RUN DATE 10/17/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 10/19/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
SENIOR HEALTH PARTNERS
SONIOR HEALTH PARTNERS
SON 212557 10/12/12 000082 57.00 I 212558 10/12/12 000082 57.00 I 212559 10/12/12 000082 570.00 212560 10/12/12 000082 313.50 212561 10/12/12 000082 384.75 212562 10/12/12 000082 456.00 212563 9/21/12 000082 24.94 212564 10/05/12 000082 466.69 212565 10/12/12 000082 800.00 212566 10/12/12 000082 171.00 212567 10/12/12 000082 285.00 212568 10/12/12 000082 470.25 212569 10/12/12 1,923.75 000082 212570 10/12/12 000082 399.00 212571 10/12/12 000082 85.50 212572 10/12/12 1,083.00 000082 212573 10/12/12 285.00 000082 212574 10/12/12 000082 356.25 212575 10/12/12 57.00 000082 212576 10/12/12 000082 570.00 212577 10/12/12 000082 114.00 171.00 212578 10/12/12 000082 212579 10/12/12 000082 57.00 _____ -----590.50 0.00 9,157.63 CUSTOMER

CATEGORY

590.50

0.00

9,157.63

RUN DATE 10/17/12 - ST						PAGE 1	_	
SALES JRNL # 0303 L	OC 001 SUNNYS	SIDE CITYWIDE REG N				VCP CHOICE LH		
		SALES	REGISTER			BILL WEEK END	ING 10/19/12	1
INVOICE# DATE C	UST NO CUSTOME	IER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	ģ
010500 10/10/10				40.00		600.04	_	
			ABINANTI, IRENE	48.00		699.84	Ţ	
212581 10/05/12 0	00008 VISITIN	NG NURSE SERVICE	ABREU, ANA	12.00		174.96	I	
212582 10/12/12 0	00008 VISITIN	NG NURSE SERVICE	ABREU, ANA	12.00		174.96	I	
212583 10/12/12 0	00008 VISITIN	NG NURSE SERVICE	ACOSTA, ALBERTO	29.00		422.83	I	
212584 10/12/12 0	00008 VISITIN	NG NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I	
	00008 VISITIN		ADAMES, RICARDO	35.00		510.30	I	
			ADAMS, MYRIAM	69.50		1,013.31	_ T	
			ADUN, JEANETTE	7.00		1,224.72	Ť	
			AFZAL, AMIR	3.25		47.39	т	
212500 10/12/12 0	UUUUO VISIIII	ING NURSE SERVICE	AFZAL, AMIR	3.45		47.39	±	
			CUSTOMER	240.75	0.00	4,632.81		
			COSTONER	210.75	3.00	1,052.01		
								-
			CATEGORY	240.75	0.00	4,632.81		

RUN DATE 10/17/12 -							-	3
SALES JRNL # 0303	LOC 001		REG NY NY			LTC NURSING		,
		i	SALES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212589 10/05/12	000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	7.00		102.06	I	
212590 10/12/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10	I	
			CUSTOMER	52.00	0.00	758.16		
			COSTONER	32.00	0.00	750.10		
			CATEGORY	52.00	0.00	758.16		

RUN DATE 10/17/12 -	SUP SUNNY	SIDE CITYWIDE				PAGE 1	- 4
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
			SALES REGISTER			BILL WEEK END	ING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
212591 10/12/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	35.00		510.30	I
212592 10/12/12	000008	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I
			CUSTOMER	55.00	0.00	801.90	
			CATEGORY	55.00	0.00	801.90	

RUN DATE 10/17/12 SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212593 10/12/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	_ 	6
BALLS OIG	и т 0303	100 001		SALES REGISTER			BILL WEEK EN		10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	10/12/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	6.75		98.42	I	
	10/12/12 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ALMANZAR, REMIG ALVARADO, DORA	3.00 30.00		43.74 437.40	I	
212070	10/12/12		VIBILING NONDE BENVIOL						
				CUSTOMER	39.75	0.00	579.56		
				CATEGORY	39.75	0.00	 579.56		

			YSIDE CITYWIDE				PAGE 1 -		7
SALES J	RNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG	10/19/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ΥP	SURPLUS
212597	10/12/12	800000	VISITING NURSE SERVICE	ALVAREZ, DALILA	9.00		131.22	I	
				CATEGORY	9.00	0.00	131.22		

RUN DATE 10	0/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	8
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE RI	EG NY NY			HOA HOSPICE	ADULT	
			S A L	ES REGISTER			BILL WEEK EN	DING	10/19/12
T1770 T G7		GTTGT 310	GUGHOVED WAVE	55555555	******		334077777		GIID DI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212598 10	0/12/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	55.75		812.84	I	
				CATEGORY	55.75	0.00	812.84		

	10/17/12 NL # 0303	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- HCG7	9
DALLES OR	NI # 0303	100 001	SOUNTSIDE CITIWIDE	SALES REGISTE	R		BILL WEEK EN		10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212599	10/12/12	000008	VISITING NURSE SERVIC	E ANANIA, GLYGERI	21.75		317.12	I	
212600	10/12/12	000008	VISITING NURSE SERVIC	E ANDINO, ESTEBAN	20.00		291.60	I	
212601	10/12/12	800000	VISITING NURSE SERVIC	E ANDRADE, LOLA	83.75		1,221.08	I	
212602	10/12/12	000008	VISITING NURSE SERVIC	E ANDREWS, JOHNNI	56.00		816.48	I	
212603	10/12/12	800000	VISITING NURSE SERVIC	E ANGRISANO, RUTH	20.00		291.60	I	
				CUSTOMER	201.50	0.00	2,937.88		
				CATEGORY	201.50	0.00	2,937.88		

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212604 10/12/12 212605 10/12/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	ANGULO, ELCY ANUT, ALICE	20.50 59.00		298.89 860.22	I I
			CUSTOMER	79.50	0.00	1,159.11	
			CATEGORY	79.50	0.00	1,159.11	

	10/17/12 NL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
511225 616	0303	200 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212606	10/12/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	24.00		349.92	I
212607	10/12/12	000008	VISITING NURSE SERVICE	ARGENTINA, CESS	8.00		116.64	I
212608	10/12/12	000008	VISITING NURSE SERVICE	ARIAS, MAGDALEN	38.00		554.04	1
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.2
			SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212609 10/12/12 212610 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	10.00 12.00		145.80 I 174.96 I	
212010 10/12/12	000008	VISITING NURSE SERVICE	ASH, MARIE	12.00		1/4.90 1	
			CUSTOMER	22.00	0.00	320.76	
			CATEGORY	22.00	0.00	320.76	

RUN DATE 10/17/						11102	- 13	
SALES JRNL # 030	13 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING H	OMEW/O WALLS (LT	
		'	SALES REGISIER			BILL WEEK END	ING 10/19/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS	
212611 10/12/	2 000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	46.25		674.33	I	
			CATEGORY	46.25	0.00	674.33		

RUN DATE 10/17/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0303 LOC 001 SUNNYSIDE CI				-	14
SALES JRNL # 0303 LOC 001 SUNNYSIDE CI	TYWIDE REGNY NY SALES REGISTE	R		ADU ADULT BILL WEEK ENDIN	IG 10/19/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212612 10/12/12 000008 VISITING NURS	E SERVICE AVILES, LEONARD	11.50		167.67	
	CATEGORY	11.50	0.00	167.67	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNNYS LOC 001	SUNNYSIDE CITYWIDE		NY E G I S T E	l R		PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFEI	RENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212613 10/05/12 212614 10/12/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	AZAD, AZAD,		20.00		291.60 291.60	I I
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY -	40.00	0.00	583.20	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 1	.6
SALES UK	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212615 212616	8/24/12 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	1.00 12.00		14.58 I 174.96 I	
				CUSTOMER	13.00	0.00	189.54	
				CATEGORY	13.00	0.00	189.54	

RUN DATE 10/17/12 -			DEC NV NV				17
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212617 10/12/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40 I	
212618 10/12/12	000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48 I	
212619 10/12/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	46.00		670.68 I	
212620 10/12/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	49.00		714.42 I	
			CUSTOMER	181.00	0.00	2,638.98	
			CATEGORY	181.00	0.00	2,638.98	

			YSIDE CITYWIDE				-	18
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS
212621 10	0/12/12	800000	VISITING NURSE SERVICE	BAZAN, VICTORIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	19
SALES JRN	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010600	10/10/10	000000			F.C. 0.0		016 40 7	
212622	10/12/12	000008	VISITING NURSE SERVIC	E BECERRA, FELIPE	56.00		816.48 I	
				CA EEGODY	F6 00	0.00	016 40	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 10/17/12 SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE	ICSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212623 10/12/12 212624 9/28/12 212625 10/12/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BERENBLIT, SARA	151.00 3.00 6.00		2,201.58 43.74 87.48	I I I
			CUSTOMER	160.00	0.00	2,332.80	
			CATEGORY	160.00	0.00	2,332.80	

ı	RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	
ı	SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
ı					SALES REGISTER			BILL WEEK ENDING 10	/19/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
	212626	10/12/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	33.00		481.14 I	
ı					CATEGORY	33.00	0.00	481.14	

1:	RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	22
Н	SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				i	SALES REGISTER			BILL WEEK EN	DING	10/19/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	212627	10/12/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	18.00		262.44	I	
					CATEGORY	18.00	0.00	262.44		

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	23
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDIN	G 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212628	10/12/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	25.75		375.44 I	
				CATEGORY	25.75	0.00	375.44	

RUN DATE 10/17/12 - SUP SUNNY SALES JRNL # 0303 LOC 001		EG NY NY			PAGE 1 ADU ADULT	-	24
	S A L	ES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	VISITING NURSE SERVICE VISITING NURSE SERVICE	BHULLA, JIWAN BIANCO HOPKINS,	50.00 20.00		729.00 291.60	I I	
		CUSTOMER	70.00	0.00	1,020.60		
		CATEGORY	70.00	0.00	1,020.60		

RUN DATE 10/17/12	2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 25	
SALES JRNL # 0303	B LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (I	T
		:	SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212631 10/12/12	2 000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

	17/12 - SUP SUNN 0303 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
SALES URNL #	0303 LOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
212632 10/	12/12 000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.25		295.25 I	
			CATEGORY	20.25	0.00	295.25	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 2	27
SALES OWN	иш # 0303	100 001		LES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212633	9/14/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	4.00		58.32	I	
212634	9/21/12	800000	VISITING NURSE SERVICE	BOCANEGRA, GLAD	4.00		58.32	I	
212635	10/12/12	800000	VISITING NURSE SERVICE	BOCANEGRA, GLAD	16.00		233.28	I	
212636	10/05/12	800000	VISITING NURSE SERVICE	BOCANEGREA, MAR	16.25		236.93	I	
212637	10/12/12	800000	VISITING NURSE SERVICE	BOCANEGREA, MAR	13.00		189.54	I	
212638	10/12/12	800000	VISITING NURSE SERVICE	BOJORQUEZDECHA,	42.00		612.36	I	
212639	9/28/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	7.00		102.06	I	
212640	10/12/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	48.50		707.13	I	
				CUSTOMER	150.75	0.00	2,197.94		
				CATEGORY	150.75	0.00	2,197.94		

RUN DATE 10/17/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	28
SALES JRNL # 0303	LOC 001		REG NY NY			VCP CHOICE LHCS	
		:	SALES REGISTER			BILL WEEK ENDIN	IG 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212641 10/12/12	800008	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60	
			CATEGORY	20.00	0.00	 291.60	

RUN DATE 10/17/1							29
SALES JRNL # 030	3 LOC 001		REG NY NY			LTC NURSING HOMEW	
			SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212642 10/12/1	2 000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 10/17/12 - SALES JRNL # 0303	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212643 10/12/12	000008 VISITING NURSE SERVIC	E BORGES, MARINA	6.00		87.48 I	
		CATEGORY	6.00	0.00	87.48	

RUN DATE 10/17/12 - SU SALES JRNL # 0303 LC	SUP SUNNYSIDE CITYWIDE OC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	A
		SALES REGISTER			BILL WEEK ENDING	G 10/19/12
INVOICE# DATE CU	UST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212644 10/12/12 00	000008 VISITING NURSE SERVICE	E BORYSEWICZ, MAR	12.00		174.96 I	
		CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	- 32 DMEW/O WALLS (LT
SALES UKN.	п # 0303	TOC 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
212645	9/28/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE 10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 33
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		\$	SALES REGISTER			BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212646 10/12/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	11.00		160.38 I
			CATEGORY	11.00	0.00	160.38

RUN DATE 10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	34
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
		5	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212647 10/12/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	18.00		262.44 I	
			CATEGORY	18.00	0.00	262.44	

RUN DATE 10/17/12 -						PAGE 1 -	35
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
		2	SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212648 10/12/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54	I
212649 10/12/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	83.75		1,221.08	I
212650 10/12/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	6.00		87.48	Ι
212651 10/12/12	800000	VISITING NURSE SERVICE	BURITICA, INES	12.00		174.96	I
			CUSTOMER	164.75	0.00	2,402.06	
			CATEGORY	164.75	0.00	2,402.06	

RUN DATE 10/17/12 - SALES JRNL # 0303			REG NY NY			PAGE 1 - ADU ADULT	36
			SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE# DATE	CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212652 10/12/12	000008 VI	ISITING NURSE SERVICE	BURKS, MAMIE	4.00		58.32	I
			CATEGORY	4.00	0.00	58.32	

RUN	DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	37
SAL	ES JRN	1L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
					SALES REGISTER			BILL WEEK EN	DING	10/19/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212	653	10/12/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	55.50		809.19	I	
					CATEGORY	55.50	0.00	809.19	-	

RUN DATE 10/17/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	38
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
		Ş	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212654 10/12/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	48.00		699.84 I	
			CATEGORY	48.00	0.00	699.84	

ı	RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39	
ı	SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA	
				Ş	SALES REGISTE	R		BILL WEEK ENDI	NG 10/19/12	
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
ı										
ı	212655	10/12/12	800000	VISITING NURSE SERVICE	CABA, PURA	9.50		138.51	I	
ı										
ı										
ı					CATEGORY	9.50	0.00	138.51		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	40 G 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212656 10/12/12 212657 10/12/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	25.00 60.00		364.50 I 874.80 I	
		CUSTOMER	85.00	0.00	1,239.30	
		CATEGORY	85.00	0.00	1,239.30	

			YSIDE CITYWIDE				11102		41
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		10/10/10
				SALES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212658	10/12/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	48.00		699.84	I	
212659	10/12/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48	I	
				CUSTOMER	104.00	0.00	1,516.32		
				CATEGORY	104.00	0.00	1,516.32		

RUN DATE 10/17/12 - SALES JRNL # 0303		NYSIDE CITYWIDE	-	NY EGIST 1	∑ R		PAGE 1 LTC NURSING : BILL WEEK EN		_
INVOICE# DATE	CUST NO CUST	COMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212660 9/28/12 212661 10/12/12		TING NURSE SERVICE	,	ADELINA ADELINA	6.00 42.00		87.48 612.36	I I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

