, DULCE	4.00		58.00	I	
172865	10/07/11	000002	SUNNYSIDE COMMUNITY SERVICES	ORTIZ, AURA	4.00		58.00	I	
172866	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	ORTIZ, AURA	4.00		58.00	I	
172867	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	ORTIZ, AURA	4.00		58.00	I	
172868	10/28/11	000002	SUNNYSIDE COMMUNITY SERVICES	REID, DAPHNIE	4.00		58.00	I	
172869	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	REID, DAPHNIE	4.00		58.00	I	
172870	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	ROCSIN, FLORICA	4.00		58.00	I	
172871	11/04/11	000002	SUNNYSIDE COMMUNITY SERVICES	ROCSIN, FLORICA	12.00		174.00	I	
				CUSTOMER	77.00	0.00	1,111.50		
172872	11/04/11	000040	DIITOIN CUDIOTINE	DIITSIN VENIA	4 00		62 00	т	
172873	11/04/11	000040	DUISIN, CHRISTINE	DUISIN, AENIA	16 00		248 00		
172075	11/01/11	000010	DUISIN, CHRISTINE DUISIN, CHRISTINE	DOISIN, MENIA					
				CUSTOMER	20.00	0.00	310.00		
172874	11/04/11	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP SERIGNE	5 00		68 95	I	
172875	11/04/11	000049	ELIZABETH SETON PEDIATRIC CTR ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	15.00		206.85	Ī	
1,20,0	11/01/11	000015							
				CUSTOMER		0.00			
172876	11/04/11	000069	AMY L. WELTMAN AMY L. WELTMAN	LUSKIND, FRANCE	3.00		594.00	I	
172877	11/04/11	000069	AMY L. WELTMAN	LUSKIND, FRANCE	4.00		744.00	Ī	
	, . ,			,					
				CUSTOMER	7.00	0.00	1,338.00		
172878	11/04/11	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY		0.00	3,159.30		

RUN DATE 11/08	/11 - SUP SUN	YSIDE CITYWIDE				PAGE 1	- 33	32
SALES JRNL # 0	254 LOC 001					CAS CHILDREN		
		S	ALES REGISTER			BILL WEEK EN	DING	11/11/11
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172879 11/04	/11 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	14.50		224.76	I	
172880 10/28	/11 000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	2.00		31.00	I	
172881 11/04	/11 000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
172882 10/28	/11 000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	2.00		31.00	I	
172883 11/04	/11 000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
172884 11/04	/11 000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	11.00		170.50	I	
172885 11/04	/11 000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	12.00		186.00	I	
172886 10/07	/11 000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT			46.50	I	
172887 11/04	/11 000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT			108.50	I	
172888 11/04	/11 000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	8.75		135.63	I	
172889 9/02	/11 000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	4.00		62.00	I	
172890 11/04	/11 000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	12.00		186.00	I	
172891 11/04	/11 000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	16.00		248.00	I	
			CUSTOMER	104.25	0.00	1,615.89		
			CATEGORY	104.25	0.00	1,615.89		

