

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180250	1/06/12	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		52.40	I	
180251	1/13/12	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	24.00		314.40	I	
180252	1/13/12	000082	SENIOR HEALTH PARTNERS	CARRILLO, MARIA	35.00		458.50	I	
180253	1/13/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	40.00		524.00	I	
180254	1/13/12	000082	SENIOR HEALTH PARTNERS	DABU, JUANITA	16.00		209.60	I	
180255	1/13/12	000082	SENIOR HEALTH PARTNERS	DABU, JUANITA	4.00		52.40	I	
180256	1/13/12	000082	SENIOR HEALTH PARTNERS	FENTON, JESSIE	16.00		209.60	I	
180257	1/13/12	000082	SENIOR HEALTH PARTNERS	GHILTIOTTY, FLOR	32.00		419.20	I	
180258	1/13/12	000082	SENIOR HEALTH PARTNERS	GUTIERREZ, LUCI	25.00		327.50	I	
180259	1/13/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	33.00		432.30	I	
180260	1/06/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	147.00		1,925.70	I	
180261	1/13/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	22.00		288.20	I	
180262	1/13/12	000082	SENIOR HEALTH PARTNERS	LEPORE, CLAIRE	4.75		62.23	I	
180263	1/13/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	76.00		995.60	I	
180264	1/13/12	000082	SENIOR HEALTH PARTNERS	PERALTA, RAMONA	55.75		730.33	I	
180265	1/13/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	25.00		327.50	I	
180266	1/13/12	000082	SENIOR HEALTH PARTNERS	SIMON, LUPE	4.00		52.40	I	
180267	1/13/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	40.00		524.00	I	
180268	1/13/12	000082	SENIOR HEALTH PARTNERS	VASQUEZ, CORNEL	8.00		104.80	I	
180269	1/13/12	000082	SENIOR HEALTH PARTNERS	VIDOT-LINARES,	40.00		524.00	I	
180270	1/13/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	12.00		157.20	I	
180271	1/13/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	4.00		52.40	I	
CUSTOMER					667.50	0.00	8,744.26		
CATEGORY					667.50	0.00	8,744.26		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 2
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180272	1/06/12	000008	VISITING NURSE SERVICE	ABBOTT, FAY	3.00		43.74	I	
180273	1/13/12	000008	VISITING NURSE SERVICE	ABBOTT, FAY	9.00		131.22	I	
					-----	-----	-----		-----
				CUSTOMER	12.00	0.00	174.96		
					-----	-----	-----		-----
				CATEGORY	12.00	0.00	174.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 3
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180274	1/06/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	8.00		116.64	I	
180275	1/13/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48	I	
180276	1/06/12	000008	VISITING NURSE SERVICE	ABREU, ANA	8.00		116.64	I	
180277	1/13/12	000008	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	84.00	0.00	1,224.72		
				-----	-----	-----	-----	-----	-----
				CATEGORY	84.00	0.00	1,224.72		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 4
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180278	1/06/12	000008	VISITING NURSE SERVICE	ACUNA, JOSE	7.00		102.06	I	
180279	1/13/12	000008	VISITING NURSE SERVICE	ACUNA, JOSE	35.00		510.30	I	
					-----	-----	-----		-----
				CUSTOMER	42.00	0.00	612.36		
					-----	-----	-----		-----
				CATEGORY	42.00	0.00	612.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 5
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180280	1/06/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	5.00		72.90	I	
180281	1/13/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I	
180282	1/06/12	000008	VISITING NURSE SERVICE	ADAMES, RICARDO	5.00		72.90	I	
180283	1/13/12	000008	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I	
180284	1/06/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM	10.00		145.80	I	
180285	1/13/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM	66.75		973.22	I	
180286	1/06/12	000008	VISITING NURSE SERVICE	ADUN, JEANETTE	8.00		116.64	I	
180287	1/13/12	000008	VISITING NURSE SERVICE	ADUN, JEANETTE	24.00		349.92	I	
180288	1/13/12	000008	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	182.75	0.00	2,664.50		
				-----	-----	-----	-----	-----	-----
				CATEGORY	182.75	0.00	2,664.50		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 6
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180289	1/13/12	000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	12.00		174.96	I	
				CATEGORY	12.00	0.00	174.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 7
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180290	1/13/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	23.25		338.99	I	
				CATEGORY	23.25	0.00	338.99		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 8
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180291	1/13/12	000008	VISITING NURSE SERVICE	AIOSA, MARIE	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 9
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180292	1/13/12	000008	VISITING NURSE SERVICE	AKBAR, NASEEM	13.00		189.54	I	
180293	1/06/12	000008	VISITING NURSE SERVICE	ALESSIU, AGRIPI	3.00		43.74	I	
180294	1/06/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	5.00		72.90	I	
180295	1/13/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	25.00		364.50	I	
180296	1/13/12	000008	VISITING NURSE SERVICE	ALMANZAR, REMIG	3.75		54.68	I	
180297	1/13/12	000008	VISITING NURSE SERVICE	ALVAREZ, NAZARE	8.00		116.64	I	
180298	1/13/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	56.00		816.48	I	
180299	1/06/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	8.00		116.64	I	
180300	1/13/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	47.00		685.27	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	168.75	0.00	2,460.39		
				-----	-----	-----	-----	-----	-----
				CATEGORY	168.75	0.00	2,460.39		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 10
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180301	1/06/12	000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	3.00		43.74	I	
180302	1/13/12	000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	13.25		193.19	I	
				CUSTOMER	16.25	0.00	236.93		
				CATEGORY	16.25	0.00	236.93		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 11
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180303	1/06/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	15.50		226.00	I	
180304	1/13/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	16.00		233.28	I	
180305	1/06/12	000008	VISITING NURSE SERVICE	ANUT, ALICE	9.00		131.22	I	
180306	1/13/12	000008	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	101.50	0.00	1,479.88		
				-----	-----	-----	-----	-----	-----
				CATEGORY	101.50	0.00	1,479.88		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 12
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180307	1/06/12	000008	VISITING NURSE SERVICE	ANZALONE, LAWRE	2.25		32.81	I	
180308	1/13/12	000008	VISITING NURSE SERVICE	ANZALONE, LAWRE	8.50		123.94	I	
				CUSTOMER	10.75	0.00	156.75		
				CATEGORY	10.75	0.00	156.75		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 13
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180309	1/06/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	8.00		116.64	I	
180310	1/13/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	20.00		291.60	I	
				CUSTOMER	28.00	0.00	408.24		
				CATEGORY	28.00	0.00	408.24		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 14
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180311	1/06/12	000008	VISITING NURSE SERVICE	ARIAS, CARLOTA	7.25		105.71	I	
				CATEGORY	7.25	0.00	105.71		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 15
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180312	1/06/12	000008	VISITING NURSE SERVICE	ARIAS, MAGDALEN	31.25		455.64	I	
180313	1/13/12	000008	VISITING NURSE SERVICE	ARIAS, MAGDALEN	45.75		667.04	I	
				CUSTOMER	77.00	0.00	1,122.68		
				CATEGORY	77.00	0.00	1,122.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 16
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180314	1/13/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	16.75		244.22	I	
				CATEGORY	16.75	0.00	244.22		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 17
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180315	1/13/12	000008	VISITING NURSE SERVICE	ASGHAR, MUHAMMA	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 18
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180316	1/13/12	000008	VISITING NURSE SERVICE	ASH, MARIE	8.00		116.64	I	
				CATEGORY	8.00	0.00	116.64		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 19
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180317	12/30/11	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	14.00		204.12	I	
180318	1/06/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	7.00		102.06	I	
180319	1/13/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	49.00		714.42	I	
					-----	-----	-----		-----
				CUSTOMER	70.00	0.00	1,020.60		
					-----	-----	-----		-----
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 20
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180320	1/13/12	000008	VISITING NURSE SERVICE	AVILA, ENIDIA	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 21
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180321	1/06/12	000008	VISITING NURSE SERVICE	AZAD, ABUL	1.00		14.58	I	
				CATEGORY	1.00	0.00	14.58		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 22
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180322	1/06/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	4.00		58.32	I	
180323	1/13/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	8.00		116.64	I	
180324	1/13/12	000008	VISITING NURSE SERVICE	BAEZ, JUAN	34.50		503.01	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	46.50	0.00	677.97		
				-----	-----	-----	-----	-----	-----
				CATEGORY	46.50	0.00	677.97		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 23
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180325	1/06/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	5.00		72.90	I	
180326	1/13/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	25.00		364.50	I	
180327	1/13/12	000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48	I	
180328	1/13/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I	
180329	1/06/12	000008	VISITING NURSE SERVICE	BATTLE, JEANETT	7.00		102.06	I	
180330	1/13/12	000008	VISITING NURSE SERVICE	BATTLE, JEANETT	49.00		714.42	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	187.00	0.00	2,726.46		
				-----	-----	-----	-----	-----	-----
				CATEGORY	187.00	0.00	2,726.46		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 24
HOA HOSPICE ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180331	1/13/12	000008	VISITING NURSE SERVICE	BECERRA, FELIPE	34.75		506.66	I	
				CATEGORY	34.75	0.00	506.66		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 25
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180332	1/13/12	000008	VISITING NURSE SERVICE	BEGUM, IQBAL	4.00		58.32	I	
180333	1/06/12	000008	VISITING NURSE SERVICE	BELLOROFONTE, M	12.00		174.96	I	
180334	1/13/12	000008	VISITING NURSE SERVICE	BELLOROFONTE, M	139.00		2,026.62	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	155.00	0.00	2,259.90		
				-----	-----	-----	-----	-----	-----
				CATEGORY	155.00	0.00	2,259.90		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 26
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180335	1/06/12	000008	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I	
180336	1/13/12	000008	VISITING NURSE SERVICE	BERENBLIT, SARA	6.00		87.48	I	
				CUSTOMER	9.00	0.00	131.22		
				CATEGORY	9.00	0.00	131.22		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 27
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180337	1/06/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	5.00		72.90	I	
180338	1/13/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	25.00		364.50	I	
180339	1/06/12	000008	VISITING NURSE SERVICE	BHAWNANI, BISHU	6.25		91.13	I	
180340	1/13/12	000008	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	66.25	0.00	965.93		
				-----	-----	-----	-----	-----	-----
				CATEGORY	66.25	0.00	965.93		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 28
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180341	1/13/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	29.75		433.76	I	
180342	1/06/12	000008	VISITING NURSE SERVICE	BIANCO HOPKINS,	4.00		58.32	I	
180343	1/13/12	000008	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	53.75	0.00	783.68		
				-----	-----	-----	-----	-----	-----
				CATEGORY	53.75	0.00	783.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 29
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180344	1/06/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	5.50		80.19	I	
180345	1/13/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20	I	
				CUSTOMER	45.50	0.00	663.39		
				CATEGORY	45.50	0.00	663.39		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 30
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180346	1/13/12	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 31
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180347	1/13/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60	I	
180348	1/06/12	000008	VISITING NURSE SERVICE	BONILLA, ESPERA	7.00		102.06	I	
180349	1/13/12	000008	VISITING NURSE SERVICE	BONILLA, ESPERA	48.00		699.84	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	75.00	0.00	1,093.50		
				-----	-----	-----	-----	-----	-----
				CATEGORY	75.00	0.00	1,093.50		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 32
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180350	1/06/12	000008	VISITING NURSE SERVICE	BONILLA, LYDIA	1.00		14.58	I	
				CATEGORY	1.00	0.00	14.58		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 33
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180351	1/13/12	000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50	I	
				CATEGORY	25.00	0.00	364.50		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 34
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180352	1/13/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96	I	
				CATEGORY	12.00	0.00	174.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 35
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180353	1/13/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30	I	
