RUN DATE 04/04/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0275 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 4/06/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
COLON, RAYMUNDA
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
DABU, JUANITA
16.00
SENIOR HEALTH PARTNERS
DABU, JUANITA
4.00
SENIOR HEALTH PARTNERS
FENTON, JESSIE
8.00
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
GHILIOTTY, FLOR
SENIOR HEALTH PARTNERS
GRAFSTEIN, LILL
7.00
SENIOR HEALTH PARTNERS
HARIDIN, KHAMAT
33.00
SENIOR HEALTH PARTNERS
HARIDIN, RAMDIA
SENIOR HEALTH PARTNERS
HERNANDEZ, FRAN
30.00
SENIOR HEALTH PARTNERS
MOROCHO, MANUEL
76.00
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
25.00
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
17.00
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
17.00 ALVAREZ, ANGELA 4.00 189475 3/30/12 000082 SENIOR HEALTH PARTNERS 57.00 I 189476 3/30/12 000082 57.00 I 189477 342.00 3/30/12 000082 189478 3/30/12 000082 498.75 189479 3/30/12 000082 513.00 228.00 189480 3/30/12 000082 189481 3/30/12 000082 57.00 189482 3/30/12 000082 114.00 189483 3/30/12 000082 57.00 189484 3/30/12 000082 441.75 189485 3/30/12 000082 1,400.00 189486 3/30/12 000082 470.25 189487 3/30/12 000082 1,923.75 189488 3/30/12 000082 427.50 189489 3/30/12 000082 67.69 189490 3/30/12 1,083.00 000082 189491 3/30/12 285.00 000082 189492 3/30/12 000082 356.25 189493 114.00 3/30/12 000082 189494 3/30/12 000082 570.00 189495 3/23/12 000082 242.25 189496 3/30/12 000082 570.00 189497 3/30/12 000082 171.00 Т 189498 57.00 I 3/30/12 000082 \_\_\_\_\_ \_\_\_\_\_ CUSTOMER 617.75 0.00 10,103.19

CATEGORY 617.75 0.00 10,103.19

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	2
SALES ORK	ш # 02/5	100 001		SALES REGISTER	ર		BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189499 189500 189501 189502 189503 189504	3/30/12 3/30/12 3/30/12 3/30/12 3/30/12 3/30/12	000008 000008 000008 000008 000008	VISITING NURSE SERVICE	ADAMES, ÓLGA ADAMES, RICARDO ADAMS, MYRIAM ADUN, JEANETTE	56.00 25.00 35.00 70.00 16.00 4.00		816.48 I 364.50 I 510.30 I 1,020.60 I 233.28 I 58.32 I	
				CUSTOMER	206.00	0.00	3,003.48	
				CATEGORY	206.00	0.00	3,003.48	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE S i	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189505	3/30/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE 04/04/12	- SUP SUNNYSIDE CITYWIDE					PAGE 1	_	4
SALES JRNL # 0275	LOC 001 SUNNYSIDE CI	TYWIDE REG NY	NY			VCP CHOICE L	HCSA	
		SALES	REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189506 3/30/12 189507 3/30/12	000008 VISITING NURS		GUILAR-PROCE, KBAR, NASEEM	42.00 20.00		612.36 291.60	I I	
			CUSTOMER	62.00	0.00	903.96		
			 CATEGORY	62.00	0.00	903.96		

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	5
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189508	3/30/12	800000	VISITING NURSE SERVICE	E ALBANESE, IDA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	
				CHILDON	13.00	0.00	210.70	

	04/04/12 - IL # 0275			REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189509	3/30/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189510	3/30/12	800000	VISITING NURSE SERVICE	ALESSIU, AGRIPI	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	- DING	8 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189511	3/30/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	24.75		360.86	I	
				CATEGORY	24.75	0.00	360.86		

ı	RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	9	
ı	SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	T	
ı				5	SALES REGISTER			BILL WEEK ENDING	4/06/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı	189512	3/30/12	000008	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48 I		
ı	109312	3/30/12	000000	VISITING NORSE SERVICE	ALVAREZ, NAZARE	30.00		010.40 1		
ı										
ı					CATEGORY	56.00	0.00	816.48		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			5	SALES REGISTER			BILL WEEK ENDI	NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189513	3/30/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	56.00		816.48	I
189514	3/30/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I
				CUSTOMER	112.00	0.00	1,632.96	
				CATEGORY	112.00	0.00	1,632.96	

RUN DATE ( SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTE	R		PAGE 1 - ADU ADULT BILL WEEK END:		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS	
189515	3/30/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	11.75		171.32	I	
				 CATEGORY	11.75	0.00	171.32		

			YSIDE CITYWIDE					- 1	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING BILL WEEK EN		0 WALLS (LT 4/06/12
			•	SALES KEGISIEK			DIDD WEEK EN	DING	4/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189516	3/30/12	000008	VISITING NURSE SERVICE	ANGLILO EL CV	20.00		291.60	т.	
189517	3/30/12	000008	VISITING NURSE SERVICE	•	61.00		889.38	I	
	-,,								
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
SALES ON	11 # 02/3	HOC 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
189518	3/30/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	20.00		291.60	I
189519	3/23/12	800000	VISITING NURSE SERVICE	ARIAS, LEOPOLDI	10.50		153.10	I
189520	3/30/12	800000	VISITING NURSE SERVICE	ARIAS, LEOPOLDI	42.00		612.36	I
189521	3/30/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	45.75		667.04	I
				CUSTOMER	118.25	0.00	1,724.10	
				CATEGORY	118.25	0.00	1,724.10	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	14
SALES URN	L # UZ/5	LOC 001		SALES REGISTER			BILL WEEK ENDI	NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
189522 189523	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	23.00 12.00		335.34 174.96	I T
109323	3/30/12	000000	VISITING NORSE SERVICE	CUSTOMER	35.00	0.00	510.30	
				COSTONER	33.00	0.00	510.50	
				CATEGORY	35.00	0.00	510.30	

			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S 1	REGNY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189524	3/30/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	34.00		816.48 I	
				CATEGORY	34.00	0.00	816.48	

RUN DATE SALES JRN	- , - ,		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189525	3/30/12	000008	VISITING NURSE SERVICE	AVILA, ENIDIA CATEGORY	20.00	0.00	291.60 I  291.60	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING 4	/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
189526	3/30/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	
			:	SALES REGISTER			BILL WEEK END	DING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
189527 189528	3/30/12 3/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	8.00 35.00		116.64 510.30	I I
				CUSTOMER	43.00	0.00	626.94	
				CATEGORY	43.00	0.00	626.94	

RUN DATE ( SALES JRNI			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189529 189530 189531 189532	3/30/12 3/30/12 3/30/12 3/30/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BALLAS, VIOLA BAQUERIZO, ANNA BARDEANU, VICTO BATTLE, JEANETT	25.00 54.75 45.00 48.50		364.50 798.26 656.10 707.13	I I I
				CUSTOMER	173.25	0.00	2,525.99	
				 CATEGORY	 173.25	0.00	2,525.99	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 HOA HOSPICE ADULT	20
0111111	2    02/0	200 001		SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189533	3/30/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	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 T	YP SURPLUS
189534	3/30/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	151.00		2,201.58	I
				CATEGORY	151.00	0.00	2,201.58	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	22 G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189535	3/30/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	3
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			2	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189536	3/02/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	5.00		72.90 I	
189537	3/30/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	6.00		87.48 I	
189538	3/30/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

RUN DATE 04/04/12 SALES JRNL # 0275	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 2	.4
SALES UNIO # 0275	EGC 001 SOMNISIDE CITIWIDE	SALES REGISTE	R		BILL WEEK EN	DING	4/06/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189539 3/30/12 189540 3/30/12		- ,	40.00 20.00		583.20 291.60	I I	
		CUSTOMER	60.00	0.00	874.80		
		 CATEGORY	60.00	0.00	874.80		

			NYSIDE CITYWIDE 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 TYP	SURPLUS
189541	3/30/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	26 IG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189542	3/30/12	800000	VISITING NURSE SERVICE	BLUMENTHAL, EST	6.00		87.48	<u>.</u> -
				CATEGORY	6.00	0.00	 87.48	

RUN DATE (	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27	
SALES JRNI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS	
189543	3/30/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	23.00		335.34 I		
				CATEGORY	23.00	0.00	335.34		

	/04/12 - SUP SUN						- 2	8
SALES JRNL ‡	# 0275 LOC 001		REG NY NY			ADU ADULT	DING	4/06/10
		2	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189544 3/	/30/12 000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	15.50		225.99	I	
189545 3/	/30/12 000008	VISITING NURSE SERVICE	BONILLA, ESPERA	49.00		714.42	I	
						0.40 41		
			CUSTOMER	64.50	0.00	940.41		
			CATEGORY	64.50	0.00	940.41		

			YSIDE CITYWIDE				PAGE 1 -	29
SALES JRN	ı∟ # 0275	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	ALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189546	3/30/12	000008	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
IN VOICE#	DAIE	COSI NO	COSTOMER NAME	KEFEKENCE	1100105	IAA ANI	AMOUNT TIP	BOKFLOS
189547	3/30/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 04/04/12 - SUP SUNNYSIDE CITYWIDE	PAGE 1 - 31
SALES JRNL # 0275 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER	VCP CHOICE LHCSA BILL WEEK ENDING 4/06/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AM	T AMOUNT TYP SURPLUS
189548 3/30/12 000008 VISITING NURSE SERVICE BORYSEWICZ, MAR 12.00	174.96 I
CATEGORY 12.00 0.0	 0

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	32
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	,
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189549	3/30/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	17.00		247.86 I	
				CATEGORY	17.00	0.00	247.86	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		33
	_			SALES REGISTER			BILL WEEK END		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189550	3/30/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	45.00		656.10	I	
189551	3/30/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	10.00		145.80	I	
189552	3/30/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48	I	
				CUSTOMER	111.00	0.00	1,618.38		
				CATEGORY	111.00	0.00	1,618.38		

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 34	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H	OME W/	O WALLS LT
			5	SALES REGISTER			BILL WEEK END	ING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
189553	3/30/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	56.00		816.48	I	
				CATEGORY	56.00	0.00	816.48		

RUN DATE 0 SALES JRNL			TYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
189555 189556	3/30/12 3/30/12 3/30/12 3/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CABA, PURA CALABRO, JOSEPH CALDERON, FRANC CALDERON, VIRGI	10.00 29.00 43.00 30.00		145.80 422.82 626.94 437.40	I I I
				CUSTOMER	112.00	0.00	1,632.96	
				 CATEGORY	112.00	0.00	1,632.96	

RUN DATE (	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
SALES JRNI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	Т
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189558	3/30/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	37
SALES OWN	11 # 02/3	100 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
189559 189560	3/09/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CAMBARA, JOSEFA CAMBARA, JOSEFA	8.00 56.00		116.64 816.48	[ [
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

	04/04/12 - NL # 0275		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - AUR ADULT REHAB BILL WEEK ENDING	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189561	3/30/12	800000	VISITING NURSE SERVICE	CANDIDO, ELENA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

ı	RUN DATE (	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39	
ı	SALES JRNI	L # 0275	LOC 001		REG NY NY			LTC NURSING HOMEW		
ı				2	SALES REGISTER			BILL WEEK ENDING	4/06/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	189562	3/30/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I		
ı					CATEGORY	42.00	0.00	612.36		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189563	3/30/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72	]
				CATEGORY	84.00	0.00	1,224.72	