	10/17/12 - JL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO		
			S	SALES REGISTER			BILL WEEK END	ING 10)/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP S	SURPLUS
212662	10/12/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72	I	
				CATEGORY	84.00	0.00	1,224.72		

- 1	RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 44 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12	
ı	INVOICE# DATE		CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	212663 10/12/12	000008	VISITING NURSE SERVICE	, 	30.00		437.40 I	
ı				CATEGORY	30.00	0.00	437.40	

	10/17/12 - NL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		45
				SALES REGISTER			BILL WEEK EN		10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212664	10/12/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	83.50		1,217.44	I	
212665	10/12/12	000008	VISITING NURSE SERVICE	,	24.00		349.92	I	
212666	10/12/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	25.00		364.50	Ι	
				CUSTOMER	132.50	0.00	1,931.86		
				CATEGORY	132.50	0.00	1,931.86		

	E 10/17/12 - RNL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END		46 10/19/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212667	10/12/12	800000	VISITING NURSE SERVICE	CARLOS, JULIA	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

			TYSIDE CITYWIDE				PAGE 1 -	47
SALE	S JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUL' BILL WEEK ENDING	
			•	SALES REGISIER			PILL MEEK ENDING	10/19/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2126	68 10/12/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 10	/17/12 - SU	P SUNNY	SIDE CITYWIDE				PAGE 1 -	48
SALES JRNL :	# 0303 LO	C 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	E W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDING	3 10/19/12
INVOICE#	DATE CU	JST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
212669 10	/12/12 00	8000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 10/17/12 - SALES JRNL # 0303	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	-	49
			SALES REGISTER			BILL WEEK END	ING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212670 10/12/12 212671 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CARUSO, GIUSEPP CASTANEDA, JOSE	14.50 6.00		211.41 87.48	I T	
		VIDITING NONDE BENVIOE	CUSTOMER	20.50	0.00	298.89		
			CATEGORY	20.50	0.00	298.89		

			YSIDE CITYWIDE	DDG 199					50
SALES JR	ENL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LE		10/19/12
			5	ALES REGISIER			DILL MEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212672	10/12/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60	I	
212673	9/28/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	7.00		102.06	T	
212674	10/12/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	34.75		506.66	Ī	
212675	9/28/12	000008	VISITING NURSE SERVICE	CESPEDES, CRIST	5.00		72.90	I	
212676	10/05/12	000008	VISITING NURSE SERVICE	CESPEDES, CRIST	5.00		72.90	I	
212677	10/12/12	000008	VISITING NURSE SERVICE	CESPEDES, CRIST	32.25		470.21	I	
				CUSTOMER	104.00	0.00	1,516.33		
				CATEGORY	104.00	0.00	1,516.33		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 51 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212678 10/12/12	000008 VISITING NURSE SERVICE	CHAPPLE, VICKIE	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	52
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
		S	SALES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212679 10/12/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40	I	
212680 10/12/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	70.00		1,020.60	I	
			CUSTOMER	100.00	0.00	1,458.00		
			0021011211	200.00	0.00	1,100.00		
			CATEGORY	100.00	0.00	1,458.00		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 53 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212681 10/12/12	000008 VISITING NURSE SERVICE	CHIANETTA, JOSE	20.50	298.89 I
		CATEGORY	20.50 0.00	 298.89

RUN DATE 10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 54
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
		S	ALES REGISTER	-		BILL WEEK END	ING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212682 10/05/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	6.00		87.48	I
212683 10/12/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	30.00		437.40	I
212684 10/12/12	000008	VISITING NURSE SERVICE	CHU, MOLLY	39.75		579.56	I
212685 10/12/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	31.50		459.27	I
			CUSTOMER	107.25	0.00	1,563.71	
			CATEGORY	107.25	0.00	1,563.71	

RUN DATE 10/17/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYW	IDE REG NY NY		PAGE 1 - 55 LTC NURSING HOMEW/O WALLS (LT
Simula diatra (1 0303 Hoc out Southlead Citim	SALES REGISTER		BILL WEEK ENDING 10/19/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212686 10/12/12 000008 VISITING NURSE S	ERVICE CIPRIAN, FREDEV	55.75	812.84 I
	 CATEGORY	55.75 0.00	812.84

RUN DATE 10/17	/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	- 56
SALES JRNL # 0	303 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK END	ING 10/19/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
212687 10/12	/12 000008	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48	I
			CATEGORY	6.00	0.00	87.48	
			CATEGORI	0.00	0.00	37.10	

RUN DATE 10/17/12 - SUP SUNNY SALES JRNL # 0303 LOC 001		G NY NY ES REGISTER			PAGE 1 - 57 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212689 10/12/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	COLLER, FELISA COLLER, JOSE COLON, ANTONIA	20.00 15.00 24.00		291.60 I 218.70 I 349.92 I
		CUSTOMER	59.00	0.00	860.22
		CATEGORY	59.00	0.00	860.22

RI	JN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 58	
SI	ALES JRN	1L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	Μ
				5	SALES REGISTER			BILL WEEK ENDING 10/19/12	
II	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
21	12691	10/12/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
					CATEGORY	168.00	0.00	2,449.44	

RUN DATE 10/17/12			DEC NV NV			PAGE 1 - 59	0 /T III
SALES JRNL # 0303	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WALLS BILL WEEK ENDING 10/19/	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JS
212692 10/12/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER		PAGE 1 - 60 VCP CHOICE LHCSA BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212693 10/12/12	000008 VISITING NURSE SERVICE	COSTA, ANTOINET	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DATE 10/17/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 61	
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	NALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING 10	/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
010604 10710710	000000		GOGERA A DGENER	F4 00		E0E 20 -	
212694 10/12/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	54.00		787.32 I	
			CATEGORY	54.00	0.00	787.32	

			YSIDE CITYWIDE				PAGE 1 -	-	62
SALES	JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK END:	ING	10/19/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ГҮР	SURPLUS
212695	10/12/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	19.75		287.96	I	
				CATEGORY	19.75	0.00	287.96		

			YSIDE CITYWIDE	DEG NW NW			PAGE 1 -	0.5
SALES J.	RNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADU BILL WEEK ENDIN	
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212696	10/12/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.75		287.96 I	
				 CATEGORY	19.75	0.00	287.96	

RUN DATE 10/17/	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	-	64	
SALES JRNL # 03	03 LOC 001		REG NY NY			VCP CHOICE L			
		:	SALES REGISTER			BILL WEEK EN	DING	10/19/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
212697 10/12/	12 000008	VISITING NURSE SERVICE	CRAWFORD, CARME	62.25		907.62	I		
			CATEGORY	62.25	0.00	907.62			

RUN DATE 1	0/17/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	65
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	ME W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
212698 1	0/12/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	33.00		481.14	I
				CATEGORY	33.00	0.00	481.14	

RUN DATE 10/17/12 - 3	SUP SUNNYSIDE CITYWIDE			PAGE 1 -	66
SALES JRNL # 0303	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHCSA	
	S	ALES REGISTER		BILL WEEK ENDING	10/19/12
INVOICE# DATE (CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP	SURPLUS
212699 10/12/12	000008 VISITING NURSE SERVICE	CRUZ, JUANA	20.00	291.60 I	
		CATEGORY	20.00 0.00	291.60	

RUN DATE 10/17/12 -	SUP SUNNYSIDE CITYWIDE				PAGE 1 -	67
SALES JRNL # 0303		REG NY NY			ADU ADULT	
		SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212700 10/12/12	000008 VISITING NURSE SERVICE	CRUZ, LIDIA	24.00		349.92 I	
		CATEGORY	24.00	0.00	349.92	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212701	10/12/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 10/17/12 - SUP SUNN SALES JRNL # 0303 LOC 001	SUNNYSIDE CITYWIDE REG	G NY NY			PAGE 1 - ADU ADULT	
INVOICE# DATE CUST NO	S A L E	ES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK END	NG 10/19/12 YP SURPLUS
212702 10/12/12 000008	VISITING NURSE SERVICE	DABROWSKI, ALEK	9.00	TAX ANT	131.22	I SORPHOS
		· 				
		CATEGORY	9.00	0.00	131.22	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 70
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK EN	DING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212703 10/12/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50	I
212704 10/12/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	56.00		816.48	I
			CUSTOMER	81.00	0.00	1,180.98	
			CATEGORY	81.00	0.00	1,180.98	

			YSIDE CITYWIDE	DDG 1991			11101	_	71
SALES JI	RNL # 0303	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	ING	10/19/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUUOMA	TYP	SURPLUS
212705	10/12/12	800000	VISITING NURSE SERVICE	DANTONI, MARIA	3.00		43.74	I	
				CATEGORY	3.00	0.00	43.74		

RUN DATE 10/17/12 -	- SUP SUNNYSII	DE CITYWIDE				PAGE 1 -	72
SALES JRNL # 0303	LOC 001 St	UNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
		S A	ALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212706 10/12/12	000008 VIS	SITING NURSE SERVICE	DAVIS, LOUELLEN	42.50		619.65	I
			CATEGORY	42.50	0.00	619.65	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 73	
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 10	0/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212707	10/12/12	800000	VISITING NURSE SERVICE	DE LAHOZ, RUTH	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 74	
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 10/	/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
212708	9/28/12	000008	VISITING NURSE SERVICE	DEJESUS, FELIX	5.00		72.90 I	
212709	10/12/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	25.00		364.50 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 75 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212710 10/12/12	000008 VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00	554.04 I
		CATEGORY	38.00 0.00	 554.04

			YSIDE CITYWIDE	DEC NV NV			11102		76
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		10/19/12
				SALES KEGISIEK			DIDD WEEK ENI	JING	10/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212711	10/12/12	800000	VISITING NURSE SERVICE	DELOSSANTOS, MA	29.75		433.76	I	
212712	10/05/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I	
212713	10/12/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I	
212714	10/05/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	4.00		58.32	I	
212715	10/12/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	28.00		408.24	Ī	
212716	10/12/12	000008	VISITING NURSE SERVICE	DEZUMARAN, REBE	48.00		699.84	T	
122720	10/12/12	00000	VIDITING NONDE DENVIOE						
				CUSTOMER	149.75	0.00	2,183.36		
							,		
				CATEGORY	149.75	0.00	2,183.36		

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	77
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212717	10/12/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	35.00		510.30 I	
1				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE	DEC MY MY					78
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	-		VCP CHOICE LE		10/19/12
			b	ALES KEGISIEI	X		DILL WEEK EN.	DING	10/15/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
212718	10/12/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I	
212719	10/05/12	000008	VISITING NURSE SERVICE	DIAZ, OLGA	8.00		116.64	I	
212720	10/12/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	52.00		758.16	I	
212721	10/12/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	42.00		612.36	I	
212722	10/12/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	74.00		1,078.92	I	
212723	10/12/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	35.75		521.24	I	
212724	10/12/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	16.00		233.28	Ī	
				CUSTOMER	262.75	0.00	3,830.90		
				CATEGORY	262.75	0.00	3,830.90		

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 7 LTC NURSING HOMEW/ BILL WEEK ENDING	O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212725 9/28/12 212726 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	7.00 37.50		102.06 I 546.75 I	
			CUSTOMER	44.50	0.00	648.81	
			 CATEGORY	44.50	0.00	648.81	

ı	RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 80	
ı	SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROC	RAM
				5	SALES REGISTER			BILL WEEK ENDING 10/19/	12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
	212727	10/12/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
ı					CATEGORY	12.00	0.00	174.96	

RUN DATE 10/17/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	81
SALES JRNL # 0303	LOC 001		REG NY NY			VCP CHOICE LHCS	
		\$	SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
212728 10/12/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	42.75		623.30	I.
			CATEGORY	42.75	0.00	623.30	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 -	82
SALES JRNI	L # U3U3	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	NG 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212729 1	10/12/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70	-
				CATEGORY	15.00	0.00	218.70	

ı	RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	83
ı	SALES JRN	L # 0303	LOC 001		REG NY NY			VCP CHOICE LHCSA	
١				S	SALES REGISTER			BILL WEEK ENDING	10/19/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	212730	10/12/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
					CATEGORY	4.00	0.00	58.32	

RUN DATE 10/17/12 - SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 8	34
SALES JRNL # 0303 LOC 001	SUNNYSIDE CITYWIDE REG N	NY NY			CCL CONGREGATE CAR	RE PROGRAM
	SALES	S REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212731 10/12/12 000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
		CATEGORY	20.00	0.00	291.60	

	10/17/12 - NL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		85
			2	SALES REGISTER			BILL WEEK END	ING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212732	10/12/12	000008	VISITING NURSE SERVICE	ESPEJO, FLORENC	18.00		202.11	I	
212733 212734	10/12/12 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ESPINAL, JOSE EVERETT, SHIRLE	24.50 21.00		357.21 306.18	I	
				GUGEOMED					
				CUSTOMER	63.50	0.00	925.83		
				CATEGORY	63.50	0.00	925.83		

RUN DATE 10/17/12 -		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	86
BIEED CIEVE II 0505	200 001		SALES REGISTER			BILL WEEK ENDIN	G 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212735 10/12/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	50.00		729.00 I	
			CATEGORY	50.00	0.00	729.00	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	-	87	
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L			
			S	SALES	REGISTER			BILL WEEK EN	DING	10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
212736	10/12/12	800000	VISITING NURSE SERVICE	FAI	MBIATOU, PARA	4.00		58.32	I		
					CATEGORY	4.00	0.00	58.32			

			YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212737	10/12/12	000008	VISITING NURSE SERVICE	FARO, JOSEPH	20.25		295.25 I	
				CATEGORY	20.25	0.00	295.25	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212738 10/12/12	800000	VISITING NURSE SERVICE	FAROUGIAS, ANGE	9.00		131.22 I	
212739 10/12/12	800000	VISITING NURSE SERVICE	FAROUGIAS, EFTH	18.00		262.44 I	
212740 10/12/12	800000	VISITING NURSE SERVICE	FAY, JULIA	24.25		353.57 I	
			CUSTOMER	51.25	0.00	747.23	
			CATEGORY	51.25	0.00	747.23	

RUN DATE 10	0/17/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE	L –	90	
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I			
			S	SALES REGISTER			BILL WEEK E	IDING	10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
212741 10	0/12/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	47.75		696.20	I		
				CATEGORY	47.75	0.00	696.20			

RUN DATE 10/17/1	2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	91
SALES JRNL # 030	3 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
		:	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212742 10/12/1	2 000008	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
			CATEGORY	15.00	0.00		