				CATEGORY	35.00	0.00	510.30		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 36
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180354	1/06/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	7.00		102.06	I	
180355	1/13/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22	I	
				CUSTOMER	16.00	0.00	233.28		
				CATEGORY	16.00	0.00	233.28		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 37
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180356	12/30/11	000008	VISITING NURSE SERVICE	BURNS, MARGARET	8.00		116.64	I	
180357	1/06/12	000008	VISITING NURSE SERVICE	BURNS, MARGARET	8.00		116.64	I	
180358	1/06/12	000008	VISITING NURSE SERVICE	BURNS, MARGARET	24.00		349.92	I	
180359	1/13/12	000008	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	96.00	0.00	1,399.68		
				-----	-----	-----	-----	-----	-----
				CATEGORY	96.00	0.00	1,399.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 38
LAD NURSING HOME W/O WALLS LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180360	1/06/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	8.00		116.64	I	
180361	1/13/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	58.00		845.64	I	
				CUSTOMER	66.00	0.00	962.28		
				CATEGORY	66.00	0.00	962.28		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 39
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180362	1/06/12	000008	VISITING NURSE SERVICE	CABA, PURA	2.00		29.16	I	
180363	1/13/12	000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80	I	
180364	1/06/12	000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	32.50		473.85	I	
180365	1/13/12	000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	40.00		583.20	I	
180366	1/06/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	4.00		58.32	I	
180367	1/13/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	43.75		637.88	I	
180368	1/13/12	000008	VISITING NURSE SERVICE	CALDERON, VIRGI	39.25		572.27	I	
					-----	-----	-----	-----	-----
CUSTOMER					171.50	0.00	2,500.48		
					-----	-----	-----	-----	-----
CATEGORY					171.50	0.00	2,500.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 40
HOA HOSPICE ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180369	1/13/12	000008	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	61.00		889.38	I	
				CATEGORY	61.00	0.00	889.38		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 41
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180370	1/13/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	48.00		699.84	I	
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 42
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180371	1/13/12	000008	VISITING NURSE SERVICE	CANO, ADELINA	39.25		572.27	I	
				CATEGORY	39.25	0.00	572.27		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 43
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180372	1/13/12	000008	VISITING NURSE SERVICE	CANTO, THERESA	9.00		131.22	I	
				CATEGORY	9.00	0.00	131.22		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 44
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180373	1/13/12	000008	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72	I	
				CATEGORY	84.00	0.00	1,224.72		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 45
LAD NURSING HOME W/O WALLS LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180374	1/13/12	000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30	I	
				CATEGORY	35.00	0.00	510.30		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 46
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180375	1/06/12	000008	VISITING NURSE SERVICE	CARDONA, MARIA	10.00		145.80	I	
180376	1/13/12	000008	VISITING NURSE SERVICE	CARDONA, MARIA	59.00		860.22	I	
180377	1/13/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	48.00		699.84	I	
180378	1/13/12	000008	VISITING NURSE SERVICE	CARELA-REYES, M	10.00		145.80	I	
180379	1/06/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	6.00		87.48	I	
180380	1/13/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	36.00		524.88	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	169.00	0.00	2,464.02		
				-----	-----	-----	-----	-----	-----
				CATEGORY	169.00	0.00	2,464.02		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 47
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180381	12/30/11	000008	VISITING NURSE SERVICE	CARTAFALSA, NEL	10.00		145.80	I	
				CATEGORY	10.00	0.00	145.80		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 48
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180382	1/06/12	000008	VISITING NURSE SERVICE	CARTAFALSA, NEL	9.75		142.16	I	
180383	1/13/12	000008	VISITING NURSE SERVICE	CARTAFALSA, NEL	70.00		1,020.60	I	
				CUSTOMER	79.75	0.00	1,162.76		
				CATEGORY	79.75	0.00	1,162.76		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 49
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180384	1/06/12	000008	VISITING NURSE SERVICE	CARTAGENA, FRAN	7.75		113.00	I	
180385	1/13/12	000008	VISITING NURSE SERVICE	CARTAGENA, FRAN	55.25		805.56	I	
				CUSTOMER	63.00	0.00	918.56		
				CATEGORY	63.00	0.00	918.56		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 50
AUR ADULT REHAB ONLY
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180386	1/06/12	000008	VISITING NURSE SERVICE	CARUS, SYLVIA	2.00		29.16	I	
180387	1/13/12	000008	VISITING NURSE SERVICE	CARUS, SYLVIA	6.00		87.48	I	
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 51
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180388	1/06/12	000008	VISITING NURSE SERVICE	CASTANO, MARIA	3.00		43.74	I	
180389	1/13/12	000008	VISITING NURSE SERVICE	CASTANO, MARIA	9.00		131.22	I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 52
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180390	1/13/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 53
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180391	1/06/12	000008	VISITING NURSE SERVICE	CEBOLLERO, JOHN	16.00		233.28	I	
180392	1/13/12	000008	VISITING NURSE SERVICE	CEBOLLERO, JOHN	8.00		116.64	I	
180393	1/06/12	000008	VISITING NURSE SERVICE	CELIO, MARION	3.00		43.74	I	
180394	1/13/12	000008	VISITING NURSE SERVICE	CELIO, MARION	9.00		131.22	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	36.00	0.00	524.88		
				-----	-----	-----	-----	-----	-----
				CATEGORY	36.00	0.00	524.88		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 54
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180395	1/06/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	6.00		87.48	I	
180396	1/13/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	24.00		349.92	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 55
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180397	1/13/12	000008	VISITING NURSE SERVICE	CHAPPLE, VICKIE	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 56
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180398	1/13/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40	I	
				CATEGORY	30.00	0.00	437.40		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 57
LAD NURSING HOME W/O WALLS LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180399	1/06/12	000008	VISITING NURSE SERVICE	CHARLES, JOSE	5.00		72.90	I	
				CATEGORY	5.00	0.00	72.90		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 58
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180400	1/06/12	000008	VISITING NURSE SERVICE	CHAUCA, PEDRO	8.00		116.64	I	
180401	1/13/12	000008	VISITING NURSE SERVICE	CHAUCA, PEDRO	56.00		816.48	I	
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 59
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180402	1/06/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	10.00		145.80	I	
180403	1/13/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	35.00		510.30	I	
					-----	-----	-----		-----
				CUSTOMER	45.00	0.00	656.10		
					-----	-----	-----		-----
				CATEGORY	45.00	0.00	656.10		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 60
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180404	1/06/12	000008	VISITING NURSE SERVICE	CHIPA, PANAGIOT	9.00		131.22	I	
180405	1/13/12	000008	VISITING NURSE SERVICE	CHIPA, PANAGIOT	15.00		218.70	I	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 61
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180406	1/06/12	000008	VISITING NURSE SERVICE	CHO, MOGEE	24.00		349.92	I	
180407	1/13/12	000008	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40	I	
					-----	-----	-----		-----
				CUSTOMER	54.00	0.00	787.32		
					-----	-----	-----		-----
				CATEGORY	54.00	0.00	787.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 62
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180408	1/06/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	14.00		204.12	I	
180409	1/13/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	49.00		714.42	I	
180410	1/13/12	000008	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I	
180411	1/06/12	000008	VISITING NURSE SERVICE	CHUCK, ENA	3.50		51.03	I	
180412	1/13/12	000008	VISITING NURSE SERVICE	CHUCK, ENA	27.50		400.95	I	
				CUSTOMER	134.00	0.00	1,953.72		
				CATEGORY	134.00	0.00	1,953.72		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 63
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180413	1/13/12	000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	52.25		761.81	I	
				CATEGORY	52.25	0.00	761.81		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 64
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180414	1/06/12	000008	VISITING NURSE SERVICE	COLEMAN, JAMES	4.00		58.32	I	
180415	1/13/12	000008	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48	I	
				CUSTOMER	10.00	0.00	145.80		
				CATEGORY	10.00	0.00	145.80		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
 SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
 S A L E S R E G I S T E R

PAGE 1 - 65
 LTC NURSING HOMEW/O WALLS (LT
 BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180416	1/13/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I	
180417	1/06/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	3.00		43.74	I	
180418	1/13/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I	
180419	1/06/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	5.00		72.90	I	
180420	1/13/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	30.00		437.40	I	
180421	1/06/12	000008	VISITING NURSE SERVICE	COLON, ISABEL	12.00		174.96	I	
180422	1/13/12	000008	VISITING NURSE SERVICE	COLON, ISABEL	24.00		349.92	I	
					-----	-----	-----		-----
				CUSTOMER	109.00	0.00	1,589.22		
					-----	-----	-----		-----
				CATEGORY	109.00	0.00	1,589.22		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 66
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180423	1/06/12	000008	VISITING NURSE SERVICE	CORDERO, NELLY	12.00		174.96	I	
180424	1/13/12	000008	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44	I	
				CUSTOMER	180.00	0.00	2,624.40		
				CATEGORY	180.00	0.00	2,624.40		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 67
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180425	1/13/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40	I	
				CATEGORY	30.00	0.00	437.40		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 68
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180426	1/13/12	000008	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 69
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180427	1/13/12	000008	VISITING NURSE SERVICE	COSTA, ARSENE	30.00		437.40	I	
				CATEGORY	30.00	0.00	437.40		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 70
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180428	1/13/12	000008	VISITING NURSE SERVICE	COVALIU, SIMION	16.00		233.28	I	
				CATEGORY	16.00	0.00	233.28		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 71
HOA HOSPICE ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180429	1/13/12	000008	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02	I	
				CATEGORY	19.00	0.00	277.02		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 72
LAD NURSING HOME W/O WALLS LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180430	12/30/11	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	3.00		43.74	I	
180431	1/06/12	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	5.00		72.90	I	
180432	1/13/12	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	33.00		481.14	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	41.00	0.00	597.78		
				-----	-----	-----	-----	-----	-----
				CATEGORY	41.00	0.00	597.78		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 73
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180433	1/13/12	000008	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28	I	
180434	1/13/12	000008	VISITING NURSE SERVICE	CURLEY, INGEBOR	15.00		218.70	I	
				CUSTOMER	31.00	0.00	451.98		
				CATEGORY	31.00	0.00	451.98		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 74
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180435	1/06/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	4.75		69.26	I	
180436	1/13/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	22.75		331.70	I	
				CUSTOMER	27.50	0.00	400.96		
				CATEGORY	27.50	0.00	400.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 75
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180437	1/13/12	000008	VISITING NURSE SERVICE	DANIELS, DEIRDR	3.00		43.74	I	
				CATEGORY	3.00	0.00	43.74		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 76
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180438	1/06/12	000008	VISITING NURSE SERVICE	DANNY, RAMDULAR	8.00		116.64	I	
180439	1/13/12	000008	VISITING NURSE SERVICE	DANNY, RAMDULAR	55.50		809.19	I	
				CUSTOMER	63.50	0.00	925.83		
				CATEGORY	63.50	0.00	925.83		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 77
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180440	1/13/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	42.00		612.36	I	
				CATEGORY	42.00	0.00	612.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 78
LAD NURSING HOME W/O WALLS LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180441	1/06/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	16.00		233.28	I	
180442	1/13/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	40.00		583.20	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 79