	04/04/12 - L # 0275			REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
189564	3/30/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	46.00		670.69	I
				CATEGORY	46.00	0.00	670.69	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		42
DALLS OW	H 02/3	100 001		SALES REGISTER			BILL WEEK ENI		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189565	3/30/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	55.75			I	
189566 189567	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	43.75 24.75		637.88 360.86	I	
103307	3/30/12	000000	VIBILING NORSE SERVICE						
				CUSTOMER	124.25	0.00	1,811.58		
				CATEGORY	124.25	0.00	1,811.58		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	43
SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189568	3/30/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 44
SALES URN	L # 02/5	LOC UUI		SALES REGISTER			BILL WEEK ENDI	ING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TOUND T	TYP SURPLUS
189569 189570	3/30/12 3/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	15.00 6.00		218.70 87.48	I
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

	04/04/12 - L # 0275		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
189571	3/30/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189572	3/30/12	800000	VISITING NURSE SERVICE	CELIO, MARION	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	47
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	ALES REGISTER			BILL WEEK ENDING	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
189573	3/30/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

	04/04/12 - IL # 0275		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING F BILL WEEK ENI	HOMEW/	18 O WALLS (LT 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189574 189575 189576	3/16/12 3/23/12 3/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 7.00 18.00		58.32 102.06 262.44	I I I	
				CUSTOMER	29.00	0.00	422.82		
				CATEGORY	29.00	0.00	422.82		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189577	3/30/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	[
				CATEGORY	30.00	0.00	437.40	

- 1	RUN DATE SALES JRN		SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	50 W/O WALLS LT 4/06/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189578	3/30/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
					CATEGORY	20.00	0.00	 291.60	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JRN	L # 0275	LOC 001		REG NY NY			LTC NURSING HOME	· ·
			i	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189579	3/30/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	30.00		437.40 I	
				CAMEGODY	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN				REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189580	3/30/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
189581	3/30/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	04/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	4
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			:	SALES REGISTER			BILL WEEK END	ING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189582	3/30/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	56.00		816.48	I	
189583	3/30/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I	
189584	3/30/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	32.00		466.56	I	
				CUSTOMER	128.00	0.00	1,866.24		
				CATEGORY	128.00	0.00	1,866.24		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189585	3/30/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	55.00		801.90 I	
				CATEGORY	55.00	0.00	801.90	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189586	3/30/12	000008	VISITING NURSE SERVICE	COLEMAN, JAMES	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	J ,
SALES URN	ш # 02/5	TOC 001		REGNY NY SALES REGISTER			BILL WEEK END	OMEW/O WALLS (LT ING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
189587	3/30/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I
189588	3/30/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I
189589	3/30/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I
189590	3/30/12	000008	VISITING NURSE SERVICE	COLON, ISABEL	19.00		277.02	I
				OTIGEOMED		0.00	1 300 60	
				CUSTOMER	96.00	0.00	1,399.68	
				CATEGORY	96.00	0.00	1,399.68	

ı	RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	58
ı	SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
ı				S	SALES REGISTER			BILL WEEK ENDING	4/06/12
ı			~~						
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١	100501	2/20/10	000000	TITATETNA NUDAE AEDIITAE	CORDERO MELLY	160.00		2 440 44 +	
١	189591	3/30/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
١									
١					CATEGORY	168.00	0.00	2,449.44	
ı					CAILGORI	100.00	0.00	2,449.44	

		04/04/12 - L # 0275		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 59 LTC NURSING HOMEW/C	
	011111	2    02/3	200 001		SALES REGISTER			BILL WEEK ENDING	•
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189592	3/30/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
					CAMPICODY				
- [					CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	60	
ı	SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				S	SALES REGISTER			BILL WEEK ENDING	4/06/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	189593	3/30/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I		
ı										
ı										
ı					CATEGORY	20.00	0.00	291.60		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61
SALES JRN	r∟ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S	ALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189594	3/30/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 04/04/12 - SUP SUNNYSIDE CITYWIDE	DEC NV NV	PAGE ADU ADULT	1 - 62
SALES JRNL # 0275 LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER	BILL WEEK	ENDING 4/06/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE HOURS	TAX AMT AMOUN	T TYP SURPLUS
189595 3/30/12 000008 VISITING NURSE SERVI	CE COVALIU, SIMION 20.50	298.9	0 I
	CATEGORY 20.50	0.00 298.9	 0

			YSIDE CITYWIDE				PAGE 1 -	63
SALES JRNI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	. D		HOA HOSPICE ADUL	
			, and a second s	SALES REGIST	L K		BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189596	3/30/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				CATEGORY	 19.00	0.00	277.02	

ı	RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	64
ı	SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDING	4/06/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
ı	100505	0 / 0 0 / 1 0				0.4		460.00 -	
ı	189597	3/30/12	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	31.75		462.92 I	
ı									
ı								460.00	
ı					CATEGORY	31.75	0.00	462.92	

RUN DATE (	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	L –	65	
SALES JRNI	և # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I	LHCSA		
			5	SALES REGISTER			BILL WEEK EN	NDING	4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
189598	3/30/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28	I		
				CATEGORY	16.00	0.00	233.28			

RUN DATE 04/04/1 SALES JRNL # 027			REG NY NY			PAGE 1 LTC NURSING	– 6 HOMEW/	
		i	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189599 3/30/1 189600 3/30/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	25.00 56.00		364.50 816.48	I	
109000 3/30/1	2 000008	VISITING NORSE SERVICE	DANNI, KANDULAK					
			CUSTOMER	81.00	0.00	1,180.98		
			CATEGORY	81.00	0.00	1,180.98		

RUN DATE	04/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
SALES JRN	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189601	3/30/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE (			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	68
0111111	2    02/0	200 001		SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189602	3/30/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

ı	RUN DATE (	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	69	
ı	SALES JRNI	L # 0275	LOC 001		REG NY NY			LAD NURSING HOME		
ı				i	SALES REGISTER			BILL WEEK ENDING	4/06/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	189603	3/30/12	800000	VISITING NURSE SERVICE	DEL CARPIO, FEL	36.50		532.17 I		
					CATEGORY	36.50	0.00	 532.17		

RUN DATE 04, SALES JRNL	/04/12 - SUP SUNN # 0275 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	/30/12 000008 /30/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	37.75 35.25		550.40 513.95	I I	
			CUSTOMER	73.00	0.00	1,064.35		
			CATEGORY	73.00	0.00	1,064.35		

			YSIDE CITYWIDE				PAGE 1 -	71
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			2	SALES REGISTER			BILL WEEK ENDI	NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189606	3/30/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	30.00		437.40	I
189607	3/30/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I
				CUSTOMER	50.00	0.00	729.00	
				CATEGORY	50.00	0.00	729.00	

				YSIDE CITYWIDE	DEG NV NV			PAGE 1 -	72
SA.	LES JENI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 4/06/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
18	9608	3/30/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	27.75		404.60 I	
					CATEGORY	27.75	0.00	404.60	

			YSIDE CITYWIDE 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
189609	3/30/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	74 G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189610	3/30/12	800000	VISITING NURSE SERVICE	DERISE, JEROME	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		75
Bridde Grav	1 1 02/3	100 001		SALES REGISTE	R		BILL WEEK EN		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189611	3/30/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	3.00		43.74	I	
189612	3/30/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	44.50		648.82	I	
189613	3/30/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I	
189614	3/30/12	000008	VISITING NURSE SERVICE	DIAZ, OLGA	42.00		612.36	I	
189615	3/30/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	I	
				CUSTOMER	160.50	0.00	2,340.10		
				CATEGORY	160.50	0.00	2,340.10		

			YSIDE CITYWIDE				-	76
SALES JRN	IL # 0275	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189616	3/30/12	800000	VISITING NURSE SERVICE	DIELE, MARIE	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	77
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189617	3/09/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	5.00		72.90	I	
189618	3/30/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	68.75		1,002.38	I	
189619	3/30/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	42.00		612.36	I	
189620	3/30/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
				CUSTOMER	135.75	0.00	1,979.24		
				CATEGORY	135.75	0.00	1,979.24		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 78	3
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
			:	S A L E S R E G I S T E R			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189621	3/30/12	000008	VISITING NURSE SERVICE	DOMINICK, GINA	7.00		102.06 I	
189622	3/30/12	800000	VISITING NURSE SERVICE	DOMINICK, GINA	8.00		116.64 I	
189623	3/30/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	39.00		568.62 I	
				CUSTOMER	54.00	0.00	787.32	
				COSTOMER	54.00	0.00	767.32	
				CATEGORY	54.00	0.00	787.32	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	IG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189624	3/30/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	6.00		87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DA	ATE 04/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	80
SALES	JRNL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189625	3/30/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	81
SALES JRN	rL # 0275	LOC 001		REG NY NY			VCP CHOICE LHCS.	
			:	SALES REGISTER			BILL WEEK ENDIN	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189626	3/30/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 -	82
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
189627	3/30/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	6.75		98.42 I	
				CATEGORY	6.75	0.00	98.42	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	83
SALES JRN	rL # 0275	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189628	3/30/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32	Ī.
				CATEGORY	4.00	0.00	58.32	

RUN DATE	04/04/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 84	
SALES JRI	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	OGRAM
			\$	SALES REGISTER			BILL WEEK ENDING 4/0	5/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
189629	3/30/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	85
DALLS OW	1 # 02/3	HOC 001		SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189630 189631	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ESPEJO, FLORENC EVERETT, SHIRLE	30.00 21.00		437.40 I 306.18 I	
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	 743.58	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	_	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189632	3/30/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	58.75		856.58 I	
				CATEGORY	58.75	0.00	856.58	

ı	RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87
ı	SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				S	SALES REGISTER			BILL WEEK ENDING	4/06/12
ı									
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
ı	189633	3/30/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	15.00		218.70 I	
ı									
ı					CATEGORY	15.00	0.00	218.70	

ı	RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88	
ı	SALES JRN	ь # 0275	LOC 001		REG NY NY			HOA HOSPICE ADU		
ı				S	SALES REGISTE	R		BILL WEEK ENDIN	IG 4/06/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
	189634	3/30/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	9.00		131.22 I		
					 CATEGORY	9.00	0.00	131.22		

ı	RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89
ı	SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	HEALTH
ı				S	SALES REGISTER			BILL WEEK ENDING	4/06/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	189635	3/30/12	800000	VISITING NURSE SERVICE	FARO, VIRGINIA	6.00		87.48 I	
ı									
ı									
ı					CATEGORY	6.00	0.00	87.48	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	90	
SALES JRN	և # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			\$	SALES REGISTER			BILL WEEK ENDING	4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
189636	3/30/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	47.75		696.20 I		
				CATEGORY	47.75	0.00	696.20		

RUN DATE	04/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	91
SALES JR	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189637	3/30/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	92
SALES JRN	rL # 0275	LOC 001		REG NY NY			VCP CHOICE LHCS	
			i	SALES REGISTER			BILL WEEK ENDIN	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189638	3/30/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189639	3/30/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	94
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189640	3/30/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JRN	NL # 0275	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189641	3/30/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	33.25		484.79 I	
				CATEGORY	33.25	0.00	484.79	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	96
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189642	3/30/12	800000	VISITING NURSE SERVICE	FONSECA, EUGENI	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATI	04/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES J	RNL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 4/06/12
INVOICE	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189643	3/30/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	98
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189644	3/30/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	55.75		812.84 I	
						0.00	010.04	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	04/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	99	
SALES JRN	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
189645	3/30/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	47.00		685.26 I		
				CATEGORY	47.00	0.00	685.26		

RUN DATE 04 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		WALLS (LT 1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	SURPLUS
	3/30/12 3/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		46.00 35.00		670.68 510.30	I I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