RUN DATE 10/17/12 -						PAGE	1 -	92
SALES JRNL # 0303	LOC 001 SUNNYS	SIDE CITYWIDE REG I				VCP CHOICE		
		SALES	S REGISTER			BILL WEEK E	NDING	10/19/12
INVOICE# DATE	CUST NO CUSTOME	ER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP	SURPLUS
212743 10/12/12	000008 VISITIN	NG NURSE SERVICE	FERREIRO, JOSEP	21.00		306.18	I	
			CATEGORY	21.00	0.00	306.18		

RUN DATE 10/17	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	93
SALES JRNL # 0	303 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212744 10/12	/12 000008	VISITING NURSE SERVICE	FERRER, MARIE	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 10/17/12 SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING F BILL WEEK ENI	HOMEW/	•
INVOICE# DATE	CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212745 9/28/12 212746 10/12/12		SITING NURSE SERVICE	,	8.00 52.00		116.64 758.16	I I	
			CUSTOMER	60.00	0.00	874.80		
			CATEGORY	60.00	0.00	874.80		

				YSIDE CITYWIDE					95
	SALES JRN	1T # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		CCL CONGREGATE CA	
				5	SALES REGISTE	R		BILL WEEK ENDING	10/19/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
:	212747	10/12/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	15.00		218.70 I	
					 CATEGORY	15.00	0.00	218.70	

RUN DATE 10/17/12 - SALES JRNL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
BALLO ORGE # 0505	HOC 001		SALES REGISTER			BILL WEEK END	· · -
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
212748 10/12/12	000008	VISITING NURSE SERVICE		34.50		503.02	I
212749 10/12/12 212750 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	12.00 35.00		174.96 510.30	I I
			CUSTOMER	81.50	0.00	1,188.28	
			COSTONER	01.50	0.00	1,100.20	
			CATEGORY	81.50	0.00	1,188.28	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 97
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK EN	DING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212751 10/12/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	55.75		812.84	I
212752 10/12/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	38.00		554.04	I
212753 10/12/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		510.30	I
						1 055 10	
			CUSTOMER	128.75	0.00	1,877.18	
			CATEGORY	128.75	0.00	1,877.18	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	98
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212754 10/05/12 212755 10/12/12 212756 10/12/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GAID, ASILA	10.00 35.00 9.00		145.80 I 510.30 I 131.22 I	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 99	
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	S (LT
		\$	SALES REGISTER			BILL WEEK ENDING 10/19/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	US
212757 10/12/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	40.00		583.20 I	
212758 10/12/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	19.75		287.96 I	
			CUSTOMER	59.75	0.00	871.16	
			CATEGORY	59.75	0.00	871.16	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 100 ADU ADULT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212759 10/12/12	000008 VISITING NURSE SERVICE	GARCIA, CARMEN	6.00		87.48 I
		CATEGORY	6.00	0.00	87.48

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 101 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212760 10/12/12	000008 VISITING NURSE SERVICE	GARCIA, OLGA	30.00	437.40 I
		CATEGORY	30.00 0.00	437.40

				YSIDE CITYWIDE				PAGE 1 - 102	
SA	LES JRN	1L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				:	SALES REGISTER	2		BILL WEEK ENDING 10/1	L9/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
0.1	0.00	10/10/10				00.00		001 60 -	
21	2761	10/12/12	000008	VISITING NURSE SERVICE	GARCIA, URANIA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 103	
SALES JRN	rL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212762	10/12/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	31.75		462.92 I	
				CATEGORY	31.75	0.00	462.92	

RUN DATE 10/17/12 - SALES JRNL # 0303		REGNY NY SALES REGISTER			PAGE 1 - 104 ADU ADULT BILL WEEK ENDING 10/19/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212763 10/12/12	000008 VISITING NURSE SERVICE	GENAO MOSQUE, A	9.00		131.22 I	
		CATEGORY	9.00	0.00	131.22	

RUN DATE 10)/17/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	105
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212764 10)/12/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE			PAGE 1 - 106
SALES URNL # 0303	LOC UUI SUNNISIDE CIIIWIDE	REG NY NY SALES REGISTER		LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	TT AMOUNT TYP SURPLUS
212765 10/12/12	000008 VISITING NURSE SERV	ICE GIORGIO, WILLIA	48.50	707.14 I
		CATEGORY	48.50 0.0	707.14

RU	N DATE	10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 107	
SA	LES JRN	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	ROGRAM
				S	SALES REGISTER			BILL WEEK ENDING 10/	19/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
21	.2766	10/12/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
					CATEGORY	56.00	0.00	 816.48	

RUN DAT	E 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L08
SALES J	RNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212767	10/12/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	109
ı	SALES JRNI	և # 0303	LOC 001		REG NY NY			LTC NURSING HOME	· ·
ı				:	SALES REGISTER			BILL WEEK ENDING	10/19/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	212768	10/12/12	800000	VISITING NURSE SERVICE	GOMEZ, ROSANA	34.00		495.72 I	
					CATEGORY	34.00	0.00		

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 110 ADU ADULT BILL WEEK ENDING 10/19/1	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
212769 10/12/12	800000	VISITING NURSE SERVICE	GOMEZ, YINIVA	5.50		80.20 I	
			CATEGORY	5.50	0.00	80.20	

	10/17/12 - RNL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		YP SURPLUS
212770 212771	10/12/12 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	GONGORA, MARUJA GONZALEZ, DOLOR	8.00 24.00		116.64 349.92	I I
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE 10/17	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	112
SALES JRNL # 0	303 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212772 10/12	/12 000008	VISITING NURSE SERVICE	GONZALEZ, ELBA	24.75		360.86 I	
				04 75			
			CATEGORY	24.75	0.00	360.86	

RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 113	
SALES JRN	r⊾ # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 10/19,	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
212773	10/12/12	800000	VISITING NURSE SERVICE	GONZALEZ, EVA	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE 10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	14
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	•
		\$	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212774 10/12/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	9.00		131.22 I	
			CATEGORY	9.00	0.00	131.22	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212775 10/05/12 212776 10/12/12 212777 10/12/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA	20.00 20.00 39.75		291.60 I 291.60 I 579.56 I	
			CUSTOMER	79.75	0.00	1,162.76	
			CATEGORY	79.75	0.00	1,162.76	

	RUN DATE 10/17 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER		I	PAGE 1 - ADU ADULT BILL WEEK ENDING	
:	INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
:	212778 10/12	/12 000008	VISITING NURSE SERVICE	GREENBAUM, MASA	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

RUN DATE 10/17/12 -						PAGE 1 -	:
SALES JRNL # 0303	TOG 001		REGNY NY SALES REGISTER			LAA LOMBARDI AID; BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE# DATE	COST NO	CUSTOMER NAME	KELEKENCE	HOURS	IAX AMI	AMOUNI IIP	SURPLUS
212779 10/12/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	49.00		714.42 I	
			CATEGORY	49.00	0.00	714.42	

RUN DATE 10/	17/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	18
SALES JRNL #	0303 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212780 10/	12/12 000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72 I	
212781 10/	12/12 000008	VISITING NURSE SERVICE	GUTIERREZ, ANGE	84.00		1,224.72 I	
			CUSTOMER	168.00	0.00	2,449.44	
			CATEGORY	168.00	0.00	2,449.44	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 119 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212782 10/12/12	000008 VISITING NURSE SERVICE	GUTIERREZ, JOSE	8.00	116.64 I
		CATEGORY	8.00 0.00	116.64

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY BALES REGISTER			PAGE 1 - 120 ADU ADULT BILL WEEK ENDING 10/19/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212783 10/12/12	800000	VISITING NURSE SERVICE	HANNA, ENA	8.00		116.64 I	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 10/17/12 SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212784 10/12/12 212785 10/12/12 212786 10/12/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HARRISON, GLORI HENAO, VICTORIA HENDY, BERNICE	46.00 12.00 22.00		670.68 174.96 320.76	I I I
			CUSTOMER	80.00	0.00	1,166.40	
			CATEGORY	80.00	0.00	1,166.40	

RUN D	DATE 10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	2
SALES	JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			i	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21278	37 10/12/12	800000	VISITING NURSE SERVICE	HENRIQUEZ, MARI	47.75		696.20 I	
				CATEGORY	47.75	0.00	696.20	

RUN DATE 10/17	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	123
SALES JRNL # 0	303 LOC 001		REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	3 10/19/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212788 10/12	/12 000008	VISITING NURSE SERVICE	HERNANDEZ, JUAN	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDII	124 NG 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212789 10/12/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	43.25		630.59	I
			CATEGORY	43.25	0.00	630.59	

RUN DATE 10/17/12 - SUP SUNNYS	SIDE CITYWIDE				PAGE 1 -	125
SALES JRNL # 0303 LOC 001	SUNNYSIDE CITYWIDE REG NY	Y NY			VCP CHOICE LHCS	A
	SALES	REGISTER			BILL WEEK ENDIN	G 10/19/12
INVOICE# DATE CUST NO C	CUSTOMER NAME	REFERENCE	HOURS '	TAX AMT	AMOUNT TY	P SURPLUS
212790 10/12/12 000008 V	VISITING NURSE SERVICE H	HERNANDEZ, MERC	36.00		524.88 I	
		CATEGORY	36.00	0.00	524.88	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 126 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212791 10/12/12	000008 VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40 I	
		CATEGORY	30.00	0.00	437.40	

RUN DATE 10/17/1	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 - 1	.27
SALES JRNL # 030	3 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212792 10/12/1	2 000008	VISITING NURSE SERVICE	HERRERA, CLARA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/17/12 SALES JRNL # 0303	- SUP SUNNY: LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 128 LTC NURSING HOMEW/O WALLS BILL WEEK ENDING 10/19/12	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
212793 10/12/12 212794 10/12/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	56.00 39.00		816.48 I 568.62 I	
			CUSTOMER	95.00	0.00	1,385.10	_
			CATEGORY	95.00	0.00	1,385.10	_

RUN I	DATE 10/17/12	 SUP SUNN 	TYSIDE CITYWIDE				PAGE 1 -	129	
SALES	3 JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A	
				S A L E S R E G I S T E R			BILL WEEK ENDING	3 10/19/12	
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS	
21279	95 10/12/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I		
				CATEGORY	20.00	0.00	291.60		

RUN DATE 10,	/17/12 - 3	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	130
SALES JRNL :	# 0303 I	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	G 10/19/12
INVOICE# I	DATE (CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212796 10,	/12/12 (800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 131 LAA LOMBARDI AIDS ADULT POPUL BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212797 10/05/12 212798 10/12/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		14.00 45.00		204.12 I 656.10 I
		CUSTOMER	59.00	0.00	860.22
		CATEGORY	59.00	0.00	860.22

RUN DATE	: 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	132
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212799	10/12/12	000008	VISITING NURSE SERVICE	INSERRA, CATHER	48.50		707.14 I	
				CATEGORY	48.50	0.00	707.14	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	133
SALES JRN	1L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			:	SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212800	10/12/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40	I
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 134	
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 10/19/12	
		GTTGT 170					Morning Tub Gubbling	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212801	10/12/12	800000	VISITING NURSE SERVICE	JACSO, ERZSEBET	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 10/17/12 -	SUP SUNNYSIDE CITY	IIDE			P.	AGE 1 - 1	35
SALES JRNL # 0303	LOC 001 SUNNYSIDE	CITYWIDE REG N	IY NY		L'	TC NURSING HOMEW	/O WALLS (LT
		SALES	S REGISTER		В	ILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO CUSTOMER 1	IAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212802 10/12/12	000008 VISITING 1	JURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68 I	
			CATEGORY	46.00	0.00	670.68	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	.36
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212803 10/12/12 212804 10/12/12 212805 10/12/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JAMISON, BESSIE	34.50 12.00 12.00		503.02 I 174.96 I 174.96 I	
			CUSTOMER	58.50	0.00	852.94	
			CATEGORY	58.50	0.00	852.94	

			SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	- 137 ING 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212806	10/12/12	000008	VISITING NURSE SERVICE	JENSEN, HELGA	15.00		218.70	I
				CATEGORY	15 00	0.00	 218 70	
	SALES JRI	SALES JRNL # 0303 INVOICE# DATE	SALES JRNL # 0303 LOC 001 INVOICE# DATE CUST NO	S INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 212806 10/12/12 000008 VISITING NURSE SERVICE JENSEN, HELGA 15.00	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 212806 10/12/12 000008 VISITING NURSE SERVICE JENSEN, HELGA 15.00	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER BILL WEEK END INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT 212806 10/12/12 000008 VISITING NURSE SERVICE JENSEN, HELGA 15.00 218.70

	10/17/12 RNL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 1 HCSA	38
			S	SALES REGISTER			BILL WEEK ENI	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212807 212808	10/12/12 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JEWAT, LUCILLE JHAVERI, RAMESH	66.00 24.00		962.28 349.92	I I	
				CUSTOMER	90.00	0.00	1,312.20		
				CATEGORY	90.00	0.00	1,312.20		

RUN DATE 10/17 SALES JRNL # 0		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AD BILL WEEK ENDI	-
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212809 10/12	/12 000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60	I
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE 10/17/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	140
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		\$	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212810 10/12/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	32.00		466.56 I	
			CATEGORY	32.00	0.00		

RUN DATE 10/17/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 141	
SALES JRNL # 0303	LOC 001		REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING 10/19	9/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
212811 10/12/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 10/17/12 SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
212812 10/12/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	16.00		233.28 I	
			CATEGORY	16.00	0.00	233.28	

RUN DATE 10/17/12 - SU	UP SUNNYSIDE CITYWIDE				PAGE 1 - 14	3
SALES JRNL # 0303 LC	OC 001 SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
	S	ALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE CU	UST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212813 10/12/12 00	00008 VISITING NURSE SERVICE	JORRIN, HORTENS	25.00		364.50 I	
		CATEGORY	 25.00	0.00	364.50	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	4
SALES JRN	1L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010014	10/10/10				15 00		010 50 -	
212814	10/12/12	000008	VISITING NURSE SERVICE	KAKOULLIS, FAY	15.00		218.70 I	
					15.00	0.00	210 70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 10/17/12 -								- 1	45
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	-	NY	_		VCP CHOICE L		10/10/10
		•	SALES R	EGISTE	K		BILL WEEK EN	DING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212815 10/12/12	000008	VISITING NURSE SERVICE	KAUR,	SARD	20.00		291.60	I	
212816 10/12/12	800000	VISITING NURSE SERVICE	KAUR,	SHARAN	56.00		816.48	I	
				 CUSTOMER	76.00	0.00	1,108.08		
				COSTOMER	70.00	0.00	1,100.00		
				CATEGORY	76.00	0.00	1,108.08		

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 146 HOA HOSPICE ADULT BILL WEEK ENDING 10	/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
212817 10/05/12 212818 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	14.00 14.00		204.12 I 204.12 I	
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 147 ADU ADULT
		:	SALES REGISTER			BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212819 10/12/12 212820 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00 40.00		291.60 I 583.20 I
			CUSTOMER	60.00	0.00	874.80
			CATEGORY	60.00	0.00	874.80