RIIN DATE 1	11/08/11 -	SIID SIINNI	YSIDE CITYWIDE					PAGE 1	- 33	२ २
			SUNNYSIDE CITYWIDE	REC	NY NY S REGISTER			GHC GIRLING		
DILLED GIGVE	L 0231	100 001	SOUNTEDE CITIVIDE	SALE	S REGISTER			BILL WEEK EN		
				0 11 2 2				DILL 11211 211	2110	
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
					ALEKSANDROVA, S AMABILE, ANTOIN AMABILE, ANTOIN AMABILE, ANTOIN AMABILE, ANTOIN BHATT, JYOTI BHATT, JYOTI BHATT, JYOTI CARRILLO, MARIA COR KODEL, ANNA COR KODEL, ANNA DIRADOURIAN, NI DIRADOURIAN, NI DIRADOURIAN, NI GOVERDOVSKIY, N GOVERDOVSKIY, N JOHNSON, ROBERT JOHNSON, ROBERT KILIMLIAN, PEPR KILIMLIAN, PEPR KILIMLIAN, PEPR SAK, FIRDWS SAK, FIRDWS THOMPSON, ORALI THOMPSON, ORALI					
	11/04/11	000090	GIRLING HEALTH CARE	OF NY	ALEKSANDROVA, S	6.00		78.00	I	
	10/21/11	000090	GIRLING HEALTH CARE	OF NY	AMABILE, ANTOIN	12.00		156.00	I	
	10/28/11	000090	GIRLING HEALTH CARE	OF NY	AMABILE, ANTOIN	12.00		156.00	I	
	11/04/11	000090	GIRLING HEALTH CARE	OF NY	AMABILE, ANTOIN	72.00		936.00	I	
	11/04/11	000090	GIRLING HEALTH CARE	OF NY	AMABILE, ANTOIN	94.00		1,222.00	I	
172897 1	11/04/11	000090	GIRLING HEALTH CARE	OF NY	BHATT, JYOTI	16.75		217.75	I	
172898 1	11/04/11	000090	GIRLING HEALTH CARE	OF NY	BHATT, JYOTI	23.75		308.75	I	
172899 1	11/04/11	000090	GIRLING HEALTH CARE	OF NY	CARRILLO, MARIA	6.00		78.00	I	
172900 1	11/04/11	000090	GIRLING HEALTH CARE	OF NY	CARRILLO, MARIA	23.50		305.50	I	
172901 1	11/04/11	000090	GIRLING HEALTH CARE	OF NY	COR KODEL, ANNA	3.00		39.00	I	
172902 1	11/04/11	000090	GIRLING HEALTH CARE	OF NY	COR KODEL, ANNA	2.00		26.00	I	
172903 1	11/04/11	000090	GIRLING HEALTH CARE	OF NY	DIRADOURIAN, NI	58.00		754.00	I	
172904 1	11/04/11	000090	GIRLING HEALTH CARE	OF NY	DIRADOURIAN, NI	96.00		1,248.00	I	
	11/04/11	000090	GIRLING HEALTH CARE	OF NY	GOVERDOVSKIY, N	2.00		26.00	I	
	11/04/11	000090	GIRLING HEALTH CARE	OF NY	GOVERDOVSKIY, N	2.00		26.00	I	
	11/04/11	000090	GIRLING HEALTH CARE	OF NY	JOHNSON, ROBERT	8.00		104.00	T	
	11/04/11	000090	GIRLING HEALTH CARE	OF NY	JOHNSON, ROBERT	14.00		182.00	Ī	
	11/04/11	000090	GIRLING HEALTH CARE	OF NY	KILIMITAN. PEPR	5.00		65.00	Ī	
	11/04/11	000090	GIRLING HEALTH CARE	OF NY	KILIMITAN PEPR	20 00		260 00	Ī	
	11/04/11	000090	GIRLING HEALTH CARE	OF NV	SAK EIRDWS	4 00		52 00	Ī	
	11/04/11	000090	GIRLING HEALTH CARE	OF NV	SAK FIRDWS	4 00		52.00	I	
	11/04/11	000090	GIRLING HEALTH CARE	OF NV	THOMBSON ODALT	35 75		464 75	I	
	11/04/11	000090	GIRLING HEALTH CARE	OF NV	THOMPSON, ORALI	48 00		624 00	T	
1/2914 1	11/04/11	000090	GIRLING HEALIH CARE	OF NI	THOMPSON, ORALI	40.00		024.00		
					CUSTOMER	567.75	0.00	7,380.75		
							0.00	7,380.75		