			YSIDE CITYWIDE				PAGE 1 - 101	
SALES JRNI	և # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189648	3/30/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE 04/04 SALES JRNL # 0	/12 - SUP SUNNYSIDE 275 LOC 001 SUN	E CITYWIDE NNYSIDE CITYWIDE REG N	IY NY		PAGE 1 - 10. ADU ADULT	2
STEED STATE II S	273 100 001 501	S A L E S			BILL WEEK ENDING	4/06/12
INVOICE# DAT	E CUST NO CUST	TOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP	SURPLUS
189649 3/23 189650 3/30			GALARZA, JOSE GALARZA, JOSE	5.00 41.00	72.90 I 597.78 I	
			CUSTOMER	46.00 0.00	670.68	
			CATEGORY	46.00 0.00	670.68	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 103	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING 4	/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SU	JRPLUS
189651	3/30/12	000008	VISITING NURSE SERVICE	GALLARDO, ZOILA	42.00		612.36	I	
189652	3/30/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.75		142.16	I	
				CUSTOMER	51.75	0.00	754.52		
				CATEGORY	51.75	0.00	754.52		

			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S #	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	CW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189653	3/30/12	800000	VISITING NURSE SERVICE	GALLO, BENJAMIN	39.75		579.56 I	
				CATEGORY	39.75	0.00		

			YSIDE CITYWIDE				PAGE 1 - 10	5
SALES JRNI	L # U2/5	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189654	3/30/12	800000	VISITING NURSE SERVICE	E GALSTIAN, DJOUL	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	
				0111200111	51.00	0.00	1,01,12	

	04/04/12 - L # 0275			REG NY NY SALES REGISTER			PAGE 1 - 106 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189655	3/30/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	8.00		116.64 I
				CATEGORY	8.00	0.00	116.64

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY A L E S R E G I S T E R			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	07 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189656	3/30/12	000008	VISITING NURSE SERVICE	GARCIA, CONCEPC  CATEGORY	43.00		626.94 I  626.94	

RUN DATE (	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 108	
SALES JRNI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189657	3/30/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING 1 BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189658 189659 189660	3/30/12 3/30/12 3/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GARCIA, OLGA GARY, MIKE GEBHARDT, DOROT	24.00 34.50 40.00		349.92 503.02 583.20	I I I	
				CUSTOMER	98.50	0.00	1,436.14		
				CATEGORY	98.50	0.00	1,436.14		

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	110
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189661	3/30/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189662	3/30/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	46.00		670.69 I	
				CATEGORY	46.00	0.00	670.69	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUI	
			\$	SALES REGISTER			BILL WEEK ENDING	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
189663	3/30/12	800000	VISITING NURSE SERVICE	GIUNTA, MADELIN	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

RU	N DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.13
SA	LES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	4/06/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18	9664	3/30/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

				YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 1	
5.	ALES URNI	L # 0275	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	89665	3/30/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
					CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE				11102	- 11	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		,
			2	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189666	3/30/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	35.00		510.30	I	
189667	3/30/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	34.50		503.01	I	
				CUSTOMER	69.50	0.00	1,013.31		
				CATEGORY	69.50	0.00	1,013.31		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 116 ADU ADULT BILL WEEK ENDING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189668	3/30/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	7.00		102.06 I
				CATEGORY	7.00	0.00	102.06

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.17
SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189669	3/30/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 13 ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189670	3/30/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELADI	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 04/0 SALES JRNL #	04/12 - SUP SUNN 0275 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
	30/12 000008 30/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	24.00 9.00		349.92 131.22	I I
			CUSTOMER	33.00	0.00	481.14	
			CATEGORY	33.00	0.00	481.14	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12	20
SALES JRN	r∟ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189673	3/30/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	20.00		291.60	I	
189674	3/23/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	8.00		116.64	I	
189675	3/30/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20	I	
				CUSTOMER	68.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189676	3/30/12	800000	VISITING NURSE SERVICE	GREGORETTI, JOH	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LAA LOMBARDI AII BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
189677	3/30/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1	- 12	23
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		4 /05 /10
			i	SALES REGISTER			BILL WEEK END	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189678	3/30/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	80.00		1,166.40	I	
189679	3/30/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	16.50		240.57	I	
				CUSTOMER	96.50	0.00	1,406.97		
				CATEGORY	96.50	0.00	1,406.97		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S .	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189680	3/30/12	000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	36.00		524.88 I	
				CATEGORY	36.00	0.00		

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 – 125 ADU ADULT	
	SALES URN	L # 02/5	LOC UUI		ALES REGISTER			BILL WEEK ENDING 4/06/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	189681	3/30/12	800000	VISITING NURSE SERVICE	HENAO, VICTORIA	12.00		174.96 I	
					CATEGORY	12.00	0.00	 174.96	

			NYSIDE CITYWIDE				PAGE 1 -	126
SALES JRN	ь # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
10000	0 / 0 0 / 1 0						400 00 -	
189682	3/30/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

	/04/12 - SUP SUNN		DEC NV NV			-	127
SALES JRNL :	# 0275 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 4/06/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	/30/12 000008 /30/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ - ,	56.00 42.00		816.48 I 612.36 I	
			CUSTOMER	98.00	0.00	1,428.84	
			CATEGORY	98.00	0.00	1,428.84	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	128
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189685	3/30/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 04/04/1 SALES JRNL # 027			REG NY NY			PAGE 1 - 1 LTC NURSING HOMEW	
			SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189686 3/30/1		VISITING NURSE SERVICE	·	30.25		441.05 I	
189687 3/30/1	2 000008	VISITING NURSE SERVICE	HERRERA, HORACI	29.50		430.11 I	
			CUSTOMER	59.75	0.00	871.16	
			CATEGORY	59.75	0.00	871.16	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	130 NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189688	3/30/12	800000	VISITING NURSE SERVICE	HOWARD, FRANCIS	25.00		364.50	[
				CATEGORY	25.00	0.00	364.50	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	131
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189689	3/30/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	132
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189690	3/30/12	800000	VISITING NURSE SERVICE	IANNELLO, ROSE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE				PAGE 1 - 133	
SALES JRNI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189691	3/30/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LAA LOMBARDI AID BILL WEEK ENDING	
			•	SALES KEGISIEK			BILL WEEK ENDING	4/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189692	3/30/12	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	44.25		645.17 I	
				CATEGORY	44.25	0.00	645.17	

- 1				YSIDE CITYWIDE				PAGE 1 -	135	
ı	SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	4/06/12	
ı					SALES REGISTER			BILL WEEK ENDING	4/06/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	189693	3/30/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	49.00		714.42 I		
					CATEGORY	49.00	0.00	714.42		

			YSIDE CITYWIDE				-	136
SALES JR	NL # 0275	LOC 001		REG NY NY			VCP CHOICE LHC	
			S	SALES REGISTER			BILL WEEK ENDI	NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189694	3/30/12	000008	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40	I
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 137	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (	LT
			5	SALES REGISTER			BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
100605	2 / 20 / 10	000000			46.00		6F0 60 T	
189695	3/30/12	000008	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 13	88
BALLS OICH	1L # 0275	100 001		SALES REGISTER			BILL WEEK END		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
189696 189697	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JARA DEURUCHIM, JARAMILLO PAL,	10.00		145.80 58.32	I	
109097	3/30/12	000008	VISITING NORSE SERVICE	JARAMILLO PAL,	4.00		50.32		
				CUSTOMER	14.00	0.00	204.12		
				CATEGORY	14.00	0.00	204.12		

			YSIDE CITYWIDE				PAGE 1 - 139	
SALES JRNI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 4/0	06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
189698	3/30/12	800000	VISITING NURSE SERVICE	JASZKOWSKI, GEN	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

			YSIDE CITYWIDE					- 14	10
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		4/06/10
				SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189699	3/30/12	000008	VISITING NURSE SERVICE	- ·· ,	76.25		1,111.73	I	
189700	3/30/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I	
				CUSTOMER	100.25	0.00	1,461.65		
				COSTOMER	100.25	0.00	1,401.03		
				CATEGORY	100.25	0.00	1,461.65		

			TYSIDE CITYWIDE	DEC NY NY				- 141	_
SALES	JRNL # 0275	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			HOA HOSPICE A BILL WEEK END	-	4/06/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189701	3/30/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60	I	
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE SALES JRN				REGNY NY ALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	V/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189702	3/30/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.43
SALES URN	L # 02/5	LOC UUI		SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189703 189704	3/30/12 3/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	21.00 20.00		306.18 I 291.60 I	
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 144	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 4/	06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
189705	3/30/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189706	3/30/12	800000	VISITING NURSE SERVICE	JOHNSON, ROBERT	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 146	5
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/C	) WALLS (LT
			S	ALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189707	3/30/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	24.00		349.93	I	
189708	3/30/12	000008	VISITING NURSE SERVICE	JORRIN, NILIO	36.00		524.88	I	
				CUSTOMER	60.00	0.00	874.81		
				CATEGORY	60.00	0.00	874.81		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	147
SALES JRN	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDIN	NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
189709	3/30/12	800000	VISITING NURSE SERVICE	KAKOULLIS, FAY	15.00		218.70	I
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	18
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189710	3/23/12	800000	VISITING NURSE SERVICE	KAUR, SARD	4.00		58.32	I	
189711	3/30/12	800000	VISITING NURSE SERVICE	KAUR, SARD	12.00		174.96	I	
189712	3/30/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	52.00		758.16	I	
189713	3/30/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	19.00		277.02	I	
				CUSTOMER	87.00	0.00	1,268.46		
				CATEGORY	87.00	0.00	1,268.46		

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	149
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
INVOICE	DAIL	CODI NO	CODIONER WANE	KET EKENCE	110010	TAM ANT	APIOONI II	II BORLEOD
189714	3/30/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	56.00		816.48	I
				CATEGORY	56.00	0.00	816.48	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	0
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			5	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189715	3/16/12	000008	VISITING NURSE SERVICE	KONSTANTINAKOS,	20.00		291.60	I	
189716	3/23/12	800000	VISITING NURSE SERVICE	KONSTANTINAKOS,	10.50		153.09	I	
				CUSTOMER	30.50	0.00	444.69		
				CATEGORY	30.50	0.00	444.69		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY LES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189717	3/30/12	800000	VISITING NURSE SERVICE	KONSTANTINAKOS,	64.00		933.12 I	
				CATEGORY	64.00	0.00	933.12	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : VCP CHOICE LHCSA	152
DALLO OIGN	ы <sub>т</sub> од/5	DOC 001		SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189718	3/30/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	153
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
189719	3/30/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 -	
SALES	JRNL # 0275	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDING	3 4/06/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
189720	0 3/30/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I	
1				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - CCL CONGREGATE	155
DALLS ON	⊔ π 02/3	100 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189721	2/03/12	000008	VISITING NURSE SERVICE	LEE, HEE	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	56
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189722	3/30/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	20.00		291.60	I	
189723	3/30/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	11.25		164.03	I	
				CUSTOMER	31.25	0.00	455.63		
				CATEGORY	31.25	0.00	455.63		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	157 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, ,
189724	3/30/12	800000	VISITING NURSE SERVICE	LEVENDIS, GEORG	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 - 158 VCP CHOICE LHCSA
			i	SALES REGISTER			BILL WEEK ENDING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189725	3/23/12	000008	VISITING NURSE SERVICE	•	8.00		116.64 I
189726	3/30/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	55.75		812.84 I
				CUSTOMER	63.75	0.00	929.48
				CATEGORY	63.75	0.00	929.48