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180443	1/13/12	000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	34.00		495.72	I	
180444	1/13/12	000008	VISITING NURSE SERVICE	DELAROSA, CORAL	35.00		510.30	I	
				CUSTOMER	69.00	0.00	1,006.02		
				CATEGORY	69.00	0.00	1,006.02		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 80
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180445	1/06/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	12.00		174.96	I	
180446	1/13/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	29.50		430.12	I	
180447	1/06/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	61.50	0.00	896.68		
				-----	-----	-----	-----	-----	-----
				CATEGORY	61.50	0.00	896.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 81
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180448	1/13/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	28.00		408.24	I	
				CATEGORY	28.00	0.00	408.24		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 82
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180449	1/13/12	000008	VISITING NURSE SERVICE	DELVALLE, JESUS	23.00		335.34	I	
				CATEGORY	23.00	0.00	335.34		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 83
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180450	1/13/12	000008	VISITING NURSE SERVICE	DESENA, FRED	9.00		131.22	I	
180451	1/06/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	8.75		127.58	I	
180452	1/13/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	8.00		116.64	I	
					-----	-----	-----		-----
				CUSTOMER	25.75	0.00	375.44		
					-----	-----	-----		-----
				CATEGORY	25.75	0.00	375.44		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 84
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180453	1/06/12	000008	VISITING NURSE SERVICE	DEZUMARAN, REBE	8.25		120.29	I	
180454	1/13/12	000008	VISITING NURSE SERVICE	DEZUMARAN, REBE	44.00		641.52	I	
				CUSTOMER	52.25	0.00	761.81		
				CATEGORY	52.25	0.00	761.81		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 85
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180455	1/06/12	000008	VISITING NURSE SERVICE	DIAZ, HILDA	10.00		145.80	I	
180456	1/13/12	000008	VISITING NURSE SERVICE	DIAZ, HILDA	26.25		382.73	I	
					-----	-----	-----		-----
				CUSTOMER	36.25	0.00	528.53		
					-----	-----	-----		-----
				CATEGORY	36.25	0.00	528.53		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 86
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180457	1/06/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	7.00		102.06	I	
180458	1/13/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I	
180459	1/13/12	000008	VISITING NURSE SERVICE	DIAZ, OLGA	42.00		612.36	I	
180460	1/06/12	000008	VISITING NURSE SERVICE	DIAZ, ROSA	30.00		437.40	I	
180461	1/13/12	000008	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	I	
180462	1/06/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	10.00		145.80	I	
180463	1/13/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	70.00		1,020.60	I	
180464	12/30/11	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	6.00		87.48	I	
180465	1/06/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	6.00		87.48	I	
180466	1/06/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	6.00		87.48	I	
180467	1/13/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	41.75		608.72	I	
180468	1/06/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	7.50		109.35	I	
180469	1/13/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
CUSTOMER					317.25	0.00	4,625.51		
CATEGORY					317.25	0.00	4,625.51		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 87
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180470	1/06/12	000008	VISITING NURSE SERVICE	DOMINICK, GINA	24.00		349.92	I	
180471	1/13/12	000008	VISITING NURSE SERVICE	DOMINICK, GINA	40.00		583.20	I	
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 88
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180472	1/06/12	000008	VISITING NURSE SERVICE	DUGLUS, MAY RUT	6.00		87.48	I	
180473	1/13/12	000008	VISITING NURSE SERVICE	DUGLUS, MAY RUT	42.00		612.36	I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 89
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180474	1/13/12	000008	VISITING NURSE SERVICE	DUTAN, SELINDA	16.25		236.93	I	
				CATEGORY	16.25	0.00	236.93		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 90
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180475	1/06/12	000008	VISITING NURSE SERVICE	DUVERGE, MARIA	9.00		131.22	I	
180476	1/13/12	000008	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96	I	
				CUSTOMER	21.00	0.00	306.18		
				CATEGORY	21.00	0.00	306.18		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 91
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180477	1/13/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	36.00		524.88	I	
				CATEGORY	36.00	0.00	524.88		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 92
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180478	1/06/12	000008	VISITING NURSE SERVICE	EDELMAN, MILDRE	4.00		58.32	I	
180479	1/13/12	000008	VISITING NURSE SERVICE	EDELMAN, MILDRE	4.00		58.32	I	
180480	1/13/12	000008	VISITING NURSE SERVICE	ELLIOTT, MARINA	6.00		87.48	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	14.00	0.00	204.12		
				-----	-----	-----	-----	-----	-----
				CATEGORY	14.00	0.00	204.12		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 93
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180481	1/06/12	000008	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32	I	
180482	1/13/12	000008	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32	I	
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 94
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180483	1/13/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	16.00		233.28	I	
				CATEGORY	16.00	0.00	233.28		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 95
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180484	1/06/12	000008	VISITING NURSE SERVICE	ESPEJO, GRACIEL	7.00		102.06	I	
180485	1/13/12	000008	VISITING NURSE SERVICE	ESPEJO, GRACIEL	24.00		349.92	I	
				CUSTOMER	31.00	0.00	451.98		
				CATEGORY	31.00	0.00	451.98		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 96
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180486	1/13/12	000008	VISITING NURSE SERVICE	ESPINOSA, CLORI	8.00		116.64	I	
180487	1/06/12	000008	VISITING NURSE SERVICE	EVERETT, SHIRLE	5.00		72.90	I	
180488	1/13/12	000008	VISITING NURSE SERVICE	EVERETT, SHIRLE	28.00		408.24	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	41.00	0.00	597.78		
				-----	-----	-----	-----	-----	-----
				CATEGORY	41.00	0.00	597.78		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 97
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180489	1/13/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	48.00		699.84	I	
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 98
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180490	1/06/12	000008	VISITING NURSE SERVICE	FAMBIATOS, PARA	3.00		43.74	I	
180491	1/13/12	000008	VISITING NURSE SERVICE	FAMBIATOS, PARA	6.00		87.48	I	
				CUSTOMER	9.00	0.00	131.22		
				CATEGORY	9.00	0.00	131.22		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 99
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180492	1/13/12	000008	VISITING NURSE SERVICE	FARO, VIRGINIA	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 100
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180493	1/06/12	000008	VISITING NURSE SERVICE	FAY, JULIA	10.00		145.80	I	
180494	1/13/12	000008	VISITING NURSE SERVICE	FAY, JULIA	35.50		517.59	I	
					-----	-----	-----		-----
				CUSTOMER	45.50	0.00	663.39		
					-----	-----	-----		-----
				CATEGORY	45.50	0.00	663.39		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 101
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180495	1/06/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	9.00		131.22	I	
180496	1/13/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	63.00		918.54	I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 102
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180497	1/13/12	000008	VISITING NURSE SERVICE	FERNANDEZ, JORG	12.00		174.96	I	
				CATEGORY	12.00	0.00	174.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 103
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180498	1/06/12	000008	VISITING NURSE SERVICE	FERNANDEZ, MATI	8.00		116.64	I	
180499	1/13/12	000008	VISITING NURSE SERVICE	FERNANDEZ, MATI	15.75		229.64	I	
				CUSTOMER	23.75	0.00	346.28		
				CATEGORY	23.75	0.00	346.28		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 104
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180500	1/13/12	000008	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70	I	
				CATEGORY	15.00	0.00	218.70		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 105
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180501	1/06/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	8.00		116.64	I	
180502	1/13/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	54.00		787.33	I	
					-----	-----	-----		-----
				CUSTOMER	62.00	0.00	903.97		
					-----	-----	-----		-----
				CATEGORY	62.00	0.00	903.97		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 106
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180503	1/13/12	000008	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 107
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180504	1/06/12	000008	VISITING NURSE SERVICE	FOLLETTTO, ROSIN	7.00		102.06	I	
180505	1/13/12	000008	VISITING NURSE SERVICE	FOLLETTTO, ROSIN	21.00		306.18	I	
				CUSTOMER	28.00	0.00	408.24		
				CATEGORY	28.00	0.00	408.24		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 108
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180506	1/06/12	000008	VISITING NURSE SERVICE	FONSECA, EUGENI	21.00		306.18	I	
180507	1/13/12	000008	VISITING NURSE SERVICE	FONSECA, EUGENI	28.00		408.24	I	
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 109
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180508	1/06/12	000008	VISITING NURSE SERVICE	FORTEBOA, GUILL	10.00		145.80	I	
180509	1/13/12	000008	VISITING NURSE SERVICE	FORTEBOA, GUILL	35.00		510.30	I	
180510	1/13/12	000008	VISITING NURSE SERVICE	FRAGALE, CONCET	6.00		87.48	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	51.00	0.00	743.58		
				-----	-----	-----	-----	-----	-----
				CATEGORY	51.00	0.00	743.58		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 110
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180511	1/06/12	000008	VISITING NURSE SERVICE	FRANKEL, LISA	3.00		43.74	I	
				CATEGORY	3.00	0.00	43.74		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 111
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180512	1/06/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	8.00		116.64	I	
180513	1/13/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48	I	
180514	1/06/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	32.00		466.56	I	
180515	1/13/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	38.00		554.04	I	
180516	1/13/12	000008	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		510.30	I	
				CUSTOMER	169.00	0.00	2,464.02		
				CATEGORY	169.00	0.00	2,464.02		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 112
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180517	1/13/12	000008	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30	I	
180518	1/06/12	000008	VISITING NURSE SERVICE	GALLARDO, ZOILA	24.00		349.92	I	
180519	1/13/12	000008	VISITING NURSE SERVICE	GALLARDO, ZOILA	36.00		524.88	I	
180520	1/06/12	000008	VISITING NURSE SERVICE	GALLINA, VIRGIN	6.00		87.48	I	
180521	1/13/12	000008	VISITING NURSE SERVICE	GALLINA, VIRGIN	6.00		87.48	I	
				CUSTOMER	107.00	0.00	1,560.06		
				CATEGORY	107.00	0.00	1,560.06		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 113
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180522	1/06/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	22.75		331.70	I	
180523	1/13/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	28.75		419.18	I	
180524	1/06/12	000008	VISITING NURSE SERVICE	GARAY, ANGELES	16.00		233.28	I	
180525	1/13/12	000008	VISITING NURSE SERVICE	GARAY, ANGELES	15.75		229.64	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	83.25	0.00	1,213.80		
				-----	-----	-----	-----	-----	-----
				CATEGORY	83.25	0.00	1,213.80		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 114
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180526	1/13/12	000008	VISITING NURSE SERVICE	GARCIA, ADRIANO	31.00		451.98	I	
180527	1/13/12	000008	VISITING NURSE SERVICE	GARCIA, JOSEFIN	56.00		816.48	I	
				CUSTOMER	87.00	0.00	1,268.46		
				CATEGORY	87.00	0.00	1,268.46		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 115
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180528	1/13/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40	I	
180529	1/13/12	000008	VISITING NURSE SERVICE	GARY, MIKE	35.00		510.30	I	
180530	1/13/12	000008	VISITING NURSE SERVICE	GEBHARDT, DOROT	40.00		583.20	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	105.00	0.00	1,530.90		
				-----	-----	-----	-----	-----	-----
				CATEGORY	105.00	0.00	1,530.90		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 116
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180531	1/06/12	000008	VISITING NURSE SERVICE	GENNA, ANTONIA	2.00		29.16	I	
180532	1/13/12	000008	VISITING NURSE SERVICE	GENNA, ANTONIA	4.00		58.32	I	
				CUSTOMER	6.00	0.00	87.48		
				CATEGORY	6.00	0.00	87.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 117
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180533	1/13/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	49.00		714.42	I	
				CATEGORY	49.00	0.00	714.42		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 118
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180534	1/06/12	000008	VISITING NURSE SERVICE	GIORGIO, WILLIA	5.00		72.90	I	
180535	1/13/12	000008	VISITING NURSE SERVICE	GIORGIO, WILLIA	43.75		637.88	I	
				CUSTOMER	48.75	0.00	710.78		
				CATEGORY	48.75	0.00	710.78		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 119