	11/08/11 NL # 0254		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 PAR PRIVATE		
				S A L E S R E G I S T E R			BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172915 172916	11/04/11 11/04/11	000096 000096	JIBAJA, ROSEMARY JIBAJA, ROSEMARY	JIBAJA, ROSEMAR JIBAJA, ROSEMAR	71.75 96.00		1,183.75 1,488.00	I	
				CUSTOMER			2,671.75		
172917 172918	11/04/11 11/04/11		MILDRED PANSE MILDRED PANSE	PANSE, MILDRED PANSE, MILDRED	4.00 12.00		62.00 186.00	I I	
				CUSTOMER		0.00			
172919	11/04/11	000143	ETTORE COPPOLA	COPPOLA, ETTORE	12.00		186.00	I	
172920 172921	11/04/11 11/04/11	000145 000145	LARRY EISENBERG LARRY EISENBERG	BERGER, TESS BERGER, TESS	29.50 48.00		483.50 744.00	I	
				CUSTOMER	77.50	0.00	1,227.50		
172922 172923	11/04/11 11/04/11		KEITH SALMON KEITH SALMON	LAWRANCE, LILLA LAWRANCE, LILLA	8.00 8.00		136.00 124.00	I	
				CUSTOMER		0.00	260.00		
172924 172925	11/04/11 11/04/11		NIGRO, CATHERINE NIGRO, CATHERINE	NIGRO, CATHERIN NIGRO, CATHERIN	4.00 16.00		62.00 248.00	I	
				CUSTOMER		0.00	310.00		
172926 172927	11/04/11 11/04/11		VICTOR NICASSIO VICTOR NICASSIO	NICASSIO, VICTO NICASSIO, VICTO	3.00		46.50 46.50	I	
				CUSTOMER		0.00	93.00		
172928 172929	11/04/11 11/04/11		CAMILLERI, JOSEPH CAMILLERI, JOSEPH		5.00 19.75		67.50 266.63	I	
				CUSTOMER		0.00	334.13		
172930 172931	11/04/11 11/04/11		SIANO, ANDREW SIANO, ANDREW	SIANO, ANDREW	4.00		54.00 54.00	I	
				CUSTOMER		0.00	108.00		
172932 172933	11/04/11 11/04/11		STEPHEN EDEL STEPHEN EDEL	EDEL, CANDACE EDEL, CANDACE	29.00 49.50		473.50 767.25	I I	
						0.00	1,240.75		·
172934 172935	11/04/11 11/04/11		DOROTHY GILBERT DOROTHY GILBERT		8.25 24.00		131.25 372.00	I I	
				CUSTOMER		0.00	503.25		·

		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE	- 3	
				SALES REGISTE	R		BILL WEEK EN	DING	11/11/11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
172936	11/04/11	007580	MICHAEL CAMPS	CAMPS, ELIZABET	7.00		108.50	I	
172937 172938	11/04/11 11/04/11	007630 007630	MAUREEN MAIORANA MAUREEN MAIORANA	MAIORANA, MAURE MAIORANA, MAURE	2.00 6.00		32.50 97.50	I	
				CUSTOMER	8.00	0.00	130.00		
172939 172940	11/04/11 11/04/11	007631 007631	MICHAEL MAIRANO MICHAEL MAIRANO	MAIORANA, MICHE MAIORANA, MICHE	3.00 9.00		48.75 146.25	I	
				CUSTOMER	12.00	0.00	195.00		
172941 172942	11/04/11 11/04/11	007883 007883	ABBAMONTE, RUTH ABBAMONTE, RUTH	ABBAMONTE, RUTH ABBAMONTE, RUTH	4.00		68.00 31.00	I	
				CUSTOMER	6.00	0.00	99.00		
172943 172944	11/04/11 11/04/11	008764 008764	PATRICIA PHILION PATRICIA PHILION	GAFFNEY, FREDER GAFFNEY, FREDER	4.00 4.00		68.00 62.00	I	
				CUSTOMER	8.00	0.00	130.00		
172945 172946	11/04/11 11/04/11	009036 009036	MR. FERNANDO RIVERA MR. FERNANDO RIVERA	RIVERA, ALCIRA RIVERA, ALCIRA	3.00 6.00		46.50 93.00	I	
				CUSTOMER	9.00	0.00	139.50		
172947 172948	11/04/11 11/04/11	997760 997760	MARASA, ANTONIO MARASA, ANTONIO	MARASA, ANTONIO MARASA, ANTONIO	3.00 6.00		40.50 81.00	I	
				CUSTOMER	9.00	0.00	121.50		
				CATEGORY	517.75	0.00	8,105.88		
					21,589.00	0.00	329,066.57		
					21,589.00	0.00	329,066.57		

RUN DATE 11/08/11 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 336
SALES JRNL # 0254 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 11/11/11

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

THIS PAGE INTENTIONALLY BLANK