RUN DATE 04/04/			DEC MY MY			PAGE 1 - 159
SALES JRNL # 02	175 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 4/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189727 3/30/ 189728 3/30/		VISITING NURSE SERVICE VISITING NURSE SERVICE	LIMANDRI, FRANC LINARES, MYRIAM	40.00 15.75		583.20 I 229.64 I
			CUSTOMER	55.75	0.00	812.84
			CATEGORY	55.75	0.00	812.84

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	160
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189729	3/30/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				PAGE 1 - 161	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT	2
			•	SALES REGISTER			BILL WEEK ENDING 4/06/12	4
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
189730	3/30/12	000008	VISITING NURSE SERVICE	LITSAS, MARTHA	25.00		364.50 I	
189731	3/30/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	5.00		72.90 I	
				CUSTOMER	30.00	0.00	437.40	_
								_
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			-	- 162 OMEW/O WALLS (LT ING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
189732 189733	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	48.00 42.00		699.84 612.36	I I
				CUSTOMER	90.00	0.00	1,312.20	
				CATEGORY	90.00	0.00	1,312.20	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	63
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189734	3/30/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

- 1				YSIDE CITYWIDE				PAGE 1 - 1	· -
	SALES JRN	L # 0275	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
	189735	3/30/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	23.00		335.34 I	
					CATEGORY	23.00	0.00	335.34	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	65
SALES JRN	և # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189736	3/30/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 166	
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	Т
			S	SALES REGISTER			BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189737	3/30/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE (	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	7
SALES JRNI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100730	2/20/10	00000	VITATETNA NUDAR ARRIVA	I ODDEDDI GA GELI	40.00		F02 20 F	
189738	3/30/12	800000	VISITING NURSE SERVICE	E LOPEZDELCASTIL,	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	
				CATEGORI	40.00	0.00	303.20	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 168	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189739	3/30/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	169
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			i	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189740	3/30/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	19.25		280.68 I	
189741	3/30/12	000008	VISITING NURSE SERVICE	LYMN, ANGIE	30.00		437.40 I	
				CUSTOMER	49.25	0.00	718.08	
				CATEGORY	49.25	0.00	718.08	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 170 ADU ADULT	
				SALES REGISTER			,	06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		RPLUS
189742	3/30/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	L71
DILLEO CIUV	L    0273	100 001		SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189743	3/30/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72 I	
				CATEGORY	84.00		1,224.72	
				CALEGORY	84.00	0.00	1,224.72	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 1' ADU ADULT BILL WEEK ENDING	72 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189744	3/30/12	800000	VISITING NURSE SERVICE	MAINA, NATALIE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	173	
SALES JRN	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
189745	3/30/12	800000	VISITING NURSE SERVICE	MANGAN, JOHN	20.00		291.60 I		
				CATEGORY	20.00	0.00	291.60		

			YSIDE CITYWIDE				PAGE 1 -	174	
SALES JR	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	4 / 0 5 / 1 0	
			2	SALES REGISTER			BILL WEEK ENDING	4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
189746	3/30/12	000008	VISITING NURSE SERVICE	MANN, JAMES	15.00		218.70 I		
				CATEGORY	15.00	0.00	218.70		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	175
SALES UKN	ш # 0273	LOC UUI		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189747	3/30/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	75.75		1,104.44	I
				CATEGORY	75.75	0.00	1,104.44	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 176
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	ING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
189748	3/30/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	56.00		816.48	I
189749	3/30/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	24.00		349.92	I
				CUSTOMER	80.00	0.00	1,166.40	
				CATEGORY	80.00	0.00	1,166.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 177 CCL CONGREGATE CARE F BILL WEEK ENDING 4/	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
189750	3/30/12	800000	VISITING NURSE SERVICE	MARINO, ANN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	78
SALES JRN	ı∟ # 0275	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189751	3/30/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

ı	RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	79	
ı	SALES JRN	L # 0275	LOC 001		REG NY NY			LTC NURSING HOMEW		
				·	SALES REGISTER			BILL WEEK ENDING	4/06/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	189752	3/30/12	000008	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I		
ı					CATEGORY	43.00	0.00	626.94		

RUN DATE ( SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 180 ADU ADULT	
TARIOTORII	DAME	GUIGEL NO		SALES REGISTER	HOUDG	77. 2 M		/06/12
INVOICE#	DATE 3/30/12	CUST NO 000008	CUSTOMER NAME VISITING NURSE SERVICE	REFERENCE MARTIN, CHRISTO	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
189753	3/30/12	000008	VISITING NURSE SERVICE	MARTIN, CHRISTO	1./5		25.52 1	
				CATEGORY	1.75	0.00	25.52	

RUN DATE 04/04/ SALES JRNL # 02		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
189754 3/23/ 189755 3/30/ 189756 3/30/	12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTIN, ELAUCAD MARTIN, ELAUCAD MARTINEZ, CAMIL	3.00 15.00 15.00		43.74 I 218.70 I 218.70 I	
			CUSTOMER	33.00	0.00	481.14	
			CATEGORY	33.00	0.00	481.14	

RUN DATE (	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 182	
SALES JRNI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	ROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 4/	06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
189757	3/30/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 18	33
	2    02/0	200 001		SALES REGISTER			BILL WEEK EN		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189758	3/30/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	27.00		393.66	I	
189759	3/30/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	35.25		513.96	I	
189760	3/30/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	84.00		1,224.72	I	
				CUSTOMER	146.25	0.00	2,132.34		
				CATEGORY	146.25	0.00	2,132.34		

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	84
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189761	3/30/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	26.00		379.08 I	
				CATEGORY	26.00	0.00	379.08	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGIST	E R		PAGE 1 ADU ADULT BILL WEEK EN	- 18 DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189762 189763 189764 189765 189766	3/30/12 3/30/12 3/30/12 3/30/12 3/30/12	000008 000008 000008 000008	VISITING NURSE SERV VISITING NURSE SERV VISITING NURSE SERV VISITING NURSE SERV VISITING NURSE SERV	ICE MATOS, ROSA ICE MAZZONE, FRANCE ICE MCBRAYER, SYLVI	59.75 63.00		29.16 871.16 918.54 2,449.44 87.48	I I I I	
				CUSTOMER	298.75	0.00	4,355.78		
				CATEGORY	298.75	0.00	4,355.78		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 186
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			5	SALES REGISTER			BILL WEEK ENDI	ING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
189767	3/30/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48	I
				CATEGORY	56.00	0.00	816.48	

								187
SALES JRNI	և # 0275	LOC 001		REG NY NY				
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189768	3/30/12	000008	VISITING NURSE SERVICE	MCPARTLAND, PHI	15.00		218.70 I	
				====:				
				CATEGORY	15.00	0.00	218.70	
	SALES JRNI	SALES JRNL # 0275 INVOICE# DATE	SALES JRNL # 0275 LOC 001  INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0275 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  189768 3/30/12 000008 VISITING NURSE SERVICE MCPARTLAND, PHI	SALES JRNL # 0275 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  189768 3/30/12 000008 VISITING NURSE SERVICE MCPARTLAND, PHI 15.00	SALES JRNL # 0275 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  189768 3/30/12 000008 VISITING NURSE SERVICE MCPARTLAND, PHI 15.00	SALES JRNL # 0275 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER ADU ADULT BILL WEEK ENDING  INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP  189768 3/30/12 000008 VISITING NURSE SERVICE MCPARTLAND, PHI 15.00 218.70 I

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 18 VCP CHOICE LHCSA	38
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189769	3/30/12	800000	VISITING NURSE SERVICE		20.00		291.60 I	
189770 189771	3/16/12 3/30/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MEJIA, MARINA MEJIA, MARINA	4.00 23.75		58.32 I 346.28 I	
				CUSTOMER	47.75	0.00	696.20	
				CATEGORY	47.75	0.00	696.20	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.89
SALES JRN	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	· ·
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189772	3/30/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	37.25		543.12 I	
				CATEGORY	37.25	0.00	543.12	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	SA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189773	3/30/12	800000	VISITING NURSE SERVICE	MELILLO, GRACE	20.00		291.60 I	<u>.</u> -
				CATEGORY	20.00	0.00	291.60	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 191 LAA LOMBARDI AIDS A BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	2/03/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 19.75		58.32 I 287.96 I	
				CUSTOMER	23.75	0.00	346.28	
				CATEGORY	23.75	0.00	346.28	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 19 ADU ADULT	92
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189776	3/30/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	71.00		1,035.18 I	
				CATEGORY	71.00	0.00	1,035.18	

RUN DATE SALES JRN				REGNY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189777	3/30/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I	
				CATEGORY	39.00	0.00	 568.62	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 194 VCP CHOICE LHCSA BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189778	3/30/12	800000	VISITING NURSE SERVICE	MENDOZA, VALENT	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 1:	95
SALES JRN	L # 0275	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/06/12
								,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189779	3/30/12	800000	VISITING NURSE SERVICE	MEYERS, BEATRIC	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 196 VCP CHOICE LHCSA BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189780	3/30/12	800000	VISITING NURSE SERVICE	MILEO, MARY	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 197	7
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189781	3/30/12	800000	VISITING NURSE SERVICE	MOLINA, ANA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	98
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189782	3/30/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	1.00		14.58 I	
189783	3/30/12	800000	VISITING NURSE SERVICE	MONTES, MARTA	24.00		349.92 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 199 ADU ADULT	9
				S A L E S R E G I S T E R			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189784	3/30/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	200
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189785	3/30/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 - 201
SALES JRN	IL # 02/5	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 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189786	3/09/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	6.00		87.48 I
189787	3/30/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	36.00		524.88 I
				CUSTOMER	42.00	0.00	612.36
				CATEGORY	42.00	0.00	612.36

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	- 20	4/06/12
TATIOTORU	DAME	GIIGE NO	-		HOLDO				,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189788	3/30/12	000008	VISITING NURSE SERVICE	MORALES, GENERO	84.00		1,224.72	I	
189789	3/30/12	800000	VISITING NURSE SERVICE	MOURAS, ANNA	10.00		145.80	I	
				CUSTOMER	94.00	0.00	1,370.52		
				CATEGORY	94.00	0.00	1,370.52		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY E G I S T E	R		PAGE 1 VCP CHOICE L BILL WEEK EN		)3 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189790 189791	3/23/12 3/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	GEORGE GEORGE	7.50 42.00		109.35 612.36	I	
					CUSTOMER	49.50	0.00	721.71		
					CATEGORY	49.50	0.00	721.71		

RUN DATE (	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	04
SALES JRNI	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189792	3/30/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	5
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189793	3/30/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 20 ADU ADULT	06
511225 0141	2 11 02/0	200 001		SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189794	3/30/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

R	UN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	207
S	SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	4/06/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	.89795	3/30/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	48.75		710.78 I	
1					CATEGORY	48.75	0.00	710.78	

RUN DATE (	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 208	
SALES JRNI	և # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	OGRAM
			5	SALES REGISTER			BILL WEEK ENDING 4/0	6/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
189796	3/30/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	62.75		914.90 I	
				CATEGORY	62.75	0.00	914.90	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 209	
SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 4/0	06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUI	RPLUS
189797	3/30/12	000008	VISITING NURSE SERVICE	NIEVES, NANCY	45.00		656.10 I	
189798	3/30/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	20.00		291.60 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 210	0
SALES JRN	L # 0275	LOC 001		REG NY NY			LTC NURSING		,
			S	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189799	3/30/12	800000	VISITING NURSE SERVICE	NOBLIN, ELOISE	25.00		364.50	I	
189800	3/30/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	34.00		495.72	I	
				CUSTOMER	59.00	0.00	860.22		
				CATEGORY	59.00	0.00	860.22		
				CAILGORI	39.00	0.00	000.22		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 21 HCSA	.1
			S	SALES REGISTER			BILL WEEK ENI	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189801 189802	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NUZIALE, CONCET OCHOA, LUIS	49.00 43.00		714.42 626.94	I T	
10,002	3,30,12		VIDITING NONDE BENVIOE	CUSTOMER	92.00	0.00	1,341.36		
				CODIONER	JZ:00		1,311.30		
				CATEGORY	92.00	0.00	1,341.36		