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180536	1/06/12	000008	VISITING NURSE SERVICE	GIUNTA, MADELIN	3.50		51.03	I	
180537	1/13/12	000008	VISITING NURSE SERVICE	GIUNTA, MADELIN	8.50		123.93	I	
180538	1/06/12	000008	VISITING NURSE SERVICE	GLYPTIS, ARIADN	2.50		36.45	I	
180539	1/13/12	000008	VISITING NURSE SERVICE	GLYPTIS, ARIADN	3.00		43.74	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	17.50	0.00	255.15		
				-----	-----	-----	-----	-----	-----
				CATEGORY	17.50	0.00	255.15		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 120
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180540	1/13/12	000008	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48	I	
				CATEGORY	56.00	0.00	816.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 121
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180541	1/06/12	000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	8.00		116.64	I	
180542	1/13/12	000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	20.00		291.60	I	
				CUSTOMER	28.00	0.00	408.24		
				CATEGORY	28.00	0.00	408.24		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 122
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180543	1/13/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	32.00		466.56	I	
180544	1/13/12	000008	VISITING NURSE SERVICE	GOMEZ, VICTORIA	32.75		477.50	I	
				CUSTOMER	64.75	0.00	944.06		
				CATEGORY	64.75	0.00	944.06		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 123
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180545	1/06/12	000008	VISITING NURSE SERVICE	GONZALEZ, DOLOR	12.00		174.96	I	
180546	1/13/12	000008	VISITING NURSE SERVICE	GONZALEZ, DOLOR	42.00		612.36	I	
				CUSTOMER	54.00	0.00	787.32		
				CATEGORY	54.00	0.00	787.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 124
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180547	1/06/12	000008	VISITING NURSE SERVICE	GONZALEZ, ELSA	6.00		87.48	I	
180548	1/13/12	000008	VISITING NURSE SERVICE	GONZALEZ, ELSA	30.00		437.40	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 125
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180549	1/06/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	20.00		291.60	I	
180550	1/06/12	000008	VISITING NURSE SERVICE	GRAVER, EDNA	8.00		116.64	I	
180551	1/13/12	000008	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20	I	
				-----	-----	-----	-----		-----
				CUSTOMER	68.00	0.00	991.44		
				-----	-----	-----	-----		-----
				CATEGORY	68.00	0.00	991.44		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 126
LAA LOMBARDI AIDS ADULT POPUL
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180552	12/30/11	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	7.00		102.06	I	
180553	1/06/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	11.00		160.38	I	
180554	1/13/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	48.75		710.78	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	66.75	0.00	973.22		
				-----	-----	-----	-----	-----	-----
				CATEGORY	66.75	0.00	973.22		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 127
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180555	1/13/12	000008	VISITING NURSE SERVICE	GUERRERO, SUSAN	9.00		131.22	I	
				CATEGORY	9.00	0.00	131.22		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 128
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180556	1/06/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	21.75		317.12	I	
180557	1/13/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I	
180558	1/06/12	000008	VISITING NURSE SERVICE	GUTIERREZ, ANGE	8.00		116.64	I	
180559	1/13/12	000008	VISITING NURSE SERVICE	GUTIERREZ, ANGE	40.00		583.20	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	153.75	0.00	2,241.68		
				-----	-----	-----	-----	-----	-----
				CATEGORY	153.75	0.00	2,241.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 129
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180560	1/13/12	000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	24.00		349.92	I	
180561	1/06/12	000008	VISITING NURSE SERVICE	HALPERN, SIDNEY	12.00		174.96	I	
180562	1/13/12	000008	VISITING NURSE SERVICE	HALPERN, SIDNEY	15.00		218.70	I	
180563	1/13/12	000008	VISITING NURSE SERVICE	HENAO, BEATRIZ	6.00		87.48	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	57.00	0.00	831.06		
				-----	-----	-----	-----	-----	-----
				CATEGORY	57.00	0.00	831.06		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 130
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180564	1/13/12	000008	VISITING NURSE SERVICE	HENDY, BERNICE	15.00		218.70	I	
				CATEGORY	15.00	0.00	218.70		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 131
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180565	1/13/12	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48	I	
180566	1/06/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MARI	8.00		116.64	I	
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 132
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180567	1/13/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	16.00		233.28	I	
				CATEGORY	16.00	0.00	233.28		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 133
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180568	1/06/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	6.00		87.48	I	
180569	1/13/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40	I	
180570	1/13/12	000008	VISITING NURSE SERVICE	HERRERA, HORACI	36.00		524.88	I	
180571	1/13/12	000008	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I	
					-----	-----	-----	-----	-----
				CUSTOMER	112.00	0.00	1,632.96		
					-----	-----	-----	-----	-----
				CATEGORY	112.00	0.00	1,632.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 134
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180572	1/13/12	000008	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 135
LAA LOMBARDI AIDS ADULT POPUL
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180573	11/25/11	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	8.00		116.64	I	
180574	12/02/11	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	8.00		116.64	I	
180575	12/30/11	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	16.00		233.28	I	
180576	1/06/12	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	24.25		353.57	I	
180577	1/13/12	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10	I	
				CUSTOMER	101.25	0.00	1,476.23		
				CATEGORY	101.25	0.00	1,476.23		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 136
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180578	1/06/12	000008	VISITING NURSE SERVICE	INSERRA, CATHER	7.00		102.06	I	
180579	1/13/12	000008	VISITING NURSE SERVICE	INSERRA, CATHER	35.00		510.30	I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 137
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180580	1/06/12	000008	VISITING NURSE SERVICE	IRUSTA, MARIA	6.00		87.48	I	
180581	1/13/12	000008	VISITING NURSE SERVICE	IRUSTA, MARIA	9.00		131.22	I	
					-----	-----	-----		-----
				CUSTOMER	15.00	0.00	218.70		
					-----	-----	-----		-----
				CATEGORY	15.00	0.00	218.70		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 138
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180582	1/13/12	000008	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40	I	
180583	1/06/12	000008	VISITING NURSE SERVICE	JAFFAI, ABDUL	5.00		72.90	I	
180584	1/13/12	000008	VISITING NURSE SERVICE	JAFFAI, ABDUL	4.00		58.32	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	39.00	0.00	568.62		
				-----	-----	-----	-----	-----	-----
				CATEGORY	39.00	0.00	568.62		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 139
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180585	11/18/11	000008	VISITING NURSE SERVICE	JAGDE, MARIA	5.00		72.90	I	
180586	1/13/12	000008	VISITING NURSE SERVICE	JAGDE, MARIA	35.00		510.30	I	
180587	1/06/12	000008	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	8.00		116.64	I	
180588	1/13/12	000008	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.25		674.33	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	94.25	0.00	1,374.17		
				-----	-----	-----	-----	-----	-----
				CATEGORY	94.25	0.00	1,374.17		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 140
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180589	1/13/12	000008	VISITING NURSE SERVICE	JARA, DELIA	10.00		145.80	I	
180590	1/13/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	1.00		14.58	I	
180591	1/06/12	000008	VISITING NURSE SERVICE	JHAVERI, RAMESH	4.00		58.32	I	
180592	1/13/12	000008	VISITING NURSE SERVICE	JHAVERI, RAMESH	12.00		174.96	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	27.00	0.00	393.66		
				-----	-----	-----	-----	-----	-----
				CATEGORY	27.00	0.00	393.66		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 141
HOA HOSPICE ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180593	1/06/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	18.00		262.44	I	
180594	1/13/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60	I	
				CUSTOMER	88.00	0.00	1,283.04		
				CATEGORY	88.00	0.00	1,283.04		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 142
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180595	1/06/12	000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	10.00		145.80	I	
180596	1/13/12	000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	25.75		375.44	I	
				CUSTOMER	35.75	0.00	521.24		
				CATEGORY	35.75	0.00	521.24		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 143
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180597	1/06/12	000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	12.00		174.96	I	
180598	1/13/12	000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	15.00		218.70	I	
180599	1/13/12	000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00		291.60	I	
180600	1/06/12	000008	VISITING NURSE SERVICE	JOHNSON, FANNY	4.00		58.32	I	
180601	1/13/12	000008	VISITING NURSE SERVICE	JOHNSON, FANNY	20.00		291.60	I	
				CUSTOMER	71.00	0.00	1,035.18		
				CATEGORY	71.00	0.00	1,035.18		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 144
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180602	1/06/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	9.75		142.16	I	
180603	1/13/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	24.00		349.92	I	
180604	1/13/12	000008	VISITING NURSE SERVICE	JORRIN, NILIO	24.50		357.21	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	58.25	0.00	849.29		
				-----	-----	-----	-----	-----	-----
				CATEGORY	58.25	0.00	849.29		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 145
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180605	1/13/12	000008	VISITING NURSE SERVICE	KALISZ, LORA	9.00		131.22	I	
				CATEGORY	9.00	0.00	131.22		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 146
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180606	1/06/12	000008	VISITING NURSE SERVICE	KAUR, SARD	12.00		174.96	I	
180607	1/13/12	000008	VISITING NURSE SERVICE	KAUR, SARD	9.00		131.22	I	
180608	1/13/12	000008	VISITING NURSE SERVICE	KAUR, SHARAN	51.75		754.52	I	
180609	1/06/12	000008	VISITING NURSE SERVICE	KEARNEY, LORRAI	3.75		54.68	I	
180610	1/13/12	000008	VISITING NURSE SERVICE	KEARNEY, LORRAI	16.00		233.28	I	
				CUSTOMER	92.50	0.00	1,348.66		
				CATEGORY	92.50	0.00	1,348.66		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 147
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180611	1/06/12	000008	VISITING NURSE SERVICE	KING, JOSEPH	2.50		36.45	I	
180612	1/13/12	000008	VISITING NURSE SERVICE	KING, JOSEPH	6.00		87.48	I	
180613	1/13/12	000008	VISITING NURSE SERVICE	KONSTANTINAKOS,	70.00		1,020.60	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	78.50	0.00	1,144.53		
				-----	-----	-----	-----	-----	-----
				CATEGORY	78.50	0.00	1,144.53		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 148
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180614	1/06/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	8.00		116.64	I	
180615	1/06/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	16.00		233.28	I	
180616	1/13/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48	I	
180617	1/06/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	6.50		94.77	I	
180618	1/13/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	45.50		663.39	I	
				CUSTOMER	132.00	0.00	1,924.56		
				CATEGORY	132.00	0.00	1,924.56		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 149
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180619	1/13/12	000008	VISITING NURSE SERVICE	LEE, HEE	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 150
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180620	1/06/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	4.50		65.61	I	
180621	1/13/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	20.00		291.60	I	
				CUSTOMER	24.50	0.00	357.21		
				CATEGORY	24.50	0.00	357.21		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 151
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180622	1/13/12	000008	VISITING NURSE SERVICE	LEFF, MARTIN	1.00		14.58	I	
				CATEGORY	1.00	0.00	14.58		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 152
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180623	1/06/12	000008	VISITING NURSE SERVICE	LEGASPI, CECILI	4.00		58.32	I	
180624	1/13/12	000008	VISITING NURSE SERVICE	LEGASPI, CECILI	20.00		291.60	I	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 153
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180625	1/13/12	000008	VISITING NURSE SERVICE	LEMERDY, MARGAR	7.00		102.06	I	
				CATEGORY	7.00	0.00	102.06		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 154
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180626	1/06/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	8.00		116.64	I	
180627	1/13/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48	I	
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 155
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180628	1/06/12	000008	VISITING NURSE SERVICE	LINARES, MYRIAM	11.75		171.32	I	
180629	1/13/12	000008	VISITING NURSE SERVICE	LINARES, MYRIAM	19.25		280.67	I	
				CUSTOMER	31.00	0.00	451.99		
				CATEGORY	31.00	0.00	451.99		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 156