RUN DATE			YSIDE CITYWIDE				PAGE 1	- 1	48
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK ENI	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212821	10/05/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	8.00		116.64	I	
212822	10/12/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48	I	
				CHGEOMED		0.00	022.10		
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 149 ADU ADULT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212823 10/12/12	000008 VISITING NURSE SERVICE	LANDAU, BERNARD	6.00		87.48 I
		CATEGORY	6.00	0.00	87.48

RUN DATE 1	L0/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	150
SALES JRNI	4 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212824 1	10/12/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48	I
				CATEGORY	56.00	0.00	816.48	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	151
SALES JRN	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	G 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
212825	10/12/12	800000	VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 152 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212826 10/12/12 212827 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	32.00 15.50		466.56 I 226.00 I
			CUSTOMER	47.50	0.00	692.56
			CATEGORY	47.50	0.00	 692.56

			YSIDE CITYWIDE				PAGE 1 - 153	
SALES	JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
21282	8 10/12/12	000008	VISITING NURSE SERVICE	LENDOIRO, JUAN	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	154
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	!SA
		S	ALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212829 10/12/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48	I
212830 10/12/12	800000	VISITING NURSE SERVICE	LIGARDO, SOL M	30.00		437.40	I
212831 10/12/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	68.25		995.09	I
212832 10/12/12	000008	VISITING NURSE SERVICE	LITSAS, MARTHA	25.00		364.50	I
			CUSTOMER	179.25	0.00	2,613.47	
			CATEGORY	179.25	0.00	2,613.47	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 155
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT
		:	SALES REGISTER			BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212833 9/28/12	000008	VISITING NURSE SERVICE	LLANES, ELEAZER	6.00		87.48 I
212834 10/05/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	6.00		87.48 I
212835 10/12/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	35.50		517.59 I
			CUSTOMER	47.50	0.00	692.55
			CODIONEIC	17.50	0.00	0,2.33
			CATEGORY	47.50	0.00	692.55

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 156 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS T	AX AMT	AMOUNT TYP SURPLUS
212836 10/12/12 212837 10/12/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	40.00 31.00		583.20 I 451.98 I
		CUSTOMER	71.00	0.00	1,035.18
		CATEGORY	71.00	0.00	1,035.18

RUN DATE :			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGIS'	T F. R		PAGE 1 - VCP CHOICE LHO BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS	
212838	10/12/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	A 70.00		1,020.60	I	
				CATEGOR'	Y 70.00	0.00	1,020.60		

RUN DATE 10/17/12 SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE:	R		LTC NURSING	- 158 HOMEW/O WALLS (LT DING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212839 9/21/12 212840 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 42.00		116.64 612.36	I I
			CUSTOMER	50.00	0.00	729.00	
			 CATEGORY	50.00	0.00	729.00	

RU	IN DATE	10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	59
SA	LES JRN	1T # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	10/19/12
l									
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
0.1	0041	10/10/10	00000	TITATETNA NUDAE AEDIITAE	LODDS ANGELIGA	26 50		F30 10 +	
21	.2841	10/12/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	36.50		532.18 I	
					CATEGORY	36.50	0.00	532.18	

ı	RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 160
ı	SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING 10/19/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	212842	10/12/12	800000	VISITING NURSE SERVICE	LUCES, LETICIA	20.00		291.60 I
					CATEGORY	20.00	0.00	291.60

RUN DATE 10/17/1 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 16 ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212843 10/12/1	2 000008	VISITING NURSE SERVICE	LUNA, YSABEL	33.00		481.14 I	
			CATEGORY	33.00	0.00	481.14	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 162 CCL CONGREGATE CARE PR BILL WEEK ENDING 10/1	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
212844 10/05/12 212845 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	25.00 1.00		364.50 I 14.58 I	
			CUSTOMER	26.00	0.00	379.08	
			CATEGORY	26.00	0.00	379.08	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212846 10/12/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	40.50		590.49 I	
			CATEGORY	40.50	0.00	590.49	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 164 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 10/19/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212847 10/05/12 212848 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	12.00 36.00		174.96 I 524.88 I	
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	65
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212849	10/12/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72	I	
212850	10/12/12	800000	VISITING NURSE SERVICE	MALDONADO, DOMI	30.00		437.40	I	
				CUSTOMER	114.00	0.00	1,662.12		
				CATEGORY	114.00	0.00	1,662.12		

RUN DATE 10/17/12 - SALES JRNL # 0303	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 166 ADU ADULT BILL WEEK ENDING 10)/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
212851 10/12/12	800000	VISITING NURSE SERVICE	MALDONADO, MARI	8.75		127.58 I	
			CATEGORY	8.75	0.00	127.58	

RUN DATE 10/17/12 - SALES JRNL # 0303		TYWIDE LIDE CITYWIDE REG S A L E				PAGE 1 VCP CHOICE LE BILL WEEK ENI	
INVOICE# DATE	CUST NO CUSTOME:	R NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212853 10/05/12	000008 VISITING	G NURSE SERVICE G NURSE SERVICE G NURSE SERVICE	MANGAN, JOHN MANNINO, FRANCE MANNINO, FRANCE	20.00 1.00 7.00		291.60 174.96 1,224.72	I I
			CUSTOMER	28.00	0.00	1,691.28	
			CATEGORY	28.00	0.00	1,691.28	

RUN DATE 10/17/12 -						PAGE 1 -	
SALES JRNL # 0303	LOC 001 S		REG NY NY			LTC NURSING HOME	•
		5	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212855 10/12/12	000008 VI	ISITING NURSE SERVICE	MANOS, VASILIKE	36.00		524.88 I	
			CATEGORY	36.00	0.00	 524.88	

RUN DATE	10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 169	
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	N.
			Ş	SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212856	10/12/12	800000	VISITING NURSE SERVICE	MARINO, ANN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 10/17/12 - SALES JRNL # 0303		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	., .,
212857 10/12/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
			CATEGORY	25.00	0.00	 364.50	

			SIDE CITYWIDE					171
SALES JRNL ‡	# 0303 LC	OC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			2	SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE# I	DATE CU	JST NO (CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212858 10/	/12/12 00	80000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94	I
					42.00			
				CATEGORY	43.00	0.00	626.94	

RUN DATE	: 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	172
SALES JR	NL # 0303	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212859	10/12/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	173
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212860	10/12/12	800000	VISITING NURSE SERVICE	MARTI, DORIS	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 10/	17/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	174
SALES JRNL #	0303 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	3 10/19/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
212861 10/	12/12 000008	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 1	
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
				SALES REGISTER	<u>.</u>		BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212862	10/12/12	000008	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 10/17/12 - SALES JRNL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	
			SALES REGISTER			BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212863 10/12/12	800000	VISITING NURSE SERVICE	, -	30.00		437.40	I
212864 10/12/12 212865 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARTA MARTINEZ, ROSA	36.00 40.00		524.88 1,224.72	I
212005 10/12/12	000008	VISITING NURSE SERVICE	MARIINEZ, ROSA	40.00		1,224.72	
			CUSTOMER	106.00	0.00	2,187.00	
			CATEGORY	106.00	0.00	2,187.00	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 177 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212866 10/12/12	000008 VISITING NURSE SERVICE	MARTINEZ, ROSAL	28.00	408.24 I
		CATEGORY	28.00 0.00	408.24

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO		110/10
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK END:		I9/IZ JRPLUS
2128	67 10/12/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	41.75		608.72	I	
				CATEGORY	41.75	0.00	608.72		

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 179
SALES URNL # USUS	LOC 001		SALES REGISTER			BILL WEEK END	ING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
212868 10/12/12 212869 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	62.75 167.75		914.90 2,445.80	I T
10,12,12		VISITING NONDE SERVICE	CUSTOMER	230.50	0.00	3,360.70	
			CATEGORY	230.50	0.00	3,360.70	

RUN DATE 10/17/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 18	0
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		5	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212870 10/12/12	000008	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/17/12 -						PAGE 1 - 181
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		2	SALES REGISTER			BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212871 9/28/12	000008	VISITING NURSE SERVICE	MEJIA, CLAUDIO	7.00		102.06 I
212872 10/12/12	800000	VISITING NURSE SERVICE	MEJIA, CLAUDIO	42.00		612.36 I
			CUSTOMER	49.00	0.00	714.42
			COBTONER	15.00	0.00	, 1 1 1 1 2
			CATEGORY	49.00	0.00	714.42

RUN DATE 10/17/12 - SALES JRNL # 0303	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		PAGE 1 - 182 VCP CHOICE LHCSA
		SALES REGISTER		BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212873 10/12/12 212874 10/12/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- ,	30.00 24.00	437.40 I 349.92 I
		CUSTOMER	54.00 0.00	787.32
		CATEGORY	54.00 0.00	787.32

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 183	
SALES JRN	rL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212875	10/12/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	14.50		211.41 I	
				CATEGORY	14.50	0.00	211.41	

RUN DATE 10/17/12 - SALES JRNL # 0303			REG NY NY			PAGE 1 - 184 ADU ADULT	
BINDED GIAVE II 0303	100 001		SALES REGISTER			BILL WEEK ENDING 1	.0/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212876 10/12/12	800000	VISITING NURSE SERVICE	MENDEZ, ADA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

R	UN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 18	5
S.	ALES JRN	rL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO		
				5	SALES REGISTER			BILL WEEK ENDI	ING	10/19/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP	SURPLUS
2	12877	10/12/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	16.00		233.28	I	
					CATEGORY	16.00	0.00	233.28		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER		PAGE 1 - 186 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212878 10/12/12	000008 VISITING NURSE SERVICE	MENDOZA, JULIO	39.00	568.62 I
		CATEGORY	39.00 0.00	 568.62

RUN DATE 10/17/12						PAGE 1 - 3	187
SALES JRNL # 0303	LOC 001		REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	10/19/12
						DILL WEEK ENDING	10/15/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212879 10/12/12	000008	VISITING NURSE SERVICE	MILEO, MARY	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 10/17/12 - SALES JRNL # 0303	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 188 ADU ADULT BILL WEEK ENDING 10/19/1	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	
212880 10/12/12	800000	VISITING NURSE SERVICE	MIRANDA, LUIS	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE					189
SALES JRN	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			2	SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212881	10/12/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	15.00		218.70	I
				CATEGORY	15.00	0.00	218.70	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 190
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212882 10/12/12	000008	VISITING NURSE SERVICE	MONTOYA, ROSALB	6.00		87.48 I
212883 10/12/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	6.00		87.48 I
			CUSTOMER	12.00	0.00	174.96
			CATEGORY	12.00	0.00	174.96

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 19 VCP CHOICE LHCSA	91
				SALES REGISTER			BILL WEEK ENDING	
INVOICE#		CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212884	10/12/12	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212885 10/12/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 10/17/12 - SALES JRNL # 0303		IDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER	R NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212886 9/28/12 212887 10/12/12		G NURSE SERVICE G NURSE SERVICE	MORALES, CARMEN MORALES, CARMEN	5.00 20.00		72.90 I 291.60 I	
			CUSTOMER	25.00	0.00	364.50	
			CATEGORY	25.00	0.00	364.50	

	10/17/12 - NL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY S A L E S	NY REGISTE	R		VCP CHOICE LH	- 194 ICSA DING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
212888	10/12/12	000008	VISITING NURSE SERVICE	NAG	Y, GEORGE	37.00		539.47	I	
					– CATEGORY	 37.00	0.00	539.47		
					CALEGORI	37.00	0.00	539.47		

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 195	
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRA	
			S	SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	ę.
212889	10/12/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L96
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGIST	E R		BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212890	10/12/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	3.75		54.68 I	
				CATEGORY	3.75	0.00	54.68	

RUN DATE 10/17/12 -						PAGE 1 -	
SALES JRNL # 0303	LOC 001 SU		REGNY NY LES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
		5 11 1				DILL WEEK ENDING	10/15/12
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212891 10/12/12	000008 VIS	SITING NURSE SERVICE	NIDO, MICHAEL	29.00		422.82 I	
			CATEGORY	29.00	0.00	422.82	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 19	8	
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	E CAR	RE PROGRAM	
			S	SALES	REGISTER			BILL WEEK END	ING	10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
212892	10/12/12	800000	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	63.00		918.54	I		
					CATEGORY	63.00	0.00	918.54			

RUN DATE 10/17/12 SALES JRNL # 0303		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
212893 9/28/12 212894 10/12/12 212895 10/12/12		VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NIEVES, NANCY NINO, CARMEN	20.00 20.00 20.00		291.60 I 291.60 I 291.60 I	
			CUSTOMER	60.00	0.00	874.80	
			CATEGORY	60.00	0.00	874.80	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 200 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212896 10/12/12 212897 10/12/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	25.00 28.00		364.50 I 408.24 I	
		CUSTOMER	53.00	0.00	772.74	
		CATEGORY	53.00	0.00	772.74	

	10/17/12 - NL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS	
212898	10/12/12	800000	VISITING NURSE SERVICE	NUZIALE, CONCET	48.75		710.78	I	
				CATEGORY	48.75	0.00	710.78		

RUN DATE 10/17/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212899 10/12/	12 000008	VISITING NURSE SERVICE	O'DONNELL, EVEL	9.00		131.22 I	
			CATEGORY	9.00	0.00	131.22	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 203	
SALES JRNI	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			Ş	SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212900	10/12/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	04 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212901 10/12/12	800000	VISITING NURSE SERVICE	ODONNELL, PATRI	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 10/17/1:	2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 205	5
SALES JRNL # 030	3 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	•
		5	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212902 10/12/13	2 000008	VISITING NURSE SERVICE	OLVERA, ROSALIA	54.00		787.32 I	
			CATEGORY	54.00	0.00	787.32	

RUN DAT	E 10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 206	
SALES J	RNL # 0303	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 10/19/1	L2
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
212903	10/12/12	000008	VISITING NURSE SERVICE	OREJUELA, GLORI	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212904 10/12/12 212905 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ORNANO, BOLIVAR ORTEGA, CARLOS	20.00		291.60 320.76	I I
			CUSTOMER	42.00	0.00	612.36	
			CATEGORY	42.00	0.00	612.36	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 208	
SALES JRN	ъ # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 10	/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
212906	10/12/12	800000	VISITING NURSE SERVICE	ORTIZ, SHIRLEY	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
					IAX ANI		T BORT BOD
212907 10/12/12 212908 10/12/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	OSPINA, ANA PANASKAROLIDIS,	8.00 29.75		116.64 433.76	I
			CUSTOMER	37.75	0.00	550.40	
			CATEGORY	37.75	0.00	550.40	