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	212
			9	SALES REGISTER			BILL WEEK ENDIN	NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
189803	3/30/12	800000	VISITING NURSE SERVICE	ONATE, MIGUEL	3.00		43.74	Ι
				CATEGORY	3.00	0.00	43.74	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 213	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 4/0	06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
189804	3/30/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	16.00		233.28 I	
189805	3/30/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	8.00		116.64 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 21	.4
DALLO OIGN	L # 02/3	100 001		SALES REGISTER			BILL WEEK ENI	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189806 189807	3/30/12 3/30/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	OTINIANO, ALBER PAKAKIS, PANTEL	9.00 3.00		131.22 43.74	I I	
189808	3/30/12	000008	VISITING NURSE SERVICE	PALACIOS, MARGA	15.00		218.70	I	
				CUSTOMER	27.00	0.00	393.66		
				CATEGORY	27.00	0.00	393.66		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	-5
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	A L E S R E G I S T E R			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189809	3/30/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	38.75		565.00	I	
189810	3/30/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00	I	
189811	3/30/12	800000	VISITING NURSE SERVICE	PAPOUTSIS, MARY	5.75		83.84	I	
189812	3/30/12	800000	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74	I	
				CUSTOMER	97.50	0.00	1,421.58		
				CATEGORY	97.50	0.00	1,421.58		

	04/04/12 - L # 0275		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S	ALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189813	3/30/12	000008	VISITING NURSE SERVICE	PARK, SUNG	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	L7
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189814	3/30/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 218 VCP CHOICE LHCSA BILL WEEK ENDING 4/06/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
189815	3/30/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	41.50		605.08 I	
189816	3/30/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	24.75		360.86 I	
				CUSTOMER	66.25	0.00	965.94	
								_
				CATEGORY	66.25	0.00	965.94	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 219	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 4/0	06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	RPLUS
189817	3/30/12	800000	VISITING NURSE SERVICE	PENARANDA, CARM	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	220
SALES JRN	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189818	3/30/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 LTC NURSING HOMEW	
			i	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189819	3/30/12	000008	VISITING NURSE SERVICE	PEREZ, DOMINGA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 222	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189820	3/30/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	29.75		433.76 I	
				CATEGORY	29.75	0.00	433.76	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	223
SALES URN	ш # 02/5	TOC 001		ALES REGISTER			BILL WEEK ENDIN	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189821	3/30/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
	INVOICE#	DATE 3/30/12	CUST NO	CUSTOMER NAME VISITING NURSE SERVICE	REFERENCE PERSAUD, RITA	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	100022	3/30/12		VIBITING NORDE BERVICE	CATEGORY	30.00	0.00	437.40	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	25
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			5	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189823	3/30/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	56.00		816.48	I	
189824	3/30/12	000008	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50	I	
189825	3/30/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	30.00		437.40	I	
189826	3/30/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	36.00		524.88	I	
				CUSTOMER	147.00	0.00	2,143.26		
				CATEGORY	147.00	0.00	2,143.26		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189827	3/30/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	32.00		466.56 I	
				CATEGORY	32.00	0.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	227 A
			S	SALES REGISTER			BILL WEEK ENDIN	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189828	3/30/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	28.00		408.24 I	
189829 189830	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PULLIZA, DIANNE QUINTERO, INES	42.00 34.00		612.36 I 495.72 I	
				CUSTOMER	104.00	0.00	1,516.32	
				CATEGORY	104.00	0.00	1,516.32	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	28
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100001	2 /20 /10	000000		011111111111111111111111111111111111111	40.00		610 26 7	
189831	3/30/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	
				GIII	12.00	0.00	011.50	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 229	
SALES JRN	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
				SALES REGISTER			BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189832	3/30/12	000008	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 23	30
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189833	3/30/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94	I	
189834	3/30/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	25.00		364.50	I	
				CUSTOMER	68.00	0.00	991.44		
				CODIONEIC	00.00	0.00	221.11		
				CATEGORY	68.00	0.00	991.44		

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 AUR ADULT REHAB O	
			Ş	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189835	3/30/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	37.50		546.76 I	
				CATEGORY	37.50	0.00	546.76	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			:	SALES REGISTER			BILL WEEK ENDI	NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189836	3/30/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I
189837	3/30/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	16.00		233.28	I
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE 04 SALES JRNL	4/04/12 - SUP SUNN # 0275 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 2: AMH ADULT MENTAL 1 BILL WEEK ENDING	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	2/24/12 000008 3/30/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RASMUSSEN, GEOR RASMUSSEN, GEOR	6.00 6.00		87.48 I 87.48 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	- 23 CSA	4
	_			GALES REGISTER			BILL WEEK END		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP	SURPLUS
189840	3/30/12	000008	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60	I	
189841	3/30/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	17.75		258.80	I	
189842	3/30/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	20.00		291.60	I	
				CUSTOMER	57.75	0.00	842.00		
				CATEGORY	57.75	0.00	842.00		

RUN DATE	04/04/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	235
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIL	COSI NO	COSTOMER NAME	KEFEKENCE	HOURS	IAA AMI	AMOUNI IIP	SURPLUS
189843	3/30/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 236	б
SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189844	3/30/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	10.00		145.80 I	
189845	3/30/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1	=
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
			•	SALES REGISTER			BILL WEEK END	ING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
189846	3/23/12	000008	VISITING NURSE SERVICE	•	4.00		58.32	I
189847	3/30/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60	I
				CUSTOMER	24.00	0.00	349.92	
				COSTOMER	24.00	0.00	347.72	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	238
	- "			ALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
189848	3/30/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	3		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189849 189850	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		35.25 12.00		513.95 174.96	I	
				CUSTOMER	47.25	0.00	688.91		
				CATEGORY	47.25	0.00	688.91		

RUN DATE (	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 240	
SALES JRNI	և # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING 4	/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
189851	3/30/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	46.50		677.97 I	
				CATEGORY	46.50	0.00	677.97	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOI BILL WEEK ENDII	MEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
189852	3/30/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	40.00		583.20	I
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	242
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189853	3/30/12	800000	VISITING NURSE SERVICE	RODDA, ADILIA	8.75		127.58 I	
				CATEGORY	8.75	0.00	127.58	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 24	13
Bridde Grav	1 0273	100 001		SALES REGISTER			BILL WEEK END		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189854 189855	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, FERM RODRIGUEZ, IRMA	24.75 35.75		360.86 521.24	I	
109033	3/30/12	000008	VISITING NORSE SERVICE	·					
				CUSTOMER	60.50	0.00	882.10		
				CATEGORY	60.50	0.00	882.10		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 244	
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	OGRAM
			S	SALES REGISTER			BILL WEEK ENDING 4/0	6/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
189856	3/30/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189857	3/30/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 246 VCP CHOICE LHCSA BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189858	3/30/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	247
SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189859	3/30/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

- 1					REG NY NY			PAGE 1 - ADU ADULT	
	INVOICE#	DATE	CUST NO	S A CUSTOMER NAME	LES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDIN  AMOUNT TY	, ,
	189860	3/30/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	19
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	
			S	ALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189861	3/30/12	000008	VISITING NURSE SERVICE	ROLON, JUANITA	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 250 ADU ADULT BILL WEEK ENDING 4/06/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
189862	3/30/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	-

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	251
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189863	3/30/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

			YSIDE CITYWIDE						- 25	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE		NY			LTC NURSING		•
				SALES R	EGIST	E R		BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189864	3/30/12	800000	VISITING NURSE SERVICE	ROMO,	FLOR	56.00		816.48	I	
189865	3/30/12	800000	VISITING NURSE SERVICE	ROSA,	ANA	40.00		583.20	I	
					CUSTOMER	96.00	0.00	1,399.68		
					CATEGORY	96.00	0.00	1,399.68		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 253 ADU ADULT BILL WEEK ENDING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
189866	3/30/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48 I
				CATEGORY	56.00	0.00	816.48

RUN DATE 0 SALES JRNL		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189868	3/30/12 3/30/12 3/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ROSA, MANOLO ROSARIO, ELSA ROSARIO, MARIA	16.00 36.00 15.75		233.28 I 524.88 I 229.64 I	
				CUSTOMER	67.75	0.00	987.80	
				CATEGORY	67.75	0.00	987.80	

RUN DATE ( SALES JRNI				REG NY NY SALES REGISTER			PAGE 1 - 25 ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189870	3/30/12	800000	VISITING NURSE SERVICE	RUBIN, EVGENY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 04/04/12 - SALES JRNL # 0275		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE		CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189871 3/30/12	000008	VISITING NURSE SERVICE	RUEDA, INES CATEGORY	45.50  45.50		663.39 I 	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	257
SALES UKN	ш # 0273	LOC UUI		SALES REGISTE	2 R		BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189872 189873	3/23/12 3/30/12	000008 000008	VISITING NURSE SERVICE		6.50 18.50		94.77 I 269.73 I	
1090/3	3/30/12	000008	VISITING NURSE SERVICE	KUFFEN, SANDRA	10.50		209.73 1	
				CUSTOMER	25.00	0.00	364.50	
				-				
				CATEGORY	25.00	0.00	364.50	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	58
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189874	3/30/12	000008	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189875	3/30/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	21.00		306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	04/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 26	50
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			:	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189876	3/23/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	11.00		160.38	I	
189877	3/30/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	77.00		1,122.66	I	
				CUSTOMER	88.00	0.00	1,283.04		
				CATEGORY	88.00	0.00	1,283.04		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 261	
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189878	3/30/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

RUN DATE 04/04/12 SALES JRNL # 0275		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		4/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189879 3/30/12 189880 3/30/12 189881 3/30/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SALVUCCI, YOLAN SAMPOGNA, LUCY SANCHEZ, LIDIA	11.00 16.00 49.00		160.38 233.28 714.42	I I I	
			CUSTOMER	76.00	0.00	1,108.08		
			CATEGORY	76.00	0.00	1,108.08		

RUN DATE (	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 263	
SALES JRNI	և # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	_
			S	SALES REGISTER			BILL WEEK ENDING 4/06	5/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	PLUS
189882	3/30/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 26 HCSA	54
			Ş	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189883	3/30/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	25.00		364.50	I	
189884	3/30/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	56.00		816.48	I	
189885	3/30/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	30.00		437.40	I	
				CUSTOMER	111.00	0.00	1,618.38		
				CATEGORY	111.00	0.00	1,618.38		

_	- , - ,		YSIDE CITYWIDE					265
SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			2	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189886	3/30/12	800000	VISITING NURSE SERVICE	SEO, INJA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 26	56
DALLS OW	L # 02/3	HOC 001		SALES REGISTER			BILL WEEK EN		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189887	3/30/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	54.00		787.33	I	
189888	3/30/12	800000	VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	55.50		809.19	I	
189889	3/30/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36	I	
				CUSTOMER	151.50	0.00	2,208.88		
				CATEGORY	151.50	0.00	2,208.88		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 267	
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 4/06	5/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
189890	3/23/12	000008	VISITING NURSE SERVICE	SHARMA, DEROPDI	17.00		247.86 I	
189891	3/30/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	12.00		174.96 I	
				CUSTOMER	29.00	0.00	422.82	
				CATEGORY	29.00	0.00	422.82	