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180630	1/13/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00		1,020.60	I	
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 157
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180631	1/06/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	16.00		233.28	I	
180632	1/13/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	56.00		816.48	I	
180633	1/06/12	000008	VISITING NURSE SERVICE	LOGAN, ADELE	6.00		87.48	I	
180634	1/13/12	000008	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	120.00	0.00	1,749.60		
				-----	-----	-----	-----	-----	-----
				CATEGORY	120.00	0.00	1,749.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 158
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180635	1/06/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	10.00		145.80	I	
180636	1/13/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60	I	
180637	1/13/12	000008	VISITING NURSE SERVICE	LOOR, MAURA	12.00		174.96	I	
180638	1/06/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	5.00		72.90	I	
180639	1/13/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	35.00		510.30	I	
				CUSTOMER	132.00	0.00	1,924.56		
				CATEGORY	132.00	0.00	1,924.56		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 159
AUR ADULT REHAB ONLY
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180640	1/06/12	000008	VISITING NURSE SERVICE	LOPEZ, GRACIELA	9.00		131.22	I	
180641	1/13/12	000008	VISITING NURSE SERVICE	LOPEZ, GRACIELA	9.00		131.22	I	
				CUSTOMER	18.00	0.00	262.44		
				CATEGORY	18.00	0.00	262.44		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 160
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180642	1/13/12	000008	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36	I	
				CATEGORY	42.00	0.00	612.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 161
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180643	1/06/12	000008	VISITING NURSE SERVICE	LOPEZDELCASTIL,	30.00		437.40	I	
180644	1/13/12	000008	VISITING NURSE SERVICE	LOPEZDELCASTIL,	70.00		1,020.60	I	
180645	1/06/12	000008	VISITING NURSE SERVICE	LORIA, DIANA	6.00		87.48	I	
180646	1/13/12	000008	VISITING NURSE SERVICE	LORIA, DIANA	35.50		517.60	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	141.50	0.00	2,063.08		
				-----	-----	-----	-----	-----	-----
				CATEGORY	141.50	0.00	2,063.08		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 162
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180647	1/13/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	19.75		287.96	I	
180648	1/13/12	000008	VISITING NURSE SERVICE	LYMN, ANGIE	30.00		437.40	I	
					-----	-----	-----		-----
				CUSTOMER	49.75	0.00	725.36		
					-----	-----	-----		-----
				CATEGORY	49.75	0.00	725.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 163
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180649	1/06/12	000008	VISITING NURSE SERVICE	MACCHIA, CATHY	10.00		145.80	I	
180650	1/13/12	000008	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78	I	
				CUSTOMER	51.00	0.00	743.58		
				CATEGORY	51.00	0.00	743.58		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 164
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180651	1/06/12	000008	VISITING NURSE SERVICE	MAGILLIGAN, LOR	5.00		72.90	I	
180652	1/13/12	000008	VISITING NURSE SERVICE	MAGILLIGAN, LOR	30.00		437.40	I	
				CUSTOMER	35.00	0.00	510.30		
				CATEGORY	35.00	0.00	510.30		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 165
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180653	1/06/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	10.75		156.74	I	
180654	1/13/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72	I	
180655	1/06/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	4.00		58.32	I	
180656	1/13/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	18.50		269.74	I	
180657	1/06/12	000008	VISITING NURSE SERVICE	MANNINO, FRANCE	10.75		156.74	I	
180658	1/13/12	000008	VISITING NURSE SERVICE	MANNINO, FRANCE	75.75		1,104.44	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	203.75	0.00	2,970.70		
				-----	-----	-----	-----	-----	-----
				CATEGORY	203.75	0.00	2,970.70		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 166
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180659	1/06/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	6.00		87.48	I	
180660	1/13/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	42.00		612.36	I	
180661	1/06/12	000008	VISITING NURSE SERVICE	MANOS, VASILIKE	3.00		43.74	I	
180662	1/13/12	000008	VISITING NURSE SERVICE	MANOS, VASILIKE	21.00		306.18	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	72.00	0.00	1,049.76		
				-----	-----	-----	-----	-----	-----
				CATEGORY	72.00	0.00	1,049.76		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 167
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180663	1/13/12	000008	VISITING NURSE SERVICE	MANTILLA, CLEME	15.00		218.70	I	
				CATEGORY	15.00	0.00	218.70		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 168
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180664	1/06/12	000008	VISITING NURSE SERVICE	MARINO, ANN	3.75		54.68	I	
180665	1/13/12	000008	VISITING NURSE SERVICE	MARINO, ANN	16.00		233.28	I	
					-----	-----	-----		-----
				CUSTOMER	19.75	0.00	287.96		
					-----	-----	-----		-----
				CATEGORY	19.75	0.00	287.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 169
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180666	1/13/12	000008	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50	I	
				CATEGORY	25.00	0.00	364.50		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 170
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180667	1/06/12	000008	VISITING NURSE SERVICE	MARMOL, LIDIA	7.00		102.06	I	
180668	1/13/12	000008	VISITING NURSE SERVICE	MARMOL, LIDIA	39.00		568.62	I	
				CUSTOMER	46.00	0.00	670.68		
				CATEGORY	46.00	0.00	670.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 171
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180669	1/06/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	6.00		87.48	I	
180670	1/13/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	12.00		174.96	I	
180671	1/06/12	000008	VISITING NURSE SERVICE	MARTINEZ, CAMIL	6.00		87.48	I	
180672	1/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	39.00	0.00	568.62		
				-----	-----	-----	-----	-----	-----
				CATEGORY	39.00	0.00	568.62		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 172
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180673	1/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60	I	
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 173
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180674	1/06/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	5.50		80.19	I	
180675	1/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
180676	1/06/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	6.00		87.48	I	
180677	1/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	41.75		608.73	I	
180678	1/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, ROSA	84.00		1,224.72	I	
				CUSTOMER	167.25	0.00	2,438.52		
				CATEGORY	167.25	0.00	2,438.52		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 174
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180679	1/06/12	000008	VISITING NURSE SERVICE	MARTINEZ, ROSAL	6.00		87.48	I	
180680	1/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, ROSAL	38.00		554.04	I	
				CUSTOMER	44.00	0.00	641.52		
				CATEGORY	44.00	0.00	641.52		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 175
HOA HOSPICE ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180681	1/06/12	000008	VISITING NURSE SERVICE	MASI, RAFFAELE	3.00		43.74	I	
180682	1/13/12	000008	VISITING NURSE SERVICE	MASI, RAFFAELE	9.00		131.22	I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 176
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180683	1/06/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	6.00		87.48	I	
180684	1/13/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	40.00		583.20	I	
					-----	-----	-----		-----
				CUSTOMER	46.00	0.00	670.68		
					-----	-----	-----		-----
				CATEGORY	46.00	0.00	670.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 177
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180685	1/13/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54	I	
180686	1/06/12	000008	VISITING NURSE SERVICE	MCBRAYER, SYLVI	36.00		524.88	I	
180687	1/13/12	000008	VISITING NURSE SERVICE	MCBRAYER, SYLVI	156.00		2,274.48	I	
					-----	-----	-----		-----
				CUSTOMER	255.00	0.00	3,717.90		
					-----	-----	-----		-----
				CATEGORY	255.00	0.00	3,717.90		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 178
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180688	1/13/12	000008	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48	I	
				CATEGORY	56.00	0.00	816.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 179
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180689	1/13/12	000008	VISITING NURSE SERVICE	MCPARTLAN, CATH	2.00		29.16	I	
				CATEGORY	2.00	0.00	29.16		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 180
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180690	1/06/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	3.75		54.68	I	
180691	1/13/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	10.75		156.74	I	
180692	1/13/12	000008	VISITING NURSE SERVICE	MEJIA, MARINA	25.00		364.50	I	
				-----	-----	-----	-----		-----
				CUSTOMER	39.50	0.00	575.92		
				-----	-----	-----	-----		-----
				CATEGORY	39.50	0.00	575.92		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 181
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180693	1/06/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	14.50		211.41	I	
180694	1/13/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	38.50		561.34	I	
					-----	-----	-----		-----
				CUSTOMER	53.00	0.00	772.75		
					-----	-----	-----		-----
				CATEGORY	53.00	0.00	772.75		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 182
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180695	1/13/12	000008	VISITING NURSE SERVICE	MELILLO, GRACE	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 183
LAA LOMBARDI AIDS ADULT POPUL
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180696	1/13/12	000008	VISITING NURSE SERVICE	MENDEZ, NELLY	16.00		233.28	I	
				CATEGORY	16.00	0.00	233.28		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 184
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180697	1/13/12	000008	VISITING NURSE SERVICE	MENDOLIA, ANTOI	68.25		995.09	I	
				CATEGORY	68.25	0.00	995.09		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 185
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180698	1/13/12	000008	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62	I	
				CATEGORY	39.00	0.00	568.62		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 186
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180699	1/13/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	16.00		233.28	I	
				CATEGORY	16.00	0.00	233.28		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 187
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180700	1/06/12	000008	VISITING NURSE SERVICE	MENOUTIS, PANAG	6.00		87.48	I	
180701	1/13/12	000008	VISITING NURSE SERVICE	MILEO, MARY	23.00		335.34	I	
180702	1/06/12	000008	VISITING NURSE SERVICE	MILONE, NILZA	2.00		29.16	I	
180703	1/13/12	000008	VISITING NURSE SERVICE	MILONE, NILZA	3.50		51.03	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	34.50	0.00	503.01		
				-----	-----	-----	-----	-----	-----
				CATEGORY	34.50	0.00	503.01		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 188
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180704	1/06/12	000008	VISITING NURSE SERVICE	MOLINA, ANA	8.00		116.64	I	
180705	1/13/12	000008	VISITING NURSE SERVICE	MOLINA, ANA	20.00		291.60	I	
				CUSTOMER	28.00	0.00	408.24		
				CATEGORY	28.00	0.00	408.24		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 189
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180706	1/13/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 190
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180707	1/06/12	000008	VISITING NURSE SERVICE	MONTES, MARTA	5.25		76.55	I	
180708	1/13/12	000008	VISITING NURSE SERVICE	MONTES, MARTA	30.00		437.40	I	
				CUSTOMER	35.25	0.00	513.95		
				CATEGORY	35.25	0.00	513.95		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 191
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180709	1/13/12	000008	VISITING NURSE SERVICE	MOODY, CORRINE	2.00		29.16	I	
180710	1/13/12	000008	VISITING NURSE SERVICE	MOORE, JOSEPH	6.00		87.48	I	
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 192
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180711	1/13/12	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30	I	
				CATEGORY	35.00	0.00	510.30		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 193
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180712	1/06/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	6.00		87.48	I	
180713	1/13/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	42.00		612.36	I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 194
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180714	1/06/12	000008	VISITING NURSE SERVICE	MORALES, GENERO	12.00		174.96	I	
180715	1/13/12	000008	VISITING NURSE SERVICE	MORALES, GENERO	84.00		1,224.72	I	
				CUSTOMER	96.00	0.00	1,399.68		
				CATEGORY	96.00	0.00	1,399.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 195
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180716	1/06/12	000008	VISITING NURSE SERVICE	NAGY, GEORGE	6.00		87.48	I	
180717	1/13/12	000008	VISITING NURSE SERVICE	NAGY, GEORGE	42.00		612.36	I	
180718	1/13/12	000008	VISITING NURSE SERVICE	NARANJO, HENRY	51.25		747.23	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	99.25	0.00	1,447.07		
				-----	-----	-----	-----	-----	-----
				CATEGORY	99.25	0.00	1,447.07		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 196
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180719	1/06/12	000008	VISITING NURSE SERVICE	NAVARRO, MARIA	12.00		174.96	I	