RUN DATE 10/17/12 -						PAGE 1 - 2	10
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			ADU ADULT BILL WEEK ENDING	10/10/12
		5	ALES KEGISIEK			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212909 10/12/12	800000	VISITING NURSE SERVICE	PAOLONI, MARY	14.75		215.06 I	
			CATEGORY	14.75	0.00	215.06	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDING	A
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
212910 10/12/12 212911 10/12/12 212912 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPAZIAN, MANNI PAPOUTSIS, MARY PARETTI, MARIE	50.00 9.00 56.00		729.00 I 131.22 I 816.48 I	
			CUSTOMER	115.00	0.00	1,676.70	
			CATEGORY	115.00	0.00	1,676.70	

RUN DATE 10/17/12 - SALES JRNL # 0303		E CITYWIDE NNYSIDE CITYWIDE REG S A L E				PAGE 1 HOA HOSPICE AND BILL WEEK END	-
INVOICE# DATE	CUST NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212913 10/12/12	000008 VISI	ITING NURSE SERVICE	PARTAGAS, ANA	12.00		174.96	I
			CATEGORY	12.00	0.00	174.96	

- 1			SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	212914	10/12/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE 10	0/17/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 214	
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 10/19/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	IS
212915 10	0/12/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50 I	
				CATEGORY	25.00	0.00	 364.50	-

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	215
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	3 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010016	10/10/10	000000		DDDD 1111G	00 00		001 60 7	
212916	10/12/12	000008	VISITING NURSE SERVICE	PEREA, LUIS	20.00		291.60 I	
				CAREGODY	20.00	0.00	201 60	
				CATEGORY	20.00	0.00	291.60	

1	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 2	216
SALES JRNL # 0303	LOC 001 SUNNYSIDE CITYWIDE	E REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212917 10/12/12	000008 VISITING NURSE SERV	VICE PEREZ MONSER, C	48.75		710.78 I	
		CATEGORY	48.75	0.00	710.78	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	217
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212918 10/12/12 212919 10/12/12 212920 10/12/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ, JOAQUIN	38.25 24.00 12.50		557.69 I 349.92 I 182.26 I	
			CUSTOMER	74.75	0.00	1,089.87	
			CATEGORY	74.75	0.00	1,089.87	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
		2	SALES REGISTER			BILL WEEK ENDIN	G 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212921 10/12/12 212922 10/12/12 212923 10/12/12 212924 10/12/12 212925 10/12/12	000008 000008 000008 000008	VISITING NURSE SERVICE	PHILIPPS, MARY PIZARRO, BARBAR PLACIDO, GENARO PLACIDO, MERCED POGGI, EMERITA	32.00 3.00 31.00 37.00 35.75		466.56 I 43.74 I 451.98 I 539.46 I 521.24 I	
			CUSTOMER	138.75	0.00	2,022.98	
			CATEGORY	138.75	0.00	2,022.98	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212926 10/12/12	800000	VISITING NURSE SERVICE	POLANCO, JUAN	12.00		174.96 I	
			CATEGORY	12.00	0.00		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER		PAGE 1 - 220 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212927 10/12/12	000008 VISITING NURSE SERVICE	PONCE, ALICIA	40.00	583.20 I
		CATEGORY	40.00 0.00	583.20

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	221	
SALES JRNI	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC		
			S	SALES REGIS	STER		BILL WEEK ENDI	NG 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
212928	10/12/12	800000	VISITING NURSE SERVICE	PUISELLO, CI	IRA 47.50		692.55	I	
				CATEGO	DRY 47.50	0.00	692.55		

RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	222
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212929	10/12/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	40.50		590.50 I	
				CATEGORY	40.50	0.00	590.50	

	10/17/12 - L # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	223
	_ "			SALES REGISTER			BILL WEEK ENDIN	NG 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212930	10/12/12	800000	VISITING NURSE SERVICE	QUAY, JOSEPHINE	4.00		58.32	Ε
				CATEGORY	4.00	0.00	58.32	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	224
SALES JRN	1L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	IG 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212931	10/12/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	21.50		313.47	
				CATEGORY	21.50	0.00	313.47	

RUN DATE 1	.0/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	25
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212932 1	.0/12/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.50		707.13 I	
					40.50			
				CATEGORY	48.50	0.00	707.13	

RUN DATE 10	0/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 226
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENI	DING 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212933 10	0/12/12	000008	VISITING NURSE SERVICE	OUIZHPI, MARIA	18.00		262.44	I
212934 10	0/12/12	800000	VISITING NURSE SERVICE	RAJA, HANIFA	30.00		437.40	I
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE 10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 227
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC
		5	SALES REGISTER			BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212935 9/28/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	8.00		116.64 I
212936 10/12/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I
			CUSTOMER	48.00	0.00	699.84
			CATEGORY	48.00	0.00	699.84

RUN DATE 10	/17/12 - 1	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	228
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
010000 10	110110				40.00			
212937 10	/12/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	42.00		612.36 I	
					40.00	0.00		
				CATEGORY	42.00	0.00	612.36	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 229
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT
			SALES REGISTER			BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212938 10/05/12	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	24.00		349.92 I
212939 10/12/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	42.00		612.36 I
			CUSTOMER	66.00	0.00	962.28
			CATEGORY	66.00	0.00	962.28

	10/17/12 · NL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 230 ADU ADULT	
511225 010	,, 0000	200 001		SALES REGISTER			BILL WEEK ENDING 10/19	9/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	PLUS
212940 212941	9/28/12 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 3.00		87.48 I 43.74 I	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 1	0/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	31
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212942 1	0/12/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	20.00		291.60	I	
212943 1	0/12/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48	I	
212944 1	0/12/12	800000	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60	I	
212945 1	0/12/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	20.00		291.60	I	
212946 1	0/12/12	800000	VISITING NURSE SERVICE	RICE, SYDNEY	4.00		58.32	I	
				CUSTOMER	70.00	0.00	1,020.60		
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	232
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	
			\$	SALES REGISTER			BILL WEEK ENDING	3 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
212947	10/12/12	800000	VISITING NURSE SERVICE	RISCO, GUILEERM	48.50		707.14 I	
				CATEGORY	48.50	0.00	707.14	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 233	
SALES JRNI	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS ($_{ m LT}$
			S	SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212948	10/12/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	55.00		801.90 I	
				CATECODY	55.00	0.00	801.90	
1				CATEGORY	55.00	0.00	001.90	

RUN DATE 10/17/12 SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212949 9/28/12 212950 10/12/12 212951 10/12/12	800008 000008 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RIVERA, CARMEN RIVERA, CARMEN RIVERA, ERNESTO	6.00 42.00 20.00		87.48 612.36 291.60	I I I
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWID	DE REGNY NY SALES REGISTER		PAGE 1 - 235 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212952 10/12/12	000008 VISITING NURSE SER	RVICE RIVERA, GRACIEL	20.00	291.60 I
		CATEGORY	20.00 0.00	 291.60

RUN DATE 10/17/12 -	SUP SUNNYSIDE CITYWIDE				PAGE 1 - 236	
SALES JRNL # 0303	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
	S	ALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212953 10/12/12	000008 VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
		CATEGORY	28.00	0.00	408.24	

RUN DATE 10/17/12 - SALES JRNL # 0303		REG NY NY SALES REGISTER		PAGE 1 - 237 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212954 10/12/12	000008 VISITING NURSE SERVICE	RIVERA, WANDA	34.75	506.66 I
		CATEGORY	34.75 0.00	506.66

	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 238
SALES JRNL # 0303	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R		LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
		SALES REGISIER		BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TYP SURPLUS
212955 10/12/12	000008 VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00	699.84 I
		CATEGORY	48.00 0.	00 699.84

RUN DATE 10/17/1 SALES JRNL # 030			REG NY NY			PAGE 1 VCP CHOICE L	- 239 HCSA	
		S	SALES REGISTER			BILL WEEK EN	DING 10/19	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURP	LUS
212956 10/12/1		VISITING NURSE SERVICE	RODRIGUEZ, FERM	17.00		247.86	I	
212957 10/12/1	L2 000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	34.50		503.02		
			CUSTOMER	51.50	0.00	750.88		
			CATEGORY	51.50	0.00	750.88		

- 1		10/17/12 - L # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	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
	212958	10/12/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	83.00		1,210.14	I
					CATEGORY	83.00	0.00	1,210.14	
ı					CALEGORI	03.00	0.00	1,210.14	

RUN DATE 10/17/12 SALES JRNL # 0303	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWID	DE REGNY NY SALES REGIST	E R		PAGE 1 - 241 LTC NURSING HOMEW/O BILL WEEK ENDING 10	•
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
212959 10/05/12 212960 10/12/12	000008 VISITING NURSE SER 000008 VISITING NURSE SER				72.90 I 291.60 I	
		CUSTOMER	25.00	0.00	364.50	
		CATEGORY	25.00	0.00	 364.50	

RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	12
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK ENI	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212961	9/28/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	7.00		102.06	I	
212962	10/12/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	41.75		608.72	I	
				CUSTOMER	48.75	0.00	710.78		
				CATEGORY	48.75	0.00	710.78		

RUN DATE 10/1	L7/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	13
SALES JRNL #	0303 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212963 10/1	12/12 000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	41.00		597.78 I	
			CATEGORY	41.00	0.00	 597.78	

RUN DATE 10/17/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 244	
SALES JRNL # 0303	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		ADU ADULT	
	S	SALES REGISTER		BILL WEEK ENDING 10/19/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	AMOUNT TYP SURPLUS	
212964 10/12/12	000008 VISITING NURSE SERVICE	RODRIGUEZ, YLMA	56.00	816.48 I	
		CATEGORY	56.00 0.00	816.48	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 245 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212965 10/12/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	39.75		579.56 I
			CATEGORY	39.75	0.00	 579.56

RUN DATE 1 SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	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
212966 1	10/12/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 247 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212967 10/12/12 212968 10/12/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	55.25 40.00	805.55 I 583.20 I
		CUSTOMER	95.25 0.00	1,388.75
		CATEGORY	95.25 0.00	1,388.75

RUN DATE 10/17/12 - SALES JRNL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 24: ADU ADULT	8
STEED STATE CS CS	200 001		SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212969 10/12/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

	10/17/12 ·	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		49
DALLO OK	14E # 0303	HOC 001		ALES REGISTER			BILL WEEK EN		10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212970	10/12/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
212971	10/12/12	000008	VISITING NURSE SERVICE	ROSARIO, ELSA	30.25		441.05	I	
212972	10/05/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	4.25		61.97	I	
212973	10/12/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	1.00		14.58	I	
212974	10/12/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	5.00		72.90	I	
212975	10/12/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.00		364.50	I	
212976	10/12/12	800000	VISITING NURSE SERVICE	RUEDA, INES	40.25		586.85	I	
				CUSTOMER	121.75	0.00	1,775.13		
				CATEGORY	121.75	0.00	1,775.13		

RUN DATE 10/1	.7/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	250
SALES JRNL #	0303 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212977 10/1	.2/12 000008	VISITING NURSE SERVICE	RUFFEN, SANDRA	16.00		233.28 I	
			CATEGORY	16.00	0.00	233.28	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	- 251 DING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212978 10/05/12 212979 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· - ·	40.00 70.00		583.20 1,020.60	I I
			CUSTOMER	110.00	0.00	1,603.80	
			CATEGORY	110.00	0.00	1,603.80	

RUN DATE 10 SALES JRNL	0/17/12 - SUP SUNN # 0303 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		52 10/19/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	0/12/12 000008 0/12/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SAK, FIRDEVS SALADIN, MARIA	15.00 77.00		218.70 1,122.66	I	
			CUSTOMER	92.00	0.00	1,341.36		
			CATEGORY	92.00	0.00	1,341.36		

RUN DATE 10/17/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	253
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212982 10/12/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 10/17/13 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	!SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
212983 9/28/1: 212984 10/12/1: 212985 10/12/1:	2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SAMPOGNA, LUCY	7.00 42.00 50.00		102.06 612.36 729.00	I I I
			CUSTOMER	99.00	0.00	1,443.42	
			CATEGORY	99.00	0.00	1,443.42	

RUN DATE 10/17/	12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 255
SALES JRNL # 03	03 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		\$	SALES REGISTER			BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212986 10/12/	12 000008	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.50		444.69 I
			CATEGORY	30.50	0.00	444.69

	FE 10/17/12 - JRNL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 256 CSA	
				SALES REGISTER			BILL WEEK END	ING 1	0/19/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP :	SURPLUS
212987	10/12/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	40.75		594.14	I	
				CARRICODY	40.75				
				CATEGORY	40.75	0.00	594.14		

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 257 ADU ADULT BILL WEEK ENDING 1	0/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212988 10/12/12 212989 10/12/12 212990 10/12/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SANDOVAL, FANNY SANTOS, LETY SAXON, SHELAGH	15.50 20.00 2.00		225.99 I 291.60 I 29.16 I	
			CUSTOMER	37.50	0.00	546.75	
			CATEGORY	37.50	0.00	546.75	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212991 10/05/12 212992 10/12/12 212993 10/12/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SCOTT, CATHERIN SCOTT, CATHERIN SCRO, WILLIAM	7.75 56.00 11.50		113.00 816.48 167.67	I I I
			CUSTOMER	75.25	0.00	1,097.15	
			CATEGORY	75.25	0.00	1,097.15	

RUN DATE 10/17/12 - SUP SALES JRNL # 0303 LOC	001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 259 ADU ADULT BILL WEEK ENDING 10/19/12
INVOICE# DATE CUST	T NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212994 10/12/12 0000	008 VISITING NURSE SERVICE	SECONDINI, ANNA	1.00		14.58 I
		CATEGORY	1.00	0.00	14.58

	10/17/12 NL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		60
SALES UN	ип # 0303	100 001		ALES REGISTER			BILL WEEK EN		10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212995	10/12/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.00		524.88	I	
212996	10/12/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	69.25		1,009.67	I	
212997	10/12/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	35.00		510.30	I	
212998	10/12/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	20.00		291.60	I	
212999	10/05/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	16.00		233.28	I	
213000	10/12/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80	I	
				CUSTOMER	186.25	0.00	2,715.53		
				CATEGORY	186.25	0.00	2,715.53		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
213001 10/12/12	000008 VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
		CATEGORY	42.00	0.00	612.36	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	262
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213002 10/12/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	28.75		419.18 I	
213003 10/12/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	12.00		174.96 I	
			CUSTOMER	40.75	0.00	594.14	
			CATEGORY	40.75	0.00	594.14	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 263	
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
INVOICE	DAIL	CODI NO	CODIONEIC NAME	KEI EKEIVEE	110010	IAZ ANI	AMOUNT TIT BOKE HOD	
213004	10/12/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGA		64 RE PROGRAM
		:	SALES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213005 10/12/12 213006 10/12/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	20.00		291.60 58.32	I	
213000 10/12/12	000000	VISITING NORSE SERVICE	SOFCHER, SAMOEL	4.00				
			CUSTOMER	24.00	0.00	349.92		
			CATEGORY	24.00	0.00	349.92		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 265 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213007 10/12/12	000008 VISITING NURSE SERVICE	SORIA, ROLANDO	30.00	437.40 I
		CATEGORY	30.00 0.00	437.40