			YSIDE CITYWIDE				PAGE 1 - :	
SALES JRN	L # 0275	LOC 001		REG NY NY LES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
			5 A	LLS REGISIER			PILL MEEK ENDING	4/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189892	3/30/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE					69
SALES JRN	L # 0275	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189893	3/30/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

RUN DATE SALES JRN				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 T	YP SURPLUS
189894 189895	3/30/12 3/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	30.00 15.00		437.40 218.70	I
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

LT

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	72
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189897	3/30/12	000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189898	3/30/12	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 27	74
			S	SALES REGISTER			BILL WEEK END	ING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189899	3/30/12	000008	VISITING NURSE SERVICE	SOTO, OSCAR	4.00		58.32	I	
189900	3/30/12	000008	VISITING NURSE SERVICE	STALZER, STEPHA	20.00		291.60	I	
189901	3/30/12	800000	VISITING NURSE SERVICE	STAMATIADES, ME	6.00		87.48	Τ	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	275
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189902	3/30/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

ı	RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	16
ı	SALES JRN	ь # 0275	LOC 001		REG NY NY			HOA HOSPICE ADULT	
ı				2	SALES REGISTER			BILL WEEK ENDING	4/06/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189903	3/30/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
					CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 277 ADU ADULT BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189904	3/30/12	800000	VISITING NURSE SERVICE	STENOS, MOSHOUL	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	78
SALES JRN	IL # 0275	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189905	3/30/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

	04/04/12 - NL # 0275		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	279 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189906	3/30/12	800000	VISITING NURSE SERVICE	STERLING, MARGA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE					- 28	30
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		4/06/10
			'	SALES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189907	3/30/12	000008	VISITING NURSE SERVICE		35.75		521.24	I	
189908	3/30/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88	I	
				CUSTOMER	71.75	0.00	1,046.12		
				COSTOMER	71.75	0.00	1,040.12		
				CATEGORY	71.75	0.00	1,046.12		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 281	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTEF	}		BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189909	3/02/12	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I	
189910	3/02/12	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I	
189911	3/09/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	8.00		116.64 I	
189912	3/30/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	24.00		349.92 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 04 SALES JRNL		UP SUNNY OC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 28	
			S A	ALES REGISTER			BILL WEEK ENI	DING	4/06/12
INVOICE#	DATE CU	UST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
189913 3	3/30/12 00	80000	VISITING NURSE SERVICE	SULLIVAN, MADAL	15.00		218.70	I	
	, -,		VISITING NURSE SERVICE	TABICKMAN, DORO	2.00		29.16	I	
189915 1	1/27/12 00	80000	VISITING NURSE SERVICE	TABICKMAN, DORO	2.00		29.16	I	
				CUSTOMER	19.00	0.00	277.02		
				CATEGORY	19.00	0.00	277.02		

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
DIEED CITY	L    0273	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
189916	3/30/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	73.75		1,075.30 I	
							1 075 20	
				CATEGORY	73.75	0.00	1,075.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING F	- 284 HOMEW/O WALLS (1	LT
				SALES REGISTER	2		BILL WEEK ENI	DING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
189917 189918	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE	- •	56.00 20.00		816.48 291.60	I	
109910	3/30/12	000006	VISITING NURSE SERVICE	IAVERAS ARIAS,	20.00		291.00	т	
				CUSTOMER	76.00	0.00	1,108.08		
				CATEGORY	76.00	0.00	1,108.08		

			YSIDE CITYWIDE				PAGE 1 -	285
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG 4/06/12
							DIDD WEEK ENDI	1/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
100010	2 / 20 / 10	000000	TIT CTERTING NUID CE CERTIT CE	HAMADDOMG ANIMA	15 00		010 70	<del>-</del>
189919 189920	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TAWADROUS, ANWA	15.00 20.00		218.70 291.60	<u> </u>
189921	3/30/12	000008	VISITING NURSE SERVICE	TEJADA, BALDOME TERRERO, RAMONI	15.00		218.70	1 T
109921	3/30/12	000006	VISITING NURSE SERVICE	IERRERO, RAMONI	15.00		210.70	1
				CUSTOMER	50.00	0.00	729.00	
				CATEGORY	50.00	0.00	729.00	

			TYSIDE CITYWIDE					286
SALES JRI	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			VCP CHOICE LHCS	
				SALES KEGISIEK			DIDD WEEK ENDING	3 4/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189922	3/30/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	287 G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189923	3/30/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

ı	RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 288	
ı	SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL HEAL	TH
ı				S	SALES REGISTER			BILL WEEK ENDING 4/	06/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
ı									
ı	189924	3/30/12	800000	VISITING NURSE SERVICE	THEN, MARIA	12.00		174.96 I	
ı									
ı									
ı					CATEGORY	12.00	0.00	174.96	

		12 - SUP SUNN 75 LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	289
	, ,			SALES REGISTER			BILL WEEK ENDING	4/06/12
INVO	OICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1899	25 3/30/1	000008	VISITING NURSE SERVICE	THOMPSON, WILLI	6.00		87.48 I	
				CATEGORY	6.00	0.00		

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 290	
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 4/06/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	IS
189926	3/30/12	800000	VISITING NURSE SERVICE	TINOCO, INES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	-
				CALEGORI	42.00	0.00	012.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 29 ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	_	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189927	3/30/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 04/04/12 - SUP SUNNYSIDE CITYWIDE				PAGE 1 -	
SALES JRNL # 0275 LOC 001 SUNNYSIDE CITYWIDE				VCP CHOICE LHCS.	
	SALES REGISTER			BILL WEEK ENDIN	G 4/06/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
189928 3/30/12 000008 VISITING NURSE SERV	ICE TORO, PURA	83.50		1,217.43 I	
	CATEGORY	83.50	0.00	1,217.43	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 29 ADU ADULT BILL WEEK ENDING	93 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189929	3/30/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1 - 294	4
SALES JRNI	L # 0275	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189930	3/30/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	04/04/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	295
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S A	LES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189931	3/30/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN				REGNY NY BALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	96 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189932	3/30/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	8.00		116.64 I	
				CATEGORY	8.00	0.00	 116.64	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 297	
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA	
				SALES REGISTER			BILL WEEK ENDI	ING 4/06/1	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLU	JS
189933	3/23/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	8.00		116.64	I	
189934	3/30/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	56.00		816.48	I	
189935	3/30/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	56.00		816.48	I	
189936	3/30/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	6.00		1,049.76	I	
				CUSTOMER	126.00	0.00	2,799.36		
				CATEGORY	126.00	0.00	2,799.36		

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
189937	3/30/12	800000	VISITING NURSE SERVICE	URBINA, ANA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 299 VCP CHOICE LHCSA BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189938	3/30/12	800000	VISITING NURSE SERVICE	VALENCIANO-ROJ,	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	00
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189939	3/30/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE				PAGE 1 -	301
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189940	3/30/12	800000	VISITING NURSE SERVICE	•	3.50		51.03 I	
189941	3/30/12	800000	VISITING NURSE SERVICE	VAROL, MUSTAFA	4.00		58.32 I	
189942	3/30/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	28.00		408.24 I	
189943	3/30/12	000008	VISITING NURSE SERVICE	VASOUEZ, RAPHAE	21.00		306.18 I	
189944	3/30/12	000008	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20 I	
							1 406 08	
				CUSTOMER	96.50	0.00	1,406.97	
				CATEGORY	96.50	0.00	1,406.97	

RU	JN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	302
SI	ALES JRN	և # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				:	SALES REGISTE	R		BILL WEEK ENDING	4/06/12
II.	NOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18	39945	3/30/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	14.75		215.06 I	
					 CATEGORY	14.75	0.00	215.06	

RUN D	ATE 04/04/1	2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	303	
SALES	JRNL # 027	5 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT	
			\$	SALES REGISTER			BILL WEEK ENDIN	G 4/06/12	
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
18994	6 3/30/1	2 000008	VISITING NURSE SERVICE	VENTURA, ROSA	50.00		729.00 I		
				CATEGORY	50.00	0.00	729.00		

			TYSIDE CITYWIDE	DDG NV NV			PAGE 1 - 304	
SALES JRI	NL # U2/5	TOC 001	SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
189947	3/30/12	000008	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - : ADU ADULT BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189948	3/30/12	800000	VISITING NURSE SERVICE	VICEDO, FREDELI	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 306	
SALES JRI	NL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	1/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
189949	3/30/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 307	7
ı	SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	4/06/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189950	3/30/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE (	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 308	
SALES JRNI	և # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE I	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 4	/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	URPLUS
189951	3/30/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	9
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189952	3/30/12	000008	VISITING NURSE SERVICE	VITO, CARMEN	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

-	- , - ,		YSIDE CITYWIDE				PAGE 1 -	310
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDING	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
189953	3/30/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	60.00		874.80 I	
189954	3/23/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	25.00		364.50 I	
189955	3/30/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	26.00		379.08 I	
189956	3/30/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	15.75		229.64 I	
				CUSTOMER	126.75	0.00	1,848.02	
				CATEGORY	126.75	0.00	1,848.02	

ı	RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	311
ı	SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING	4/06/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	189957	3/30/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 ADU ADULT	312
			S	SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189958	3/30/12	800000	VISITING NURSE SERVICE		27.50		400.95 I	
189959 189960	3/30/12 3/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 5.50		43.74 I 80.20 I	
				CUSTOMER	36.00	0.00	524.89	
				CATEGORY	36.00	0.00	524.89	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 HOA HOSPICE ADULT	
0111111	2 11 02/0	200 001		SALES REGISTER			BILL WEEK ENDING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
189961	3/30/12	800000	VISITING NURSE SERVICE	ZAMOJCIN, DOROT	5.75		83.84 I	
				CATEGORY	5.75	0.00	83.84	

RUN DATE 04/04/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 314 SALES JRNL # 0275 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 4/06/12 NAME

REFERENCE

ACERNO, CLAIRE
ALI, AMRUNISSA
20.00
AMABILE, ANTOIN
AMABILE, ANTOIN
AVALA, ENRIQUE
BEGUN, JAMILA
ENRIQUE
BEGUN, JAMILA
CLAIR
BUCARO, CONCETT
AS.
BUCARO, CONCETT
BUCARO, INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 189962 235.72 I 3/30/12 000010 GUILDNET 189963 3/30/12 000010 GUILDNET I 189964 3/30/12 000010 GUILDNET 189965 3/30/12 000010 GUILDNET GUILDNET 189966 3/30/12 000010 189967 3/30/12 000010 GUILDNET 189968 3/30/12 000010 GUILDNET 189969 3/30/12 000010 GUILDNET 189970 3/30/12 000010 GUILDNET 189971 3/30/12 000010 GUILDNET 189972 3/30/12 000010 GUILDNET 189973 3/30/12 000010 GUILDNET 189974 3/30/12 000010 GUILDNET 189975 3/30/12 000010 GUILDNET 189976 3/30/12 000010 GUILDNET 189977 3/30/12 000010 GUILDNET 189978 3/16/12 000010 GUILDNET 189979 3/30/12 000010 GUILDNET 189980 3/30/12 000010 GUILDNET 189981 3/30/12 000010 GUILDNET 189982 3/30/12 GUILDNET 000010 189983 GUILDNET 3/30/12 000010 189984 3/23/12 000010 GUILDNET 189985 3/30/12 000010 GUILDNET 189986 3/30/12 000010 GUILDNET 189987 3/30/12 000010 GUILDNET 189988 3/30/12 000010 GUILDNET 189989 3/30/12 000010 GUILDNET 189990 3/30/12 000010 GUILDNET 189991 3/30/12 000010 GUILDNET 189992 3/30/12 000010 GUILDNET 189993 3/30/12 000010 GUILDNET 189994 3/30/12 000010 GUILDNET 189995 3/30/12 000010 GUILDNET 189996 3/30/12 000010 GUILDNET 189997 3/30/12 000010 GUILDNET 189998 3/30/12 000010 GUILDNET 189999 3/30/12 000010 GUILDNET 190000 3/30/12 000010 GUILDNET 190001 3/30/12 000010 GUILDNET 190002 3/30/12 000010 GUILDNET 190003 3/30/12 000010 GUILDNET 190004 3/30/12 000010 GUILDNET 190005 3/30/12 GUILDNET 000010 190006 3/30/12 GUILDNET 000010 190007 3/09/12 000010 GUILDNET 190008 3/30/12 000010 GUILDNET 190009 3/30/12 000010 GUILDNET 3/30/12 190010 000010 GUILDNET