180720	1/13/12	000008	VISITING NURSE SERVICE	NAVARRO, MARIA	22.00		320.76	I	
				CUSTOMER	34.00	0.00	495.72		
				CATEGORY	34.00	0.00	495.72		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 197
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180721	1/06/12	000008	VISITING NURSE SERVICE	NELLINI, MARY	4.00		58.32	I	
180722	1/13/12	000008	VISITING NURSE SERVICE	NELLINI, MARY	16.00		233.28	I	
					-----	-----	-----		-----
				CUSTOMER	20.00	0.00	291.60		
					-----	-----	-----		-----
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 198
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180723	1/13/12	000008	VISITING NURSE SERVICE	NIDO, MICHAEL	48.50		707.13	I	
				CATEGORY	48.50	0.00	707.13		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 199
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180724	1/13/12	000008	VISITING NURSE SERVICE	NIETO RAMOS, JO	62.50		911.25	I	
				CATEGORY	62.50	0.00	911.25		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 200
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180725	1/13/12	000008	VISITING NURSE SERVICE	NIEVES, NANCY	36.00		524.88	I	
				CATEGORY	36.00	0.00	524.88		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 201
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180726	1/13/12	000008	VISITING NURSE SERVICE	NIGRO, CATHERIN	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 202
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180727	1/06/12	000008	VISITING NURSE SERVICE	NINO, CARMEN	4.00		58.32	I	
180728	1/13/12	000008	VISITING NURSE SERVICE	NINO, CARMEN	20.00		291.60	I	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 203
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180729	1/06/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	5.00		72.90	I	
180730	1/13/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	25.00		364.50	I	
180731	1/06/12	000008	VISITING NURSE SERVICE	NOBOADESALAZAR,	20.00		291.60	I	
180732	1/13/12	000008	VISITING NURSE SERVICE	NOBOADESALAZAR,	28.00		408.24	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	78.00	0.00	1,137.24		
				-----	-----	-----	-----	-----	-----
				CATEGORY	78.00	0.00	1,137.24		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 204
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180733	1/06/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	14.00		204.12	I	
180734	1/13/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	49.00		714.42	I	
180735	1/06/12	000008	VISITING NURSE SERVICE	OCHOA, LUIS	4.00		58.32	I	
180736	1/13/12	000008	VISITING NURSE SERVICE	OCHOA, LUIS	36.00		524.88	I	
180737	1/13/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	10.00		145.80	I	
				CUSTOMER	113.00	0.00	1,647.54		
				CATEGORY	113.00	0.00	1,647.54		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 205
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180738	1/13/12	000008	VISITING NURSE SERVICE	ORTIZ, AMALFIS	3.00		43.74	I	
				CATEGORY	3.00	0.00	43.74		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 206
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180739	1/06/12	000008	VISITING NURSE SERVICE	ORTIZ, LILIA	5.00		72.90	I	
180740	1/13/12	000008	VISITING NURSE SERVICE	ORTIZ, LILIA	24.50		357.21	I	
					-----	-----	-----		-----
				CUSTOMER	29.50	0.00	430.11		
					-----	-----	-----		-----
				CATEGORY	29.50	0.00	430.11		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 207
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180741	1/13/12	000008	VISITING NURSE SERVICE	ORTIZ, TULA	9.75		142.16	I	
				CATEGORY	9.75	0.00	142.16		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 208
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180742	1/06/12	000008	VISITING NURSE SERVICE	OSPINA, ANA	8.00		116.64	I	
180743	1/13/12	000008	VISITING NURSE SERVICE	OSPINA, ANA	4.00		58.32	I	
180744	1/06/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	15.75		229.64	I	
180745	1/13/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	31.25		455.64	I	
180746	1/06/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	10.00		145.80	I	
180747	1/13/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00	I	
180748	1/13/12	000008	VISITING NURSE SERVICE	PAPOUTSIS, MARY	5.75		83.84	I	
180749	1/06/12	000008	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74	I	
180750	1/13/12	000008	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74	I	
180751	1/13/12	000008	VISITING NURSE SERVICE	PARETTI, MARIE	56.00		816.48	I	
					-----	-----	-----	-----	-----
CUSTOMER					186.75	0.00	2,722.84		
					-----	-----	-----	-----	-----
CATEGORY					186.75	0.00	2,722.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 209
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180752	1/06/12	000008	VISITING NURSE SERVICE	PARK, SUNG	12.00		174.96	I	
180753	1/13/12	000008	VISITING NURSE SERVICE	PARK, SUNG	20.00		291.60	I	
				CUSTOMER	32.00	0.00	466.56		
				CATEGORY	32.00	0.00	466.56		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 210
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180754	1/13/12	000008	VISITING NURSE SERVICE	PARTAGAS, ANA	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 211
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180755	1/06/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	11.00		160.38	I	
180756	1/13/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	42.50		619.66	I	
180757	1/06/12	000008	VISITING NURSE SERVICE	PENAGOS, MARIA	5.00		72.90	I	
180758	1/13/12	000008	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	83.50	0.00	1,217.44		
				-----	-----	-----	-----	-----	-----
				CATEGORY	83.50	0.00	1,217.44		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 212
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180759	1/06/12	000008	VISITING NURSE SERVICE	PEREZ MONSER, C	7.00		102.06	I	
180760	1/13/12	000008	VISITING NURSE SERVICE	PEREZ MONSER, C	48.25		703.49	I	
				CUSTOMER	55.25	0.00	805.55		
				CATEGORY	55.25	0.00	805.55		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 213
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180761	1/06/12	000008	VISITING NURSE SERVICE	PEREZ, DOMINGA	6.00		87.48	I	
180762	1/13/12	000008	VISITING NURSE SERVICE	PEREZ, DOMINGA	42.00		612.36	I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 214
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180763	1/06/12	000008	VISITING NURSE SERVICE	PEREZ, GLADYS	12.00		174.96	I	
180764	1/13/12	000008	VISITING NURSE SERVICE	PEREZ, GLADYS	30.50		444.69	I	
					-----	-----	-----		-----
				CUSTOMER	42.50	0.00	619.65		
					-----	-----	-----		-----
				CATEGORY	42.50	0.00	619.65		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 215
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180765	1/13/12	000008	VISITING NURSE SERVICE	PERSAUD, RITA	48.00		699.84	I	
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 216
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180766	1/06/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	8.00		116.64	I	
180767	1/13/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	55.25		805.55	I	
180768	1/13/12	000008	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	I	
180769	1/13/12	000008	VISITING NURSE SERVICE	PLACIDO, GENARO	21.75		317.12	I	
180770	1/06/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	6.00		87.48	I	
180771	1/13/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	34.75		506.67	I	
180772	1/06/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	12.00		174.96	I	
180773	1/13/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	30.00		437.40	I	
				CUSTOMER	170.75	0.00	2,489.56		
				CATEGORY	170.75	0.00	2,489.56		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 217
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180774	1/06/12	000008	VISITING NURSE SERVICE	PONCE, ALICIA	16.00		233.28	I	
180775	1/13/12	000008	VISITING NURSE SERVICE	PONCE, ALICIA	38.25		557.69	I	
				CUSTOMER	54.25	0.00	790.97		
				CATEGORY	54.25	0.00	790.97		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 218
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180776	1/06/12	000008	VISITING NURSE SERVICE	PUISELLO, CIRA	3.75		54.68	I	
180777	1/13/12	000008	VISITING NURSE SERVICE	PUISELLO, CIRA	24.75		360.86	I	
180778	1/06/12	000008	VISITING NURSE SERVICE	PULLIZA, DIANNE	6.00		87.48	I	
180779	1/13/12	000008	VISITING NURSE SERVICE	PULLIZA, DIANNE	37.00		539.46	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	71.50	0.00	1,042.48		
				-----	-----	-----	-----	-----	-----
				CATEGORY	71.50	0.00	1,042.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 219
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180780	1/06/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	6.00		87.48	I	
180781	1/13/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	42.00		612.36	I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 220
LAP LOMBARDI AIDES PEDIATRIC
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180782	1/06/12	000008	VISITING NURSE SERVICE	RAMIREZ, ANA	8.00		116.64	I	
180783	1/13/12	000008	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20	I	
					-----	-----	-----		-----
				CUSTOMER	48.00	0.00	699.84		
					-----	-----	-----		-----
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 221
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180784	1/06/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	7.00		102.06	I	
180785	1/13/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94	I	
180786	1/06/12	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	10.00		145.80	I	
180787	1/13/12	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	25.00		364.50	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	85.00	0.00	1,239.30		
				-----	-----	-----	-----	-----	-----
				CATEGORY	85.00	0.00	1,239.30		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 222
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180788	1/06/12	000008	VISITING NURSE SERVICE	RAMOS, IRIS	10.00		145.80	I	
				CATEGORY	10.00	0.00	145.80		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 223
AUR ADULT REHAB ONLY
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180789	1/06/12	000008	VISITING NURSE SERVICE	RAMOS, JENNIFER	8.00		116.64	I	
180790	1/13/12	000008	VISITING NURSE SERVICE	RAMOS, JENNIFER	29.50		430.11	I	
				CUSTOMER	37.50	0.00	546.75		
				CATEGORY	37.50	0.00	546.75		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 224
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180791	1/13/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I	
180792	1/06/12	000008	VISITING NURSE SERVICE	RANDAZZO, ROSAL	4.00		58.32	I	
180793	1/13/12	000008	VISITING NURSE SERVICE	RANDAZZO, ROSAL	16.00		233.28	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	32.00	0.00	466.56		
				-----	-----	-----	-----	-----	-----
				CATEGORY	32.00	0.00	466.56		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 225
AMH ADULT MENTAL HEALTH
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180794	1/13/12	000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I	
				CATEGORY	3.00	0.00	43.74		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 226
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180795	1/06/12	000008	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60	I	
180796	1/13/12	000008	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60	I	
180797	1/06/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, OL	12.00		174.96	I	
180798	1/13/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, OL	13.00		189.54	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	65.00	0.00	947.70		
				-----	-----	-----	-----	-----	-----
				CATEGORY	65.00	0.00	947.70		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 227
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180799	1/13/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	45.00		656.10	I	
				CATEGORY	45.00	0.00	656.10		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 228
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180800	1/13/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	15.00		218.70	I	
				CATEGORY	15.00	0.00	218.70		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 229
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180801	1/06/12	000008	VISITING NURSE SERVICE	RIVERA, ERESMIN	3.00		43.74	I	
180802	1/13/12	000008	VISITING NURSE SERVICE	RIVERA, ERESMIN	9.00		131.22	I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 230
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180803	1/13/12	000008	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 231
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180804	1/13/12	000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 232
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180805	1/13/12	000008	VISITING NURSE SERVICE	RIVERA, LEONOR	1.00		14.58	I	
180806	1/13/12	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	16.00		233.28	I	
				CUSTOMER	17.00	0.00	247.86		
				CATEGORY	17.00	0.00	247.86		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 233
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180807	1/06/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	7.00		102.06	I	
180808	1/13/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	53.00		772.75	I	
180809	1/13/12	000008	VISITING NURSE SERVICE	ROBERTS, SARAH	12.00		174.96	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	72.00	0.00	1,049.77		
				-----	-----	-----	-----	-----	-----
				CATEGORY	72.00	0.00	1,049.77		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 234
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180810	1/06/12	000008	VISITING NURSE SERVICE	ROBINSON, MARGA	12.75		185.90	I	
180811	1/13/12	000008	VISITING NURSE SERVICE	ROBINSON, MARGA	48.50		707.14	I	
				CUSTOMER	61.25	0.00	893.04		
				CATEGORY	61.25	0.00	893.04		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 235
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180812	1/13/12	000008	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84	I	
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 236
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180813	1/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	19.75		287.96	I	
				CATEGORY	19.75	0.00	287.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 237