RUN DATE 10/17/	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 266
SALES JRNL # 03	03 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
			SALES REGISTER			BILL WEEK END	ING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213008 10/12/	12 000008	VISITING NURSE SERVICE	SOTO, MARCELINA	12.00		174.96	I
213009 10/12/	12 000008	VISITING NURSE SERVICE	STAFILIAS, EVAN	56.00		816.48	I
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

	.0/17/12 - SUP S . # 0303 LOC 0		REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	67
INVOICE#	DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213010 1	.0/12/12 00000	08 VISITING NURSE SERVICE	STAMBOULIDIS, V	32.00		466.56 I	
			CATEGORY	32.00	0.00	466.56	

	10/17/12 - NL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AD BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
213011	10/12/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18	I
				CAMECODY			206 10	
				CATEGORY	21.00	0.00	306.18	

	10/17/12 ·	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		69
511225 515	,, 0000	200 001		SALES REGISTER	3		BILL WEEK EN		10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213012	10/12/12	000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	15.75		229.64	I	
213013	10/12/12	000008	VISITING NURSE SERVICE	STERGIOU, GLORI	20.00		291.60	I	
213014	10/12/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	22.00		320.76	I	
213015	10/12/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88	I	
213016	10/12/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	30.00		437.40	I	
213017	10/12/12	800000	VISITING NURSE SERVICE	TABOADA, DIMAS	17.75		258.80	I	
213018	10/12/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	56.00		816.48	I	
				CUSTOMER	197.50	0.00	2,879.56		
				CATEGORY	197.50	0.00	2,879.56		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYW	IDE REG NY NY SALES REGIST	ER	PAGE 1 - 270 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213019 10/12/12 213020 10/12/12	000008 VISITING NURSE S 000008 VISITING NURSE S	- ·	56.00 30.00	816.48 I 437.40 I
		CUSTOMER	86.00 0.00	1,253.88
		CATEGORY	86.00 0.00	1,253.88

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 271	
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 10/	19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUI	RPLUS
213021 10/12/12	000008	VISITING NURSE SERVICE	TAVERAS, BERNAR	12.00		174.96 I	
213022 10/12/12	800000	VISITING NURSE SERVICE	TEJADA, BALDOME	20.00		291.60 I	
			CUSTOMER	32.00	0.00	466.56	
			CATEGORY	32.00	0.00	466.56	

	ATE 10/17/12 - JRNL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - AUR ADULT REHA BILL WEEK END		
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS	
21302	3 10/12/12	800000	VISITING NURSE SERVICE	TEJADA, MARIALU	16.00		233.28	I	
				CATEGORY	16.00	0.00	233.28		

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 27 VCP CHOICE LHCSA BILL WEEK ENDING	3 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213024 10/12/12 213025 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	19.00 35.00		277.02 I 510.30 I	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

RUN I	DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 274	Į.
SALE	S JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 1	.0/19/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2130	26 10/12/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	26.50		386.37 I	
				CATEGORY	26.50	0.00	386.37	

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTEI	R		PAGE 1 - 275 VCP CHOICE LHCSA BILL WEEK ENDING 10/1	9/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
213027 10/12/12 213028 10/12/12 213029 10/12/12 213030 10/12/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TORO, PURA TORRES, EMELINA	24.00 71.75 39.50 84.00		349.92 I 1,046.12 I 575.92 I 1,224.72 I	
			CUSTOMER	219.25	0.00	3,196.68	
			CATEGORY	219.25	0.00	3,196.68	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	276
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213031	10/12/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			SIDE CITYWIDE					11101	- 25	77
SALES JRNL :	# 0303 1	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				ADU ADULT		10/10/10
			S	ALES RE	GISTER			BILL WEEK ENI	DING	10/19/12
INVOICE#	DATE (CUST NO	CUSTOMER NAME	REFERI	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213032 10	/12/12	80000	VISITING NURSE SERVICE	TOUMA,	MATTA	35.00		510.30	I	
				(CATEGORY	35.00	0.00	510.30		

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 278 VCP CHOICE LHCSA BILL WEEK ENDING 10	0/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		SURPLUS
213033 10/05/12 213034 10/12/12 213035 10/12/12 213036 10/12/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TRUJILLO, AMPAR TRUONG, TINH TSOLISOS, FOTIN	16.00 16.00 20.00 48.00		233.28 I 233.28 I 291.60 I 699.84 I	
			CUSTOMER	100.00	0.00	1,458.00	
			CATEGORY	100.00	0.00	1,458.00	

	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 279
SALES JRNL # 0303		REG NY NY SALES REGISTER		LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 10/19/12
		SALES REGISTER		BILL WEEK ENDING 10/17/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213037 10/12/12	000008 VISITING NURSE SERVICE	TSUAI, PING	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DATE 10/1 SALES JRNL #		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		80 10/19/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	12/12 000008 12/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	63.00		918.54 349.92	I I	
			CUSTOMER	65.00	0.00	1,268.46		
			CATEGORY	65.00	0.00	1,268.46		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 281 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMI	
213040 10/12/12	000008 VISITING NURSE SERVICE	URBINA, ANA CATEGORY	35.00 35.00 0.00	510.30 I

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	282
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE (
			S	SALES REGIS	TER		BILL WEEK ENDING	G 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
213041	10/12/12	800000	VISITING NURSE SERVICE	VALENCIA, BER	NA 20.00		291.60 I	
				CATEGOR	Y 20.00	0.00	291.60	

RUN DAT	E 10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	283
SALES J	RNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE	# DAIE	COSI NO	COSTOMER NAME	KEI EKENCE	1100105	IAX ANI	AMOUNT TIP	SORPHOS
213042	10/12/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN I	DATE 10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 284
SALES	3 JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 10/19/12
INVO	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
21304	10/12/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	54.50		794.62 I
				CATEGORY	54.50	0.00	794.62

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY S A L E S	NY R E G I S T E R			PAGE 1 ADU ADULT BILL WEEK END	- 28 DING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213044	10/12/12	000008	VISITING NURSE SERVICE	VAI	LENTIN, ALEJA	11.00		160.38	I	
					 CATEGORY	11.00	0.00	160.38		
					CALEGORI	11.00	0.00	100.30		

ı	RUN DATE 10/17	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 286	
ı	SALES JRNL # 0	03 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 10/1	9/12
	INVOICE# DAT	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
	213045 10/12	12 000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 287
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213046 10/12/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	33.00		481.14 I
213047 9/07/12	000008	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	3.00		43.74 I
213048 9/21/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	3.00		43.74 I
213049 10/12/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	20.75		302.54 I
			CUSTOMER	59.75	0.00	871.16
			CATEGORY	59.75	0.00	871.16

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	288
SALES JRN	1L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHA	B ONLY
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213050	10/12/12	000008	VISITING NURSE SERVICE	VASQUEZSOTO, AR	41.00		597.78	I
				CATEGORY	41.00	0.00	597.78	

RUN DATE 10/17/12 -						PAGE 1 - 289
SALES JRNL # 0303	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/19/12
		'	SALES KEGISIEK			BIDD WEEK ENDING 10/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213051 10/12/12	000008	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	35.00		510.30 I
			CATEGORY	35.00	0.00	510.30

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	290
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDI	NG 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213052	10/12/12	800000	VISITING NURSE SERVICE	VEGA, BETTY	2.00		29.16	I
				CATEGORY	2.00	0.00	29.16	

RUN DAT	E 10/17/12 ·	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	91
SALES J	RNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213053	10/12/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 292	
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213054	10/12/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	50.25		732.65 I	
				CATEGORY	50.25	0.00	732.65	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	293
SALES JRN	L # 0303	LOC 001	SUNNYSIDE CITYWIDE		NY			ADU ADULT	
			S	SALES R	EGISTE	₹.		BILL WEEK ENDING	3 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213055	10/12/12	800000	VISITING NURSE SERVICE	VERA,	ROSARIO	16.00		233.28 I	
					CATEGORY	16.00	0.00	233.28	

		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK EN		94 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213056 213057	10/12/12 10/12/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	VERA, VICTOR VERAS, JUANA	20.00 56.00		291.60 816.48	I	
				CUSTOMER	76.00	0.00	1,108.08		
				CATEGORY	76.00	0.00	1,108.08		

RUN DATE 10/17/12 SALES JRNL # 0303	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 295 HOA HOSPICE ADULT BILL WEEK ENDING 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213058 10/12/12	000008	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I
			CATEGORY	20.00	0.00	 291.60

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	296
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			\$	SALES REGISTER			BILL WEEK ENDING	3 10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213059	10/12/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	35.50		517.59 I	
				CATEGORY	35.50	0.00	517.59	

			YSIDE CITYWIDE				PAGE 1 - 2	
SALE	S JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			CCL CONGREGATE CA	
			Š	SALES REGISIER			BILL MEEK ENDING	10/19/12
INVC	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
01.20		000000	WIGHTING MUDGE GERMAN	III GGONET TA GON	2 75		F4 60 F	
2130	10/12/12	000008	VISITING NURSE SERVICE	VISCONTI, JASON	3.75		54.68 I	
				CATEGORY	3.75	0.00	54.68	

RUN DATE 1	.0/17/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 298	
SALES JRNL	# 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	Т
			S	SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213061 1	0/12/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 10/17/1 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213062 10/12/1	2 000008	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60	[
			CATEGORY	70.00	0.00	1,020.60	

		NYSIDE CITYWIDE				PAGE 1 -	300
SALES JRNL # 0	303 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 10/19/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213063 10/12	/12 000008	VISITING NURSE SERVICE	VLAHOS, MARIE	16.00		233.28 I	
			CATEGORY	16.00	0.00	233.28	

	10/17/12 - NL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY S A L E S R E G I S T E R			PAGE 1 VCP CHOICE LH BILL WEEK END		0/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213064	10/12/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74	I	
				CATEGORY	3.00	0.00	43.74		

RUN DATE 10/17/12 - SALES JRNL # 0303		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	302 NG 10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213065 10/12/12	800000	VISITING NURSE SERVICE	WALSH, MAUREEN	6.00		87.48	[
			CATEGORY	6.00	0.00	87.48	

	10/17/12 - NL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AL BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
213066	10/12/12	800000	VISITING NURSE SERVICE	WASHINGTON, JAM	15.00		218.70	I
				CATEGORY	15.00	0.00	218.70	

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 30 HCSA)4
		S	BALES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213067 10/12/12	000008	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40	I	
213068 10/12/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28		
			CUSTOMER	46.00	0.00	670.68		
			CATEGORY	46.00	0.00	670.68		

RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 305	
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRA	M
			\$	SALES REGISTER			BILL WEEK ENDING 10/19/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213069	10/12/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	10/17/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	306
SALES JRN	IL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213070	10/12/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	17.00		247.86 I	
				CATEGORY	17.00	0.00		

RUN DATE 10/17/12							307
SALES JRNL # 0303	B LOC 001		REG NY NY			LAD NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213071 10/12/12	000008	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
			CATEGORY	10.00	0.00	145.80	

RUN DATE 10/17/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE
REG NY NY
S A L E S R E G I S T E R

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

				SALES REGISIER			BILL MEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE ACERNO, CLAIRE ALI, AMRUNISSA ALSTON, ZULINE BEGUM, JAMILA BERJASHEVIC, LI BUCARO, CONCETT CARSWELL, LUELL CEPEDA, TOMASA COLAVITTI, JEAN COLEMAN, REGINA DIAZ, ALICIA DIAZ, CARMEN DONOSO, MARGARE DURAN, CARMEN EARLINGTON, ALB ECKMAN, LOIS ESPINOZA, MARIA EXPOSITO, ALFON FELICIANO, JOAN FERNANDEZ, ANA FERRARA, ANN FERRO, JOSEPHIN GOMEZ, YOLANDA GREENSPAN, ALIC HENLEY, LUVENIA HENRIQUEZ, TERE HUSTIU, SILVIA IRIMIA, SIMONA JIMENEZ, EUGENI JOHNSON, DOROTH MANGRAY, KARMAD MARTIN, RUTH MARTINEZ, EMMA MARTINEZ, EMMA MARTINEZ, GLORI MASSOL, PEDRO A MCQUAIL, MAUREE MICHEL, DOROTHY MONCRIEF, LOIS MORA, PAULA MOSCICKA, JADWI MUSCAT, CARMEN NETTLES, DONNA NEWBOLD, RAMONA NUNEZ, ANGELINA NUNEZ, ANGELINA NUNEZ, ARGELINA NUNEZ, LAURA PAPHITIS, RICHA PAZIOULIS, KLEO	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213072	10/12/12	000010	GUILDNET	ACERNO, CLAIRE	24.00		362.88	I	
213073	10/12/12	000010	GUILDNET	ALI, AMRUNISSA	24.00		362.88	I	
213074	10/12/12	000010	GUILDNET	ALSTON, ZULINE	56.00		846.72	I	
213075	10/12/12	000010	GUILDNET	BEGUM, JAMILA	72.00		1,088.64	I	
213076	10/12/12	000010	GUILDNET	BERJASHEVIC, LI	11.00		166.32	I	
213077	10/12/12	000010	GUILDNET	BUCARO, CONCETT	36.00		544.32	I	
213078	10/12/12	000010	GUILDNET	CARSWELL, LUELL	70.00		1,058.40	I	
213079	10/12/12	000010	GUILDNET	CEPEDA, TOMASA	30.00		453.60	I	
213080	10/12/12	000010	GUILDNET	COLAVITTI, JEAN	56.00		846.72	I	
213081	10/12/12	000010	GUILDNET	COLEMAN, REGINA	38.00		574.56	I	
213082	10/12/12	000010	GUILDNET	DIAZ, ALICIA	45.00		680.40	I	
213083	10/12/12	000010	GUILDNET	DIAZ, CARMEN	45.00		680.40	I	
213084	10/12/12	000010	GUILDNET	DONOSO, MARGARE	24.00		362.88	I	
213085	10/12/12	000010	GUILDNET	DURAN, CARMEN	32.50		491.40	I	
213086	10/12/12	000010	GUILDNET	EARLINGTON, ALB	41.00		619.92	I	
213087	10/12/12	000010	GUILDNET	ECKMAN, LOIS	7.00		1,375.92	I	
213088	10/12/12	000010	GUILDNET	ESPINOZA, MARIA	45.00		680.40	I	
213089	10/12/12	000010	GUILDNET	EXPOSITO, ALFON	40.00		604.80	I	
213090	10/12/12	000010	GUILDNET	FELICIANO, JOAN	38.00		574.56	I	
213091	10/12/12	000010	GUILDNET	FERNANDEZ, ANA	24.00		362.88	I	
213092	10/12/12	000010	GUILDNET	FERRARA, ANN	52.00		786.24	I	
213093	10/12/12	000010	GUILDNET	FERRO, JOSEPHIN	6.00		90.72	I	
213094	10/12/12	000010	GUILDNET	GOMEZ, YOLANDA	13.00		196.56	I	
213095	10/12/12	000010	GUILDNET	GREENSPAN, ALIC	30.00		453.60	I	
213096	10/05/12	000010	GUILDNET	HENLEY, LUVENIA	74.50		1,126.44	I	
213097	10/12/12	000010	GUILDNET	HENRIQUEZ, TERE	44.00		665.28	I	
213098	10/12/12	000010	GUILDNET	HUSTIU, SILVIA	3.00		45.36	I	
213099	10/12/12	000010	GUILDNET	IRIMIA, SIMONA	47.75		721.98	I	
213100	10/12/12	000010	GUILDNET	JIMENEZ, EUGENI	67.00		1,013.04	I	
213101	10/12/12	000010	GUILDNET	JOHNSON, DOROTH	63.75		963.90	I	
213102	10/12/12	000010	GUILDNET	MANGRAY, KARMAD	40.00		604.80	I	
213103	10/12/12	000010	GUILDNET	MARTIN, RUTH	36.00		544.32	I	
213104	10/12/12	000010	GUILDNET	MARTINEZ, EMMA	36.00		544.32	I	
213105	10/12/12	000010	GUILDNET	MARTINEZ, GLORI	20.00		302.40	I	
213106	10/12/12	000010	GUILDNET	MASSOL, PEDRO A	11.00		166.32	I	
213107	10/12/12	000010	GUILDNET	MCQUALL, MAUREE	70.00		1,058.40	I	
213108	10/12/12	000010	GUILDNET	MICHEL, DOROTHY	56.00		846.72	I	
213109	10/12/12	000010	GUILDNET	MODA DAILA	56.00		846.72	I	
213110	10/12/12	000010	GUILDNET	MORA, PAULA	4.00		60.48	I	
213111	10/12/12	000010	GUILDNET	MUSCICKA, JADWI	32.00		483.84	I	
213112	10/12/12	000010	GUILDNET	MUSCAT, CARMEN	∠5.00 7.75		3/8.00	I	
213113	10/12/12	000010	GUILDNET	NETTLES, DUNNA	7.75		11/.18	I	
213114	10/12/12	000010	GUILDNET	NEWBULD, KAMONA	∠5.UU		3/8.00	I I	
213115	10/12/12	000010	GUILDNET	NUNEZ, ANGELINA	∠U.UU		30∠.40 211 60	Τ Τ	
213116 213117	10/12/12	000010 000010	GUILDNET	NUNEA, IKIS	14.UU 25.00		∠⊥1.08 270 ∩∩	I	
213117	10/12/12 10/12/12	000010	GUILDNET GUILDNET	ORLANDO, ANNE	43.00 63.00		3/0.00	I	
213118	10/12/12	000010	GUILDNET	DADUTTIC DIGITA	40 00		934.30 604 00	I	
213119	10/12/12	000010	GUILDNET	DAZIOULIO VIRO	±0.00		004.80	I	
213120	10/12/12	000010	GOTIDINET	PAZIOULIS, KLEO	33.00		031.00	Τ.	

RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 2	- 3	09
SALES JF	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		
				SALES REGISTED	R		BILL WEEK END	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REG NY NY S A L E S R E G I S T E I	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213121	10/12/12	000010	GUILDNET	PENA, WALESKA	57.50		869.40	I	
213122	10/12/12	000010	GUILDNET	PEREZ, MARIA	24.00		362.88	I	
213123	10/12/12	000010	GUILDNET	PICHARDO, MARIA	63.00		952.56	I	
213124	10/12/12	000010	GUILDNET	PINILLA, VICTOR	35.00		529.20	I	
213125	10/12/12	000010	GUILDNET	PROANO, ALICIA	21.00		338.52	I	
213126	10/12/12	000010	GUILDNET	PROANO, BRUNO	33.00		531.96	I	
213127	10/12/12	000010	GUILDNET	RAMOS, ARGENTIN	12.00		181.44	I	
213128	10/12/12	000010	GUILDNET	RAMOS, ESTHER	15.00		226.80	I	
213129	10/12/12	000010	GUILDNET	RESTULA, VINCEN	19.50		294.84	I	
213130	10/12/12	000010	GUILDNET	RIVAS, GERTRUDI	30.00		453.60	I	
213131	10/12/12	000010	GUILDNET	RIVERA, RAMONIT	10.00		151.20	I	
213132	10/12/12	000010	GUILDNET	RODRIGUEZ, FABI	28.00		423.36	I	
213133	10/12/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		952.56	I	
213134	10/12/12	000010	GUILDNET	ROJAS, ANGEL	15.00		241.80	I	
213135	10/12/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		322.40	I	
213136	10/12/12	000010	GUILDNET	RUBIANO, MARIA	20.00		302.40	I	
213137	10/12/12	000010	GUILDNET	SALJANIN, DILJA	52.00		786.24	I	
213138	10/12/12	000010	GUILDNET	SANCHEZ, ELIZAB	43.00		650.16	I	
213139	10/05/12	000010	GUILDNET	SHELTON, AGUEDA	48.75		737.10	I	
213140	10/12/12	000010	GUILDNET	SOMRAJ, UMILLA	12.00		181.44	I	
213141	10/12/12	000010	GUILDNET	TROISI, DELIA	48.00		725.76	I	
213142	10/12/12	000010	GUILDNET	VARGAS, RAMON	11.75		177.66	I	
213143	10/12/12	000010	GUILDNET	VLAHOS, MARIE	56.00		846.72	I	
213144	10/12/12	000010	GUILDNET	WEISZ, KLARA	8.00		120.96	I	
213145	10/12/12	000010	GUILDNET	WEST, BALDWIN	20.00		302.40	I	
213146	10/05/12	000010	GUILDNET	WHITLEY, MYRNA	24.00		362.88	I	
213147	10/12/12	000010	GUILDNET	YI, CARLOS	24.00		362.88	I	
213148	10/12/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,375.92	I	
213149	10/05/12	000010	GUILDNET	ZARE, GLORIA	2.00		30.24	I	
213150	10/12/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		967.68	I	
				CUSTOMER	2,681.75	0.00	43,177.22		
				REFERENCE PENA, WALESKA PEREZ, MARIA PICHARDO, MARIA PINILLA, VICTOR PROANO, ALICIA PROANO, BRUNO RAMOS, ARGENTIN RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RIVERA, RAMONIT RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA TROISI, DELIA VARGAS, RAMON VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY CUSTOMER	2,681.75	0.00	43,177.22		

RUN DATE	10/17/12	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTE:			PAGE 1	- 3	10
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH F	IRST	
				SALES REGISTE:	R		BILL WEEK ENI	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213151	10/12/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
213152	10/12/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
213153	10/12/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	40.00		675.20	I	
213154	10/12/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
213155	10/12/12	000122	HEALTH FIRST	CARRION, MARIA	40.00		675.20	I	
213156	10/12/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
213157	9/28/12	000122	HEALTH FIRST	CHARITAR, RAMKA	35.00		590.80	I	
213158	9/28/12	000122	HEALTH FIRST	CORTES DE GALIN	6.00		101.28	I	
213159	10/12/12	000122	HEALTH FIRST	DELACRUZ, ANA	69.00		1,164.72	I	
213160	10/12/12	000122	HEALTH FIRST	ESTEVES, JOSE	30.00		506.40	I	
213161	9/28/12	000122	HEALTH FIRST	FERGERSON, TINA	88.00		1,485.44	I	
213162	10/12/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
213163	10/12/12	000122	HEALTH FIRST	FONTANES, PEDRO	49.00		827.12	I	
213164	10/05/12	000122	HEALTH FIRST	FRANCISCO, RICH	80.00		1,350.40	I	
213165	10/12/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
213166	10/12/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
213167	10/12/12	000122	HEALTH FIRST	LARA, TOMASA	40.00		675.20	I	
213168	10/12/12	000122	HEALTH FIRST	LAZALA, GLADYS	49.00		827.12	I	
213169	10/12/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	66.00		1,114.08	I	
213170	10/12/12	000122	HEALTH FIRST	MACARENA, SAHAR	69.00		1,164.72	I	
213171	10/12/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
213172	10/12/12	000122	HEALTH FIRST	PALAZZOLO, FLOR	60.00		1,012.80	I	
213173	9/28/12	000122	HEALTH FIRST	RIVERA, CHRISTO	15.00		253.20	I	
213174	9/28/12	000122	HEALTH FIRST	RIVERA, CHRISTO	48.00		810.24	I	
213175	9/21/12	000122	HEALTH FIRST	RIVERA, EDDIE	36.00		607.68	I	
213176	10/12/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
213177	10/12/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	16.00		270.08	I	
213178	10/12/12	000122	HEALTH FIRST	SALHUANA, YOLAN	15.00		253.20	I	
213179	10/12/12	000122	HEALTH FIRST	SPIVEY, PATRICI	20.00		337.60	I	
213180	10/12/12	000122	HEALTH FIRST	SURIEL, GERTRUD	8.00		135.04	I	
213181	10/12/12	000122	HEALTH FIRST	VASOUEZ, OLGA	20.00		337.60	Ī	
213182	10/12/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	Ī	
				·					
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DELACRUZ, ANA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH HENRY, BRENDA KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA PALAZZOLO, FLOR RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA	1,211.00	0.00	20,441.68		
				 CATEGORY	1,211.00	0.00	20,441.68		

RUN DATE	E 10/17/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE RE S A L				PAGE 1	- 3	11
SALES JE	RNL # 0303	LOC 001	SUNNYSIDE CITYWIDE RE	G NY NY			NHP NEIGHBORE	HOOD I	HEALTH
			S A L	ES REGISTER	2		BILL WEEK ENI	DING	10/19/12
INVOICE	‡ DATE	CUST NO	CUSTOMER NAME	PEFFFFNCF	HUIIBG	ΤΔΥ ΔΜΤ	∆M∩IINT	TYP	SURPLUS
INVOICE	† DAIE	COSI NO	COSTOMER NAME	KEPEKENCE	1100105	IAX ANI	AMOUNT	III	SURFIUS
213183	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S AHMED, UMARA	48.00		810.24	I	
213184	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S AKHTER, SELINA	45.00		759.60	I	
213185	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S CHUKWUJIORAH, T	50.00		844.00	I	
213186	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S DIAZ, CARMEN	28.00		472.64	I	
213187	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S FERNANDEZ, MARI	12.00		202.56	I	
213188	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S FLORES, MARITZA	10.00		168.80	I	
213189	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S FLORES, MARITZA	60.00		1,012.80	I	
213190	9/28/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S HAMPTON, PRISCI	44.00		742.72	I	
213191	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S JONES, CYNTHIA	11.00		185.68	I	
213192	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S KHALIL, RASHAN	36.00		607.68	I	
213193	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S KHAN, FARUQUE	82.00		1,384.16	I	
213194	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S KROLL, KATHERIN	39.00		658.32	I	
213195	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S MORALES HERNAD	42.00		708.96	I	
213196	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S MOSKOWITZ, RONA	24.00		405.12	I	
213197	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S OCASIO, VIRGINI	30.00		506.40	I	
213198	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S RODRIGUEZ, JESS	25.00		422.00	I	
213199	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S RODRIGUEZ, MARI	20.00		337.60	I	
213200	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S SALVATO, MARY	16.00		270.08	I	
213201	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S SHEPPARD, ERMA	69.00		1,164.72	I	
213202	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S WELLS, WYNORIA	16.00		270.08	I	
213203	10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S WILSON, SHERYL	38.00		641.44	I	
				CUSTOMER	745.00	0.00	12,575.60		
					745.00		12,575.60		

RUN DATE 10/1 SALES JRNL #	17/12 - SUP SUNN 0303 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 FID NY CATHO BILL WEEK EN	- ,	
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213205 10/3 213206 10/3 213207 9/3 213208 10/3 213209 10/3	12/12 000126 12/12 000126 12/12 000126 14/12 000126 12/12 000126 12/12 000126 12/12 000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE GIL, ALICIA M LITMAN, GAIL PANOS, DESPINA SAMOJEDNY, MICH SZE, BECKY VARGAS, RAQUEL	49.00 42.00 19.00 153.00 13.00 41.00 63.00		826.63 708.54 320.53 2,581.11 219.31 691.67 1,062.81	I I I I I	
			CUSTOMER	380.00	0.00	6,410.60		
			CATEGORY	380.00	0.00	6,410.60		

RUN DATE 10/17/12 - SALES JRNL # 0303	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - UHC UNITED HEALT BILL WEEK ENDING	H
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213211 10/12/12 213212 10/12/12 213213 10/12/12 213214 10/05/12	000128 000128 000128 000128	UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE	CALDERON, MIGDA MILLAN, ARMIDA PAUL, PUTUL SAFOS, PATRA	70.00 53.00 7.00 40.00		1,201.20 I 909.48 I 120.12 I 686.40 I	
			CUSTOMER	170.00	0.00	2,917.20	
			CATEGORY	170.00	0.00	2,917.20	

RUN DATE 10/17/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 31	L4
SALES JRNL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			EHP EMBLEM H	EALTH	
			REG NY NY S A L E S R E G I S T E R			BILL WEEK EN	DING	10/19/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213215 10/12/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	21.00		294.00	I	
213216 10/12/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
213217 10/12/12	000114	EMBLEM HEALTH	COPELAND, ELISE	21.00		299.25	I	
213218 10/12/12	000114	EMBLEM HEALTH	COPELAND, ELISE	21.00		299.25	I	
213219 10/12/12	000114	EMBLEM HEALTH	DE JESUS, TIBUR	72.00		1,026.00	I	
213220 10/12/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
213221 10/12/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	63.00		882.00	I	
213222 10/12/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	21.00		294.00	I	
213223 10/12/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
213224 10/12/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
213225 9/21/12	000114	EMBLEM HEALTH		73.00		1,022.00	Ī	
213226 9/28/12	000114	EMBLEM HEALTH		64.00		896.00	T	
213220 3,20,12	000111							
			CUSTOMER	556.00	0.00	7,812.50		
			CODIONER	222.00	0.00	.,312.30		
			CATEGORY	556.00	0.00	7,812.50		
			CATEGORI	330.00	0.00	,,512.50		

RUN DATE 10/17/12 - SALES JRNL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E		2		PAGE 1 HIP HEALTH IN BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
213227 10/12/12 213228 10/12/12 213229 10/12/12 213230 10/12/12 213231 10/12/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE LOYOLA, MARIA ORR, LOUISE WILLIAMS, DIANE	12.00 20.00 40.00 35.00 20.00		202.56 337.60 675.20 590.80 337.60	I I I I
			CUSTOMER	127.00	0.00	2,143.76	
			CATEGORY	127.00	0.00	2,143.76	

RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 3	16
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			MPH METROPLU	S HEAD	LTH
				SALES	REGISTE	R		BILL WEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213232	10/12/12	000130	METROPLUS HEALTH		IDERSON, BETH	25.00		428.75	I	
213233	10/12/12	000130	METROPLUS HEALTH	AR	RIAS, NORA	55.00		943.25	I	
213234	10/12/12	000130	METROPLUS HEALTH	CO	RDERO, ROSEND	70.00		1,200.50	I	
213235	10/12/12	000130	METROPLUS HEALTH	DA	VIS, ANGIE	132.00		2,263.80	I	
213236	10/05/12	000130	METROPLUS HEALTH	DO	BBINS, SANDRA	144.00		2,469.60	I	
213237	10/12/12	000130	METROPLUS HEALTH	GA	LAS, TERESA	35.00		600.25	I	
213238	10/12/12	000130	METROPLUS HEALTH		RDOCK, GERTRU	32.00		548.80	I	
213239	10/12/12	000130	METROPLUS HEALTH		SORIO, ELVIA			257.25	Ī	
213240	10/05/12	000130	METROPLUS HEALTH		RSAD, USHA			1,029.00	T	
213241	10/12/12	000130	METROPLUS HEALTH		MPERSAID, ALI			411.60	T	
213242	9/28/12	000130	METROPLUS HEALTH		ALS, CHARLES			1,234.80	T	
213243	10/12/12	000130	METROPLUS HEALTH		NTORO, MATTHE	35.00		600.25	± +	
213243	10/12/12	000130				4.00		68.60	I	
			METROPLUS HEALTH		•					
213245	10/12/12	000130	METROPLUS HEALTH	VA	LLE, BLASINA	40.00		686.00	I	
							0.00	10 540 45		
					CUSTOMER	743.00	0.00	12,742.45		
					CATEGORY	743.00	0.00	12,742.45		
1								, :		

RUN DATE 10/17/12 - SALES JRNL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE (BILL WEEK EN		= :
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213246 10/05/12 213247 10/12/12 213248 10/12/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	63.00 42.00 63.00		1,083.60 722.40 1,083.60	I I I	
				CUSTOMER	168.00	0.00	2,889.60		
				CATEGORY	168.00	0.00	2,889.60		

	10/17/12 - NL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1	- 31	18
SALES ON	NL # 0303	100 001	SOUNTSIDE CITIWIDE	SALES REGISTER			BILL WEEK EN		10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213249	9/28/12	000132	AMERIGROUP	DENNISON, KELVI	34.00		573.92	I	
213250	10/12/12	000132	AMERIGROUP	ESPERSON, CLAUD	8.00		135.04	I	
213251	10/12/12	000132	AMERIGROUP	FERNANDEZ, NORK	42.00		708.96	I	
213252	10/05/12	000132	AMERIGROUP	FRASIEUR, GARY	20.00		337.60	I	
213253	10/12/12	000132	AMERIGROUP	GUERRA, LORRAIN	63.00		1,063.44	I	
213254	10/12/12	000132	AMERIGROUP	HARDING, EDNA	12.00		202.56	I	
213255	10/12/12	000132	AMERIGROUP	MICHEL, VERULIA	31.00		523.28	I	
213256	10/12/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04	I	
213257	10/12/12	000132	AMERIGROUP	WALTERS, BYRON	25.00		422.00	I	
213258	10/12/12	000132	AMERIGROUP	YOUNG, KALEILE	18.00		303.84	I	
				CUSTOMER	261.00	0.00	4,405.68		
				CATEGORY	261.00	0.00	4,405.68		

RUN DATE 10/17/12 - SALES JRNL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HCP HEALTHCARE BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213259 10/12/12 213260 10/12/12 213261 10/12/12	000148 000148 000148	HEALTH CARE PARTNERS HEALTH CARE PARTNERS HEALTH CARE PARTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 16.00 16.00		1,063.44 I 270.08 I 270.08 I	
			CUSTOMER	95.00	0.00	1,603.60	
			CATEGORY	95.00	0.00	1,603.60	

RUN DATE 10/1	.7/12 - SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	10
SALES JRNL #	0303 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				ICS INDEPENDE	ENCE C	ARE SYSTEMS
			SALES RE	GISTER			BILL WEEK ENI	DING	10/19/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERE	NCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213262 10/0	05/12 000172	INDEPENDENCE CARE SYST	TEMS MUSHAYE	V, BORIS	24.00		381.60	I	
			C	ATEGORY	24.00	0.00	381.60		
	SALES JRNL # INVOICE# DA	SALES JRNL # 0303 LOC 001 INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E INVOICE# DATE CUST NO CUSTOMER NAME REFERE 213262 10/05/12 000172 INDEPENDENCE CARE SYSTEMS MUSHAYE	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 213262 10/05/12 000172 INDEPENDENCE CARE SYSTEMS MUSHAYEV, BORIS 24.00	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 213262 10/05/12 000172 INDEPENDENCE CARE SYSTEMS MUSHAYEV, BORIS 24.00	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER ICS INDEPENDENT BILL WEEK END	SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REG ISTER ICS INDEPENDENCE OF BILL WEEK ENDING SALES REFERENCE HOURS TAX AMT AMOUNT TYPE 13262 10/05/12 000172 INDEPENDENCE CARE SYSTEMS MUSHAYEV, BORIS 24.00 381.60 I

RUN DATE 10/17/12	- SUP SUNNYSI	DE CITYWIDE					PAGE 1	- 321
SALES JRNL # 0303	LOC 001 S	SUNNYSIDE CITYWIDE	REG N	Y NY			VCS VNSNY CHO	DICE SELECTHEALTH
			SALES	REGISTER			BILL WEEK ENI	DING 10/19/12
INVOICE# DATE	CUST NO CU	JSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213263 10/12/12	000170 VN	ISNY CHOICE SELECT	HEALTH I	KARASSAVIDES, A	35.00		600.60	I
				 CATEGORY	 35.00	0.00	600.60	

			YSIDE CITYWIDE				-	- 3	22
SALES JR	NL # 0303	LOC 001					PAR PRIVATE		
			SALE	S REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213264	10/12/12	000002	SUNNYSIDE COMMUNITY SERVICES	CAGAN, RUMANDO	8.00		116.00	I	
213265	10/12/12	000002	SUNNYSIDE COMMUNITY SERVICES	DIAZ, CIRILO	4.00		58.00	I	
213266	10/12/12	000002	SUNNYSIDE COMMUNITY SERVICES	ESCOBAR, MARIA	8.00		116.00	I	
213267	10/12/12	000002	SUNNYSIDE COMMUNITY SERVICES	FREEDMAN, SHIRL	4.00		58.00	I	
213268	10/12/12	000002	SUNNYSIDE COMMUNITY SERVICES	RICKS, WALTER	8.00		116.00	I	
213269	10/12/12	000002	SUNNYSIDE COMMUNITY SERVICES	RIZZO, SALVATOR	3.50		50.75	I	
				CUSTOMER	35.50	0.00	514.75		
213270	10/12/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	8.00		124.00	I	
213271	10/05/12	000049	DOMINICAN SISTERS FAM HLTH	MORSHELINA, NAS	15.00		217.50	I	
213272	10/12/12	000049	DOMINICAN SISTERS FAM HLTH	MORSHELINA, NAS	15.00		217.50	I	
				CUSTOMER	30.00	0.00	435.00		
213273	10/12/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	81.50	0.00	1,197.75		

	10/17/12 NL # 0303		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CAS CHILDREN	- 3	
			Si	ALES REGISTER			BILL WEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213274	10/12/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I	
213275	10/05/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
213276	10/05/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
213277	10/12/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	24.00		372.00	I	
213278	10/12/12	000088	CHILDREN'S AID SOCIETY	VARGAS, BRANDON	13.50		209.25	I	
213279	10/12/12	000088	CHILDREN'S AID SOCIETY	VARGAS, JOHN	13.50		209.25	I	
				CUSTOMER	88.00	0.00	1,364.00		
				CATEGORY	88.00	0.00	1,364.00		

			YSIDE CITYWIDE				PAGE 1 - 3	324
SALES JRN	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE	10/10/10
				SALES REGISTER			BILL WEEK ENDING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213280	10/12/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
				CATEGORY	20.00	0.00	310.00	

RUN DATE 10/17/12 SALES JRNL # 0303	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	WIDE REGNY NY SALES REGIST	E R		PAGE 1 ELD ELDERSER' BILL WEEK EN	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213281 10/12/12 213282 10/12/12	000101 ELDERSERVEHEAL 000101 ELDERSERVEHEAL		25.00 19.25		356.25 274.32	I
		CUSTOMER	44.25	0.00	630.57	
		CATEGORY	44.25	0.00	630.57	

RUN DATE 10/17/12 SALES JRNL # 0303		NYSIDE CITYWIDE	REG NY NY LES REGISTER		P	AGE 1 - AR PRIVATE ILL WEEK ENDING	326
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213283 10/12/12	000143 ETTO	RE COPPOLA	COPPOLA, ETTORE	20.00		310.00 I	
			CATEGORY	20.00	0.00	310.00	

RUN DATE	10/17/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3:	27
SALES JR	NL # 0303	LOC 001	SUNNYSIDE CITYWIDE F	REG NY NY			CCM COMPREHE	NSIVE	CARE MGMT
			S A I	LES REGISTE	R		BILL WEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213284	10/05/12	000150	COMPREHENSIVE CARE MANAGEME	ENT BONES, ANA	4.00		56.40	т	
213285	10/03/12	000150	COMPREHENSIVE CARE MANAGEME	/	12.00		169.20		
				/					
213286	10/12/12	000150	COMPREHENSIVE CARE MANAGEME	INT GARCIA, MARIA	8.00		112.80	Τ	
213287	10/12/12	000150	COMPREHENSIVE CARE MANAGEME	ENT MELAMED, ESTER	12.00		169.20	I	
213288	10/12/12	000150	COMPREHENSIVE CARE MANAGEME	INT PAUL, PUTUL	3.00		42.30	I	
213289	10/12/12	000150	COMPREHENSIVE CARE MANAGEME	INT PULLIAM, WILLIE	30.00		423.00	I	
213290	10/12/12	000150	COMPREHENSIVE CARE MANAGEME	ENT ROSARIO, CELEST	30.00		423.00	I	
				GHGEOMED		0.00	1 205 00		
				CUSTOMER	99.00	0.00	1,395.90		
				CATEGORY	99.00	0.00	1,395.90		

	10/17/12 - NL # 0303	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG N	IY NY			PAGE 1 PAR PRIVATE	- 3	28
SALES ON	иш # 0303	10C 001	SOUNTSIDE CITIMIDE	SALES				BILL WEEK EN	DING	10/19/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213291	10/12/12	000155	ROSEMARY JIBAJA		JIBAJA, ROSEMAR	168.00		2,676.00	I	
213292	10/12/12	000167	AMY L. WELTMAN		LUSKIND, FRANCE	7.00		1,338.00	I	
213293	10/12/12	000179	DOROTHY TABICKMAN		TABICKMAN, DORT	12.00		186.00	I	
213294	10/12/12	000181	EDELMAN, MILDRED		EDELMAN, MILDRE	12.00		204.00	I	
213295	10/12/12	000183	STEPHEN EDEL		EDEL, CANDACE	81.00		1,279.50	I	
213296	10/12/12	000189	RHONDA SCHWARTZ		SCHORR, NORMA	6.00		93.00	I	
					 CATEGORY	286.00	0.00	5,776.50		
I										

RUN DATE 10/2	17/12 - SUP SUM	NNYSIDE CITYWIDE					PAGE 1	- 32	:9
SALES JRNL #	0303 LOC 003	l SUNNYSIDE CITYWIDE		NY			нин ини номе		
			SALES	REGISTER			BILL WEEK ENI	DING	10/19/12
INVOICE# DA	ATE CUST NO	O CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213297 10/3	12/12 000192	HHH LONG TERM HOME	HLTH CARE TO	VAR, ELENA	42.00		630.00	I	
				CATEGORY	42.00	0.00	630.00		

	I 10/17/12 -	- SUP SUNN LOC 001	IYSIDE CITYWIDE REG SUNNYSIDE CITYWIDE REG S A L E	NY NY S REGISTER			PAGE 1 PAR PRIVATE BILL WEEK EN	- 3	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213298	10/12/12	000193	ALZHEIMER'S ASSOCIATION, NYC	ESPINOZA, LUPE	20.00		310.00	I	
213299	10/12/12	000197	KLEA THEOHARIS	THEOHARIS, ARIS	18.00		279.00	I	
213300	10/12/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
213301	10/12/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
213302	10/12/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
213303	10/12/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
213304	10/12/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
213305	10/12/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
213306	10/12/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
213307	10/12/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
213308	10/12/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
213309	10/12/12	010375	DOMINICA IRAOLA	IRAOLA, LILIAN	6.00		95.25	I	
213310	10/12/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	6.00		95.25	I	
213311	10/12/12	010529	STEPHEN WEISS	WEISS, STELLA	6.00		102.00	I	
213312	10/12/12	010530	DANA SITILDES	ANSELMI, PETER	28.00		446.00	I	
213313	10/12/12	011016	MICHAEL SIANO	SIANO, ANDREW	30.00		405.00	I	
213314	10/12/12	011027	SALVATORE DINARO	DINARO, SALVATO	12.00		186.00	I	
213315 213316	9/28/12 10/12/12	011060 011060	ROBIN WARREN CHARLES ROBIN WARREN CHARLES	WARREN, CYNTHIA WARREN, CYNTHIA	12.00 133.00		204.00 2,118.50	I I	
				CUSTOMER	145.00	0.00	2,322.50		
213317	10/12/12	011245	SHEEHAN MARGARET	SHEEHAN, MARGAR	12.75		197.63	I	
213318	10/12/12	011394	HELGA JENSEN	JENSEN, HELGA	41.00		659.50	I	
213319	10/05/12	011497	DOMINICK SAMPOGNA	SAMPOGNA, LUCY	6.00		93.00	I	
213320 213321	10/05/12 10/12/12	011502 011502	DOMINICK SAMPOGNA DOMINICK SAMPOGNA	SAMPOGNA, LUCY SAMPOGNA, LUCY	18.00 42.00		279.00 705.00	I I	
				CUSTOMER	60.00	0.00	984.00		

RUN DATE 10/17/12 - SUP SUNNY SALES JRNL # 0303 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG SALE		R		PAGE 2 PAR PRIVATE BILL WEEK EN	- 33 DING	1 10/19/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213322 10/12/12 011536	CARNEY ELIZABETH	CARNEY, ELIZABE	6.00		93.00	I	
213323 10/12/12 011542	LUCY SAMPOGNA	SAMPOGNA, LUCY	20.00		310.00	I	
		CATEGORY	542.75	0.00	8,538.13		
		LOCATION	23,190.00	0.00	357,514.48		
		COMPANY	23,190.00	0.00	357,514.48		

RUN DATE 10/17/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 332
SALES JRNL # 0303 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER

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

BILL WEEK ENDING 10/19/12

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