RUN DATE	04/04/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 2 - 315			
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET			
				SALES REGISTER			BILL WEEK END	ING	4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
190011	3/30/12	000010	GUILDNET	RESTULA, VINCEN	20.00		265.60	I		
190012	3/30/12	000010	GUILDNET	RIVAS, GERTRUDI	20.00		265.60	I		
190013	3/30/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		836.64	I		
190014	3/30/12	000010	GUILDNET	ROJAS, ANGEL	15.00		199.20	I		
190015	3/30/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		265.60	I		
190016	3/30/12	000010	GUILDNET	ROJAS, HAYDEE RUBIANO, MARIA	20.00		265.60	I		
190017	3/30/12	000010	GUILDNET	SALJANIN, DILJA	61.00		810.08	I		
190018	3/30/12	000010	GUILDNET	SANCHEZ, ELIZAB	43.00		571.04	I		
190019	3/30/12	000010	GUILDNET	SHELTON, AGUEDA	35.00		464.80	I		
190020	3/30/12	000010	GUILDNET	SOMRAJ, UMILLA	12.00		159.36	I		
190021	3/30/12	000010	GUILDNET	TOROSSIAN, PARI	28.00		371.84	I		
190022	3/30/12	000010	GUILDNET	VLAHOS, MARIE	70.00		929.60	I		
190023	3/30/12	000010	GUILDNET	WEISZ, KLARA	8.00		106.24	I		
190024	3/30/12	000010	GUILDNET	WEST, BALDWIN	20.00		265.60	I		
190025	3/30/12	000010	GUILDNET	WHITE, GLORIA	4.00		53.12	I		
190026	3/30/12	000010	GUILDNET	WHITLEY, MYRNA	20.00		265.60	I		
190027	3/23/12	000010	GUILDNET	WHITLEY, MYRNA YI, CARLOS	28.00		371.84	I		
190028	3/30/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,260.00	I		
190029	3/30/12	000010	GUILDNET	ZARE, GLORIA	84.00		1,115.52	I		
190030	3/30/12	000010	GUILDNET	ZUMAETA, FANNY	54.00		717.12	I		
				·						
				CUSTOMER 2	,316.75	0.00	34,601.00			
				CATEGORY 2	,316.75	0.00	34,601.00			

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 31	L6
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIR	RST	
				SALES REGISTER			BILL WEEK END	ING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP	SURPLUS
100021	2/20/12	000122	UFAITU FIDOT	DECIIM MANWADA	20 00		172 61	т	
100031	2/20/12	000122	UEVILLI EIDGE	DEGUM, MANWAKA	64.00		1 000 22		
190032	3/23/12	000122	HEALIH FIRSI	BHAIRU, KUWSILI	42.00		1,080.32	T .	
190033	3/30/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	42.00		708.96	Τ	
190034	3/30/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		6/5.20	1	
190035	3/23/12	000122	HEALTH FIRST	CARRION, MARIA	56.00		945.28	Τ_	
190036	3/30/12	000122	HEALTH FIRST	CHARITAR, RAMKA	20.00		337.60	I	
190037	3/30/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	I	
190038	3/30/12	000122	HEALTH FIRST	DORNELLAS, STEL	12.00		202.56	I	
190039	3/16/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	32.00		540.16	I	
190040	3/30/12	000122	HEALTH FIRST	ESTEVES, JOSE	63.00		1,063.44	I	
190041	3/30/12	000122	HEALTH FIRST	FERGERSON, TINA	35.00		590.80	I	
190042	3/23/12	000122	HEALTH FIRST	FERRERA, FRANCI	21.00		354.48	I	
190043	3/30/12	000122	HEALTH FIRST	FONTANES, PEDRO	49.00		827.12	I	
190044	3/09/12	000122	HEALTH FIRST	FRANCISCO, RICH	64.00		1,080.32	I	
190045	3/30/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
190046	3/23/12	000122	HEALTH FIRST	HENRY, BRENDA	16.00		270.08	T	
190047	3/30/12	000122	HEALTH FIRST	HERRING CHARLE	12 00		202 56	T	
190048	3/30/12	000122	HEALTH FIRST	KAIIR HARBANS	49 00		827 12	Ť	
190049	3/30/12	000122	HEALTH FIRST	I.ARA TOMASA	24 00		405 12	Ť	
190050	3/30/12	000122	HEALTH FIRST	IACA, IONABA	7 00		1 417 92	T	
100050	2/20/12	000122	DEVILL LIKSI	IAZADA, GDADIS	77.00		1 200 76	<u>+</u>	
100051	2/30/12	000122	UEVILLI EIDGE	MACADENIA CALIAD	62.00		1,299.70		
100052	2/30/12	000122	UEVILLI EIDGE	MADETH ADIANA	12 00		202 56		
190053	3/30/12	000122	UEALIN FIRSI	MARIIN, ARIANA	12.00		402.56		
190054	3/30/12	000122	HEALIH FIRSI	ORIIZ, IULA	25.00		422.00	T .	
190055	3/30/12	000122	HEALTH FIRST	RIVERA, CHRISTO	6.00		101.28	Τ	
190056	3/30/12	000122	HEALTH FIRST	RIVERA, CHRISTO	15.00		253.20	<u> </u>	
190057	3/30/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	1	
190058	3/30/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	Τ_	
190059	3/30/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
190060	3/30/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	I	
190061	3/30/12	000122	HEALTH FIRST	SPIVEY, PATRICI	19.00		320.72	I	
190062	3/23/12	000122	HEALTH FIRST	ST ROMAINE, CLA	8.00		135.04	I	
190063	3/30/12	000122	HEALTH FIRST	ST ROMAINE, CLA	68.00		1,147.84	I	
190064	3/30/12	000122	HEALTH FIRST	SURIEL, GERTRUD	20.00		337.60	I	
190065	3/30/12	000122	HEALTH FIRST	TEJADA, PAULA	40.00		675.20	I	
190066	3/30/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	I	
190067	3/30/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12	I	
				CUSTOMER	1,230.00	0.00	22,062.16		
				REG NY NY S A L E S R E G I S T E R  REFERENCE  BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO RIVE	1,230.00	0.00	22,062.16		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE RE S A L				PAGE 1	- 31	L7
SALES JRN	IL # 0275	LOC 001	SUNNYSIDE CITYWIDE RE	G NY NY	_		NHP NEIGHBORE	HOOD F	HEALTH
			SAL	ES REGISTE	R		BILL MEEK ENI	)ING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
190068	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S AHMED, UMARA	16.00		270.08	I	
190069	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S AKHTER, SELINA	36.00		607.68	I	
190070	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S ARDITTO, PATRIC	30.00		506.40	I	
190071	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S BRATHWAITE, DON	13.00		219.44	I	
190072	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S CHUKWUJIORAH, T	50.00		844.00	I	
190073	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S DIAZ, CARMEN	20.00		337.60	I	
190074	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S FERNANDEZ, MARI	12.00		202.56	I	
190075	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S FLORES, MARITZA	70.00		1,181.60	I	
190076	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S JONES, CYNTHIA	28.00		472.64	I	
190077	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S KHALIL, RASHAN	36.00		607.68	I	
190078	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S KHAN, FARUQUE	29.50		497.96	I	
190079	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S KROLL, KATHERIN	35.00		590.80	I	
190080	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S MORALES, EDWIN	42.00		708.96	I	
190081	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S MOSKOWITZ, RONA	36.00		607.68	I	
190082	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S OCASIO, VIRGINI	21.00		354.48	I	
190083	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S RODRIGUEZ, MARI	12.00		202.56	I	
190084	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S SALVATO, MARY	56.00		945.28	I	
190085	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S SCOTT, MICHAEL	40.00		675.20	I	
190086	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S SHEPPARD, ERMA	69.00		1,164.72	I	
190087	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S WELLS, WYNORIA	16.00		270.08	I	
190088	3/30/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S WILSON, SHERYL	38.00		641.44	I	
				CUSTOMER	705.50	0.00	11,908.84		
				 CATEGORY	705.50		11,908.84		

RUN DATE 04	N DATE 04/04/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 318											
SALES JRNL	# 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			FID NY CATHO	LIC/FI	IDELIS		
				SALES	REGISTER	₹		BILL WEEK EN	DING	4/06/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R.	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS		
190089	3/30/12	000126	NYS CATHOLIC/FIDELIS	BA'	TISTA, JOSE	54.00		910.98	I			
190090	3/30/12	000126	NYS CATHOLIC/FIDELIS	BE	RGES, MARITZA	40.00		674.80	I			
190091	3/30/12	000126	NYS CATHOLIC/FIDELIS	LI'	TMAN, GAIL	25.00		421.75	I			
190092	3/30/12	000126	NYS CATHOLIC/FIDELIS	MA	RTINEZ, LUISA	84.00		1,417.08	I			
190093	3/30/12	000126	NYS CATHOLIC/FIDELIS	MU:	LLOKONDOVA, S	15.00		253.05	I			
190094	3/16/12	000126	NYS CATHOLIC/FIDELIS	PAI	NOS, DESPINA	72.00		1,214.64	I			
190095	3/30/12	000126	NYS CATHOLIC/FIDELIS	PU	RNELL, ROSE	24.00		404.88	I			
190096	3/30/12	000126	NYS CATHOLIC/FIDELIS	ROI	MERO AYALA, A	40.00		674.80	I			
190097	3/30/12	000126	NYS CATHOLIC/FIDELIS	SAI	MOJEDNY, MICH	40.00		674.80	I			
190098	3/30/12	000126	NYS CATHOLIC/FIDELIS	SZ	E, BECKY	33.00		556.71	I			
190099	3/23/12	000126	NYS CATHOLIC/FIDELIS	VA	RGAS, RAQUEL	72.00		1,214.64	I			
					CUSTOMER	499.00	0.00	8,418.13				
					CATEGORY	499.00	0.00	8,418.13				

RUN DATE SALES JRN	04/04/12 -	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED H	- 31	L9
DALLS ORN	ш # 0275	100 001	SOMNISIDE CITIWIDE	SALES REGISTER			BILL WEEK EN		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
190100	3/30/12	000128	UNITED HEALTH CARE	AHMED, UMARA	32.00		549.12	I	
190101	3/30/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	42.00		720.72	I	
190102	3/30/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
190103	3/30/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	16.00		274.56	I	
190104	3/30/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	40.00		686.40	I	
190105	3/30/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	55.00		943.80	I	
190106	3/30/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
190107	3/30/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	12.00		205.92	I	
190108	3/30/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	16.00		274.56	I	
190109	3/30/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	8.00		137.28	I	
				CUSTOMER	279.00	0.00	4,787.64		
				CATEGORY	279.00	0.00	4,787.64		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM H	- 32	20
Bridde Grav	1 1 0273	100 001	BONNIBIDE CITIVIDE	SALES REGISTER			BILL WEEK EN		4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
190110	3/30/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
190111	3/30/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
190112	3/30/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
190113	3/30/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
190114	3/30/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
190115	3/30/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
190116	3/30/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	321.00	0.00	4,501.50		
				CATEGORY	321.00	0.00	4,501.50		