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180814	1/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	41.00		597.78	I	
				CATEGORY	41.00	0.00	597.78		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 238
AUR ADULT REHAB ONLY
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180815	1/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ISAB	25.00		364.50	I	
				CATEGORY	25.00	0.00	364.50		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 239
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180816	1/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72	I	
				CATEGORY	84.00	0.00	1,224.72		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 240
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180817	1/06/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	15.00		218.70	I	
180818	1/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60	I	
				CUSTOMER	35.00	0.00	510.30		
				CATEGORY	35.00	0.00	510.30		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 241
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180819	1/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42	I	
				CATEGORY	49.00	0.00	714.42		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 242
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180820	1/06/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	5.00		72.90	I	
180821	1/06/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	12.00		174.96	I	
180822	1/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20	I	
180823	1/13/12	000008	VISITING NURSE SERVICE	ROLON, JUANITA	40.00		583.20	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	97.00	0.00	1,414.26		
				-----	-----	-----	-----	-----	-----
				CATEGORY	97.00	0.00	1,414.26		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 243
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180824	1/06/12	000008	VISITING NURSE SERVICE	ROMERO, HERNAN	3.00		43.74	I	
180825	1/13/12	000008	VISITING NURSE SERVICE	ROMERO, HERNAN	18.00		262.44	I	
				CUSTOMER	21.00	0.00	306.18		
				CATEGORY	21.00	0.00	306.18		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 244
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180826	1/13/12	000008	VISITING NURSE SERVICE	ROMERO, SANTHY	55.75		812.84	I	
				CATEGORY	55.75	0.00	812.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 245
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180827	1/13/12	000008	VISITING NURSE SERVICE	ROMO, FLOR	56.00		816.48	I	
180828	1/13/12	000008	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 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 246
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180829	1/13/12	000008	VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48	I	
				CATEGORY	56.00	0.00	816.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 247
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180830	1/06/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	8.00		116.64	I	
180831	1/13/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
180832	1/13/12	000008	VISITING NURSE SERVICE	ROSARIO, ELSA	30.00		437.40	I	
180833	1/06/12	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	12.50		182.25	I	
180834	1/13/12	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	25.00		364.50	I	
				CUSTOMER	91.50	0.00	1,334.07		
				CATEGORY	91.50	0.00	1,334.07		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 248
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180835	1/13/12	000008	VISITING NURSE SERVICE	ROSEN, BESSIE	15.00		218.70	I	
180836	1/13/12	000008	VISITING NURSE SERVICE	RUBIN, EVGENY	3.00		43.74	I	
					-----	-----	-----		-----
				CUSTOMER	18.00	0.00	262.44		
					-----	-----	-----		-----
				CATEGORY	18.00	0.00	262.44		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 249
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180837	1/06/12	000008	VISITING NURSE SERVICE	RUEDA, INES	7.00		102.06	I	
180838	1/13/12	000008	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26	I	
					-----	-----	-----		-----
				CUSTOMER	54.00	0.00	787.32		
					-----	-----	-----		-----
				CATEGORY	54.00	0.00	787.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 250
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180839	1/06/12	000008	VISITING NURSE SERVICE	RUFFEN, SANDRA	18.00		262.44	I	
180840	1/13/12	000008	VISITING NURSE SERVICE	RUFFEN, SANDRA	30.00		437.40	I	
180841	1/13/12	000008	VISITING NURSE SERVICE	SAAVEDRA, STELL	33.00		481.14	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	81.00	0.00	1,180.98		
				-----	-----	-----	-----	-----	-----
				CATEGORY	81.00	0.00	1,180.98		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 251
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180842	1/13/12	000008	VISITING NURSE SERVICE	SAKELL, CHRYSAN	42.00		612.36	I	
				CATEGORY	42.00	0.00	612.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 252
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180843	1/06/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	5.00		72.90	I	
180844	1/13/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	77.00		1,122.66	I	
				CUSTOMER	82.00	0.00	1,195.56		
				CATEGORY	82.00	0.00	1,195.56		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 253
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180845	1/06/12	000008	VISITING NURSE SERVICE	SALVATIERRA, TE	6.00		87.48	I	
180846	1/13/12	000008	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88	I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 254
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180847	1/06/12	000008	VISITING NURSE SERVICE	SALVUCCI, YOLAN	12.00		174.96	I	
180848	1/13/12	000008	VISITING NURSE SERVICE	SALVUCCI, YOLAN	16.00		233.28	I	
180849	1/06/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	16.00		233.28	I	
180850	1/13/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	13.00		189.54	I	
180851	1/13/12	000008	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42	I	
				CUSTOMER	106.00	0.00	1,545.48		
				CATEGORY	106.00	0.00	1,545.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 255
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180852	1/13/12	000008	VISITING NURSE SERVICE	SANCHEZ, MARIA	18.00		262.44	I	
				CATEGORY	18.00	0.00	262.44		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 256
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180853	1/13/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	16.00		233.28	I	
180854	1/06/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	4.00		58.32	I	
180855	1/13/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	8.00		116.64	I	
180856	1/13/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	42.00		612.36	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	70.00	0.00	1,020.60		
				-----	-----	-----	-----	-----	-----
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 257
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180857	1/13/12	000008	VISITING NURSE SERVICE	SEO, INJA	36.00		524.88	I	
				CATEGORY	36.00	0.00	524.88		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 258
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180858	1/06/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	15.75		229.64	I	
180859	1/13/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	55.50		809.20	I	
180860	1/13/12	000008	VISITING NURSE SERVICE	SERRANO, AGUEDA	56.00		816.48	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	127.25	0.00	1,855.32		
				-----	-----	-----	-----	-----	-----
				CATEGORY	127.25	0.00	1,855.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 259
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180861	1/13/12	000008	VISITING NURSE SERVICE	SEXTON, MARY	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 260
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180862	1/06/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	7.00		102.06	I	
180863	1/13/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	40.25		586.85	I	
180864	1/06/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	4.00		58.32	I	
180865	1/13/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	4.00		58.32	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	55.25	0.00	805.55		
				-----	-----	-----	-----	-----	-----
				CATEGORY	55.25	0.00	805.55		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 261
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180866	1/13/12	000008	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36	I	
				CATEGORY	42.00	0.00	612.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 262
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180867	1/06/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40	I	
180868	1/13/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40	I	
180869	1/06/12	000008	VISITING NURSE SERVICE	SINGH, JAMOONIE	9.00		131.22	I	
180870	1/13/12	000008	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	84.00	0.00	1,224.72		
				-----	-----	-----	-----	-----	-----
				CATEGORY	84.00	0.00	1,224.72		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 263
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180871	1/13/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90	I	
				CATEGORY	5.00	0.00	72.90		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 264
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180872	1/06/12	000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96	I	
180873	1/13/12	000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96	I	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 265
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180874	1/06/12	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	12.00		174.96	I	
180875	1/13/12	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40	I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 266
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180876	1/06/12	000008	VISITING NURSE SERVICE	STALZER, STEPHA	9.00		131.22	I	
180877	1/13/12	000008	VISITING NURSE SERVICE	STALZER, STEPHA	12.00		174.96	I	
				CUSTOMER	21.00	0.00	306.18		
				CATEGORY	21.00	0.00	306.18		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 267
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180878	1/06/12	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	15.00		218.70	I	
180879	1/13/12	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	56.00		816.48	I	
				CUSTOMER	71.00	0.00	1,035.18		
				CATEGORY	71.00	0.00	1,035.18		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 268
HOA HOSPICE ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180880	1/06/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	6.00		87.48	I	
180881	1/13/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18	I	
				CUSTOMER	27.00	0.00	393.66		
				CATEGORY	27.00	0.00	393.66		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 269
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180882	1/06/12	000008	VISITING NURSE SERVICE	STERGIOU, GLORI	8.00		116.64	I	
180883	1/13/12	000008	VISITING NURSE SERVICE	STERGIOU, GLORI	4.00		58.32	I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 270
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180884	1/06/12	000008	VISITING NURSE SERVICE	STICKELL, BLANC	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 271
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180885	1/13/12	000008	VISITING NURSE SERVICE	STICKELL, BLANC	20.75		302.54	I	
				CATEGORY	20.75	0.00	302.54		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 272
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180886	1/13/12	000008	VISITING NURSE SERVICE	STROBL, ALFRED	30.00		437.40	I	
				CATEGORY	30.00	0.00	437.40		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 273
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180887	1/06/12	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	19.00		277.02	I	
180888	1/13/12	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	22.50		328.05	I	
				CUSTOMER	41.50	0.00	605.07		
				CATEGORY	41.50	0.00	605.07		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 274
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180889	1/06/12	000008	VISITING NURSE SERVICE	TABICKMAN, DORO	2.00		29.16	I	
180890	1/13/12	000008	VISITING NURSE SERVICE	TABICKMAN, DORO	4.00		58.32	I	
				CUSTOMER	6.00	0.00	87.48		
				CATEGORY	6.00	0.00	87.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 275
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180891	1/06/12	000008	VISITING NURSE SERVICE	TABOADA, ELIZAB	39.75		579.56	I	
180892	1/13/12	000008	VISITING NURSE SERVICE	TABOADA, ELIZAB	55.50		809.20	I	
				CUSTOMER	95.25	0.00	1,388.76		
				CATEGORY	95.25	0.00	1,388.76		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 276
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180893	1/06/12	000008	VISITING NURSE SERVICE	TADDEO, LENA	8.00		116.64	I	
180894	1/13/12	000008	VISITING NURSE SERVICE	TADDEO, LENA	39.50		575.91	I	
					-----	-----	-----		-----
				CUSTOMER	47.50	0.00	692.55		
					-----	-----	-----		-----
				CATEGORY	47.50	0.00	692.55		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 277
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180895	1/06/12	000008	VISITING NURSE SERVICE	TAVANO, SILVIA	8.00		116.64	I	
180896	1/13/12	000008	VISITING NURSE SERVICE	TAVANO, SILVIA	56.00		816.48	I	
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 278
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180897	1/06/12	000008	VISITING NURSE SERVICE	TAVERAS ARIAS,	16.00		233.28	I	
180898	1/13/12	000008	VISITING NURSE SERVICE	TAVERAS ARIAS,	16.00		233.28	I	
				CUSTOMER	32.00	0.00	466.56		
				CATEGORY	32.00	0.00	466.56		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 279
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180899	1/13/12	000008	VISITING NURSE SERVICE	TAWADROUS, ANWA	13.00		189.54	I	
				CATEGORY	13.00	0.00	189.54		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 280
HOA HOSPICE ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180900	1/06/12	000008	VISITING NURSE SERVICE	TEMBELIS, DAPHN	12.00		174.96	I	
180901	1/13/12	000008	VISITING NURSE SERVICE	TEMBELIS, DAPHN	15.00		218.70	I	
				CUSTOMER	27.00	0.00	393.66		