			JYSIDE CITYWIDE	222					- 32	
SALES JRN	IL # 02/5	TOG 001	SUNNYSIDE CITYWIDE	REG S A L E		2		HIP HEALTH IN		4/06/12
				ЗАЦЕ	S KEGISIEI			DILL MEEK EN	DING	4/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
190117	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	AHMAD, AMATUL	12.00		202.56	I	
190118	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	BORLAZA, FRANCI	132.00		2,228.16	I	
190119	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	CIPRIAN, JACQUE	8.00		135.04	I	
190120	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	DE JESUS, TIBUR	63.00		1,063.44	I	
190121	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	GOMES, AGUSTINA	63.00		1,063.44	I	
190122	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	LOYOLA, MARIA	50.00		844.00	I	
190123	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	ORR, LOUISE	35.00		590.80	I	
190124	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	SHAH, HANSIKABE	5.00		84.40	I	
190125	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	TOWLES, ADA	16.00		270.08	I	
190126	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	WILLIAMS, DIANE	20.00		337.60	I	
190127	3/30/12	000136	HEALTH INSURANCE PLAN	OF NY	ZAMBRANO, ZOILA	8.00		135.04	I	
					CUSTOMER	412.00	0.00	6,954.56		
					CATEGORY	412.00	0.00	6,954.56		

RUN DATE 04/04/1 SALES JRNL # 027			REG NY NY S A L E S R E G I S T E R			PAGE 1 - 322 HPS HEALTH PLUS BILL WEEK ENDING	4/06/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
190128 3/30/1 190129 3/30/1 190130 3/30/1 190131 3/30/1	2 000138 2 000138	HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC	DENNISON, KELVI HARDING, EDNA WALTERS, BYRON YOUNG, KALEILE	20.00 30.00 25.00 18.00		340.00 I 510.00 I 425.00 I 306.00 I	
			CUSTOMER	93.00	0.00	1,581.00	
			CATEGORY	93.00	0.00	1,581.00	

			YSIDE CITYWIDE	DDG			PAGE 1 -	323
SALES JRN	IL # 0275	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			MPH METROPLUS H	EALTH
				SALES REGISTER			BILL WEEK ENDING	G 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
190132	3/30/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	84.00		1,440.60 I	
190133	3/30/12	000130	METROPLUS HEALTH	ANDERSON, BETH	42.00		720.30 I	
190134	3/30/12	000130	METROPLUS HEALTH	ANDERSON, BETH ARIAS, NORA	68.00		1,166.20 I	
190135	3/23/12	000130		BEDOYA, MONICA	35.00		600.25 I	
190136	3/30/12	000130	METROPLUS HEALTH METROPLUS HEALTH	BEDOYA, MONICA BRACERO, HELEN	56.00		960.40 I	
190137	3/30/12	000130	METROPLUS HEALTH	DDTCCC TOUTC	01 00		1 440 GO T	
190138	3/30/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25 I	
190139	3/30/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	133.00		2,280.95 I	
190140	3/30/12	000130	METROPLUS HEALTH METROPLUS HEALTH	CHAPMAN, ESTREL DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA MURDOCK, GERTRU	20.00		343.00 I	
190141	3/23/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	8.00		137.20 I	
190142	3/30/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25 I	
190143	3/30/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00 I	
190144	3/30/12	000130	METROPLUS HEALTH	PERSAD, USHA PUCHUELA, MARIA	71.00		1,217.65 I	
190145	3/30/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40 I	
190146	3/30/12	000130	METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH	RAMPERSAID, ALI RYALS, CHARLES	24.00		411.60 I	
190147	3/30/12	000130	METROPLUS HEALTH	RYALS, CHARLES	12.00		205.80 I	
190148	3/30/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	18.00		308.70 I	
190149	3/30/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU	28.00		480.20 I	
				CUSTOMER	829.00	0.00	14,217.35	
				CATEGORY	829.00	0.00	14,217.35	

RUN DATE 04/ SALES JRNL ‡	/04/12 - SUP SUNN # 0275 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE O BILL WEEK END		4 4/06/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
190151 3/	/30/12 000124 /30/12 000124 /30/12 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GENAO, DANIELA MARTINEZ, MARIA RAMIREZ, ALIDA	55.00 18.00 63.00		946.00 309.60 1,083.60	I I I	
				CUSTOMER	136.00	0.00	2,339.20		
				CATEGORY	136.00	0.00	2,339.20		

			YSIDE CITYWIDE						- 325
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG I				NPS NY PRESBYT	
				за п в	S REGISIER			BILL WEEK ENDI	.NG 4/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT I	TYP SURPLUS
190153	3/30/12	000134	MY DDECDYMEDIAM CYCMEN	A CELECE	MADAGGAMIDIG A	35.00		600.60	<b>T</b>
190153	3/30/12	000134	NY-PRESBYTERIAN SYSTEM	4 SELECT	KARASSAVIDIS, A	35.00		600.60	1
					CATEGORY	35.00	0.00	600.60	

			YSIDE CITYWIDE	DDG 1997			-	326
SALES JRN	L # U2/5	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AMG AMERIGROUP BILL WEEK ENDIN	G 4/06/12
							DIEE WEEK ENDIN	0 1/00/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
190154	3/30/12	000132	AMERIGROUP	FERNANDEZ, NORK	43.00		725.41 I	
190154	3/30/12	000132	AMERIGROUP	GUERRA, LORRAIN	70.00		1,180.90 I	
190156	3/30/12	000132	AMERIGROUP	HAWKINS S, MA	61.00		1,029.07 I	
190157	3/30/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04 I	
				CUSTOMER	182.00	0.00	3,070.42	
				CATEGORY	182.00	0.00	3,070.42	

RUN DATE	04/04/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 32	27
SALES JRN	rL # 0275	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			PAR PRIVATE		
			SALE	S REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
190158	3/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS	4.00		58.00	I	
190159	3/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	CARIDI, ANGELA	1.00		14.50	I	
190160	3/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	6.00		87.00	I	
190161	3/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	ROJO, MANUEL	8.00		116.00	I	
				CUSTOMER	19.00	0.00	275.50		
190162	3/30/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
	-, ,		,	,					
190163	3/30/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	25.00		344.75	Т	
190164	3/30/12	000049	ELIZABETH SETON PEDIATRIC CTR	MORSHELINA, NAS	15.00		206.85	T	
170101	3/30/12	000015	BBIBABBIN BBION IBBIAIRIE CIR	MORBIELLINA, NAS					
				CUSTOMER	40.00	0.00	551.60		
				COSTOMER	40.00	0.00	331.00		
190165	3/30/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	т	
190105	3/30/12	000009	AMI L. WELIMAN	LUSKIND, FRANCE	7.00		1,330.00	1	
100166	2/20/10	000070	MCDDDMORE I OUT CE	MODERNOEE LOUI	0 00		104.00	-	
190166	3/30/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	Τ	
							0.500.10		
				CATEGORY	94.00	0.00	2,599.10		

RUN DATE	04/04/12 -		YSIDE CITYWIDE				PAGE 1	- 32	8
SALES JRN	ъ # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN	'S AID	SOCIETY
			S A	LES REGISTER			BILL WEEK EN	DING	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
190167	3/30/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I	
190168	3/23/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	2.00		31.00	I	
190169	3/30/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
190170	3/23/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	4.00		62.00	I	
190171	3/30/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
190172	3/30/12	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	20.00		310.00	I	
190173	3/30/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	11.00		170.50	I	
190174	3/23/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	6.00		93.00	I	
190175	3/30/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	11.00		170.50	I	
190176	3/30/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	28.00		434.00	I	
	-,,								
				CUSTOMER	119.00	0.00	1,844.50		
				000101111		0.00	_,011.00		
				CATEGORY	119.00	0.00	1,844.50		
1				CATHOORT	117.00	0.00	1,011.50		

	04/04/12 - JL # 0275		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY S A L E S	NY REGISTER			PAGE 1 - PAR PRIVATE BILL WEEK ENDIN	329 NG 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
190177	3/30/12	000098	MILDRED PANSE	P	ANSE, MILDRED	20.00		310.00	Ι
					CATEGORY	20.00	0.00	310.00	

			YSIDE CITYWIDE				PAGE 1 - 330
SALES JRN	L # 0275	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ELD ELDERSERVEHEALTH
				SALES REGISTER			BILL WEEK ENDING 4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
190178	3/30/12	000101	ELDERSERVEHEALTH	BEAN, ELMIRA	25.00		356.25 I
				CATEGORY	25.00	0.00	356.25

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK ENI	- 33 DING	4/06/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
190179	3/30/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	18.00		286.50	I		
190180	3/30/12	000145	LARRY EISENBERG	BERGER, TESS	53.00		848.50	I		
				CATEGORY	71.00	0.00	1,135.00			

RUN DATE 04 SALES JRNL	/04/12 - SUP SUNN # 0275 LOC 001		GNY NY ES REGISTER			PAGE 1 CCM COMPREHEI BILL WEEK EN		
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	/30/12 000150 /30/12 000150	COMPREHENSIVE CARE MANAGEMENT COMPREHENSIVE CARE MANAGEMENT		10.00 35.75		141.00 504.08	I	
			CUSTOMER	45.75	0.00	645.08		
			CATEGORY	 45.75	0.00	645.08		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REC S A L I	GNY NY ES REGISTE	2 R		PAGE 1 PAR PRIVATE BILL WEEK EN	- 33	4/06/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
190183	3/30/12	000151	MICHAEL SIANO	SIANO, ANDREW	20.00		270.00	I	
190184	3/30/12	000153	PATRICIA RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
190185	3/30/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	156.00		2,490.00	I	
190186	3/30/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
190187	3/30/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
190188	3/30/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
190189	3/30/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
190190	3/30/12	006337	STEPHEN EDEL	EDEL, CANDACE	81.00		1,279.50	I	
190191	3/30/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	35.00		550.00	I	
190192	3/30/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
190193	3/30/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
190194	3/30/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
190195	3/30/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
190196	3/30/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	9.00		139.50	I	
190197	3/30/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
190198 190199	3/23/12 3/30/12	009752 009752	PETER CAPORASO PETER CAPORASO	CAPORASO, VINCE CAPORASO, VINCE	12.00 36.00		204.00 594.00	I I	
				CUSTOMER	48.00	0.00	798.00		
190200	3/30/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
190201	3/30/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	3.75		58.13	I	
190202	3/30/12	009857	ALZHEIMER'S ASSOCIATION, NYC	MARTIN, RUTH	8.00		124.00	I	
190203	3/30/12	009932	JOSEPH SCANDARIATO	SCANDARIATOR, J	6.00		93.00	I	
190204	3/30/12	010007	DOROTHY TUCCI	TUCCI, DOROTHY	6.00		97.50	I	
190205	3/30/12	010008	LOUIS TUCCI	TUCCI, LOUIS	6.00		97.50	I	
190206	3/30/12	010148	31-41 23RD STREET #5F	CARIDI, ANGELA	8.00		124.00	I	
				CATEGORY -	519.75	0.00	8,174.63		
				LOCATION	22,260.75	0.00	341,389.08		
				COMPANY	22,260.75	0.00	341,389.08		

RUN DATE 04/04/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 334
SALES JRNL # 0275 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

ALES JRNL # 0275 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 4/06/12

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

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