				CATEGORY	27.00	0.00	393.66		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 281
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180902	1/06/12	000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	5.00		72.90	I	
180903	1/13/12	000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	35.00		510.30	I	
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 282
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180904	1/06/12	000008	VISITING NURSE SERVICE	TISHCOFF, HERTA	9.00		131.22	I	
180905	1/13/12	000008	VISITING NURSE SERVICE	TISHCOFF, HERTA	9.00		131.22	I	
180906	1/06/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	15.00		218.71	I	
180907	1/13/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	16.00		233.28	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	49.00	0.00	714.43		
				-----	-----	-----	-----	-----	-----
				CATEGORY	49.00	0.00	714.43		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 283
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180908	1/06/12	000008	VISITING NURSE SERVICE	TORO, PURA	48.00		699.84	I	
180909	1/13/12	000008	VISITING NURSE SERVICE	TORO, PURA	83.50		1,217.43	I	
180910	1/06/12	000008	VISITING NURSE SERVICE	TORRES, EMELINA	5.00		72.90	I	
180911	1/06/12	000008	VISITING NURSE SERVICE	TORRES, LUZ M	20.00		291.60	I	
180912	1/13/12	000008	VISITING NURSE SERVICE	TORRES, LUZ M	70.00		1,020.60	I	
				CUSTOMER	226.50	0.00	3,302.37		
				CATEGORY	226.50	0.00	3,302.37		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 284
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180913	1/06/12	000008	VISITING NURSE SERVICE	TORRES, MARGOT	24.00		349.92	I	
180914	1/13/12	000008	VISITING NURSE SERVICE	TORRES, MARGOT	24.00		349.92	I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 285
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180915	1/13/12	000008	VISITING NURSE SERVICE	TROVATO, MILLIE	9.00		131.22	I	
				CATEGORY	9.00	0.00	131.22		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 286
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180916	1/13/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	20.00		291.60	I	
180917	1/06/12	000008	VISITING NURSE SERVICE	TSOLISOS, FOTIN	8.00		116.64	I	
180918	1/13/12	000008	VISITING NURSE SERVICE	TSOLISOS, FOTIN	51.50		750.89	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	79.50	0.00	1,159.13		
				-----	-----	-----	-----	-----	-----
				CATEGORY	79.50	0.00	1,159.13		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 287
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180919	1/06/12	000008	VISITING NURSE SERVICE	TSUAI, PING	16.00		233.28	I	
180920	1/13/12	000008	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60	I	
					-----	-----	-----		-----
				CUSTOMER	36.00	0.00	524.88		
					-----	-----	-----		-----
				CATEGORY	36.00	0.00	524.88		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 288
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180921	1/06/12	000008	VISITING NURSE SERVICE	TZOUMAS, EFFIE	32.00		466.56	I	
180922	1/13/12	000008	VISITING NURSE SERVICE	TZOUMAS, EFFIE	53.75		783.68	I	
				CUSTOMER	85.75	0.00	1,250.24		
				CATEGORY	85.75	0.00	1,250.24		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 289
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180923	1/06/12	000008	VISITING NURSE SERVICE	UGURLUYAN, KARA	1.00		174.96	I	
180924	1/13/12	000008	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72	I	
				CUSTOMER	8.00	0.00	1,399.68		
				CATEGORY	8.00	0.00	1,399.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 290
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180925	1/13/12	000008	VISITING NURSE SERVICE	URBINA, ANA	26.00		379.08	I	
				CATEGORY	26.00	0.00	379.08		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 291
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180926	1/06/12	000008	VISITING NURSE SERVICE	URENA, MARIA	7.00		102.06	I	
180927	1/13/12	000008	VISITING NURSE SERVICE	URENA, MARIA	35.00		510.30	I	
					-----	-----	-----		-----
				CUSTOMER	42.00	0.00	612.36		
					-----	-----	-----		-----
				CATEGORY	42.00	0.00	612.36		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 292
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180928	1/06/12	000008	VISITING NURSE SERVICE	VALENCIANO-ROJ,	8.00		116.64	I	
180929	1/13/12	000008	VISITING NURSE SERVICE	VALENCIANO-ROJ,	43.75		637.88	I	
				CUSTOMER	51.75	0.00	754.52		
				CATEGORY	51.75	0.00	754.52		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 293
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180930	1/06/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN	6.00		87.48	I	
180931	1/13/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64	I	
				CUSTOMER	14.00	0.00	204.12		
				CATEGORY	14.00	0.00	204.12		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 294
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180932	1/13/12	000008	VISITING NURSE SERVICE	VAROL, ELMAS	3.75		54.68	I	
180933	1/06/12	000008	VISITING NURSE SERVICE	VAROL, MUSTAFA	4.00		58.32	I	
180934	1/13/12	000008	VISITING NURSE SERVICE	VAROL, MUSTAFA	4.00		58.32	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	11.75	0.00	171.32		
				-----	-----	-----	-----	-----	-----
				CATEGORY	11.75	0.00	171.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 295
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180935	1/06/12	000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO	20.00		291.60	I	
180936	1/13/12	000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO	46.50		677.97	I	
				CUSTOMER	66.50	0.00	969.57		
				CATEGORY	66.50	0.00	969.57		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 296
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180937	1/06/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	5.00		72.90	I	
180938	1/13/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	33.00		481.14	I	
180939	1/06/12	000008	VISITING NURSE SERVICE	VASQUEZ, RAPHAEL	6.00		87.48	I	
180940	1/13/12	000008	VISITING NURSE SERVICE	VASQUEZ, RAPHAEL	21.00		306.18	I	
180941	1/13/12	000008	VISITING NURSE SERVICE	VASQUEZ, ESTHER	40.00		583.20	I	
				CUSTOMER	105.00	0.00	1,530.90		
				CATEGORY	105.00	0.00	1,530.90		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 297
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180942	1/06/12	000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	4.00		58.32	I	
180943	1/13/12	000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	20.00		291.60	I	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 298
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180944	1/13/12	000008	VISITING NURSE SERVICE	VENTURA, ROSA	31.00		451.98	I	
				CATEGORY	31.00	0.00	451.98		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 299
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180945	1/06/12	000008	VISITING NURSE SERVICE	VERAS, JUANA	16.00		233.28	I	
180946	1/13/12	000008	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20	I	
					-----	-----	-----		-----
				CUSTOMER	56.00	0.00	816.48		
					-----	-----	-----		-----
				CATEGORY	56.00	0.00	816.48		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 300
HOA HOSPICE ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180947	1/13/12	000008	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 301
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180948	1/06/12	000008	VISITING NURSE SERVICE	VILLAPOL, ANNA	24.00		349.92	I	
180949	1/13/12	000008	VISITING NURSE SERVICE	VILLAPOL, ANNA	25.50		371.80	I	
				CUSTOMER	49.50	0.00	721.72		
				CATEGORY	49.50	0.00	721.72		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 302
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180950	1/06/12	000008	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32	I	
180951	1/13/12	000008	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32	I	
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 303
LTC NURSING HOMEW/O WALLS (LT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180952	1/06/12	000008	VISITING NURSE SERVICE	VITO, CARMEN	6.00		87.48	I	
180953	1/13/12	000008	VISITING NURSE SERVICE	VITO, CARMEN	29.00		422.82	I	
					-----	-----	-----		-----
				CUSTOMER	35.00	0.00	510.30		
					-----	-----	-----		-----
				CATEGORY	35.00	0.00	510.30		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 304
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180954	1/13/12	000008	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60	I	
180955	1/06/12	000008	VISITING NURSE SERVICE	WALLE, ILEANA	20.00		291.60	I	
180956	1/13/12	000008	VISITING NURSE SERVICE	WALLE, ILEANA	20.00		291.60	I	
180957	1/06/12	000008	VISITING NURSE SERVICE	WEBB, ANA	7.00		102.06	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	117.00	0.00	1,705.86		
				-----	-----	-----	-----	-----	-----
				CATEGORY	117.00	0.00	1,705.86		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 305
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180958	1/13/12	000008	VISITING NURSE SERVICE	WEINHAUS, SUSAN	31.00		451.98	I	
				CATEGORY	31.00	0.00	451.98		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 306
VCP CHOICE LHCSA
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180959	1/06/12	000008	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.50		240.57	I	
180960	1/13/12	000008	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	12.00		174.96	I	
				CUSTOMER	28.50	0.00	415.53		
				CATEGORY	28.50	0.00	415.53		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 307
CCL CONGREGATE CARE PROGRAM
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180961	1/06/12	000008	VISITING NURSE SERVICE	YELLAPAH, DOLLI	3.00		43.74	I	
180962	1/13/12	000008	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96	I	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 308
ADU ADULT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180963	1/06/12	000008	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	5.00		72.90	I	
180964	1/13/12	000008	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	28.00		408.24	I	
180965	1/13/12	000008	VISITING NURSE SERVICE	ZAMBRANO, VICTO	10.00		145.80	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	43.00	0.00	626.94		
				-----	-----	-----	-----	-----	-----
				CATEGORY	43.00	0.00	626.94		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
 SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
 S A L E S R E G I S T E R

PAGE 1 - 309
 GUI GUILDNET
 BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180966	1/13/12	000010	GUILDNET	ACERNO, CLAIRE	20.00		265.60	I	
180967	1/13/12	000010	GUILDNET	ALI, AMRUNISSA	20.00		265.60	I	
180968	1/13/12	000010	GUILDNET	AMABILE, ANTOIN	7.00		1,260.00	I	
180969	1/13/12	000010	GUILDNET	AYALA, ENRIQUE	50.00		664.00	I	
180970	1/13/12	000010	GUILDNET	BEGUM, JAMILA	72.00		956.16	I	
180971	1/13/12	000010	GUILDNET	BRADLEY, MARGAR	6.00		1,080.00	I	
180972	1/13/12	000010	GUILDNET	BUCARO, CONCETT	45.00		597.60	I	
180973	1/13/12	000010	GUILDNET	CEPEDA, TOMASA	30.00		398.40	I	
180974	1/13/12	000010	GUILDNET	COLAVITTI, JEAN	56.00		743.68	I	
180975	1/13/12	000010	GUILDNET	DIAZ, ALICIA	45.00		597.60	I	
180976	1/13/12	000010	GUILDNET	DONOSO, MARGARE	24.00		318.72	I	
180977	12/09/11	000010	GUILDNET	EARLINGTON, ALB	7.00		92.96	I	
180978	1/13/12	000010	GUILDNET	EARLINGTON, ALB	35.00		464.80	I	
180979	1/13/12	000010	GUILDNET	ECKMAN, LOIS	7.00		1,260.00	I	
180980	1/13/12	000010	GUILDNET	ESPINOZA, MARIA	45.00		597.60	I	
180981	1/13/12	000010	GUILDNET	EXPOSITO, ALFON	38.00		504.64	I	
180982	1/13/12	000010	GUILDNET	FELICIANO, JOAN	38.00		504.64	I	
180983	1/13/12	000010	GUILDNET	FERNANDEZ, ANA	25.00		332.00	I	
180984	1/06/12	000010	GUILDNET	FERRO, JOSEPHIN	79.50		1,055.76	I	
180985	1/13/12	000010	GUILDNET	GREENSPAN, ALIC	35.00		464.80	I	
180986	1/13/12	000010	GUILDNET	HUSTIU, SILVIA	3.00		39.84	I	
180987	1/13/12	000010	GUILDNET	JIMENEZ, EUGENI	78.50		1,042.48	I	
180988	1/13/12	000010	GUILDNET	JOHNSON, DOROTH	64.00		849.92	I	
180989	1/13/12	000010	GUILDNET	LATVIS, CHARLES	7.00		1,260.00	I	
180990	1/13/12	000010	GUILDNET	MANGRAY, KARMAD	8.00		106.24	I	
180991	1/13/12	000010	GUILDNET	MARTINEZ, EMMA	36.00		478.08	I	
180992	1/13/12	000010	GUILDNET	MARTINEZ, GLORI	25.00		332.00	I	
180993	1/13/12	000010	GUILDNET	MICHEL, DOROTHY	56.00		743.68	I	
180994	1/13/12	000010	GUILDNET	MOSCICKA, JADWI	24.00		318.72	I	
180995	1/13/12	000010	GUILDNET	MUSCAT, CARMEN	25.00		332.00	I	
180996	1/13/12	000010	GUILDNET	NETTLES, DONNA	12.00		159.36	I	
180997	1/13/12	000010	GUILDNET	NEWBOLD, RAMONA	5.00		66.40	I	
180998	1/13/12	000010	GUILDNET	NISHIMURA, ALBE	66.00		876.48	I	
180999	1/13/12	000010	GUILDNET	NUNEZ, ANGELINA	23.00		305.44	I	
181000	1/06/12	000010	GUILDNET	NUNEZ, IRIS	8.00		106.24	I	
181001	1/13/12	000010	GUILDNET	ORTIZ, LAURA	63.00		836.64	I	
181002	1/13/12	000010	GUILDNET	PAPHITIS, RICHA	40.00		531.20	I	
181003	1/13/12	000010	GUILDNET	PAZIOULIS, GEOR	36.00		478.08	I	
181004	1/06/12	000010	GUILDNET	PAZIOULIS, KLEO	35.00		464.80	I	
181005	1/13/12	000010	GUILDNET	PENA, WALESKA	56.00		743.68	I	
181006	1/13/12	000010	GUILDNET	PEREZ, MARIA	24.00		318.72	I	
181007	1/13/12	000010	GUILDNET	PICHARDO, MARIA	63.00		836.64	I	
181008	1/13/12	000010	GUILDNET	PROANO, ALICIA	21.00		278.88	I	
181009	1/13/12	000010	GUILDNET	PROANO, BRUNO	33.00		438.24	I	
181010	1/13/12	000010	GUILDNET	PRYCE, CLYDIA	16.00		212.48	I	
181011	1/13/12	000010	GUILDNET	RESTULA, VINCEN	20.00		265.60	I	
181012	1/13/12	000010	GUILDNET	RIVAS, GERTRUDI	16.00		212.48	I	
181013	1/13/12	000010	GUILDNET	RODRIGUEZ, HOLG	62.75		833.32	I	
181014	1/13/12	000010	GUILDNET	ROJAS, ANGEL	15.00		199.20	I	

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 2 - 310
GUI GUILDNET
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181015	1/13/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		265.60	I	
181016	1/13/12	000010	GUILDNET	RUBIANO, MARIA	24.00		318.72	I	
181017	1/13/12	000010	GUILDNET	SALJANIN, DILJA	61.00		810.08	I	
181018	1/13/12	000010	GUILDNET	SANCHEZ, ELIZAB	35.00		464.80	I	
181019	1/13/12	000010	GUILDNET	SHELTON, AGUEDA	27.50		365.20	I	
181020	1/06/12	000010	GUILDNET	SOMRAJ, UMILLA	8.00		106.24	I	
181021	1/13/12	000010	GUILDNET	TOROSSIAN, PARI	24.00		318.72	I	
181022	1/13/12	000010	GUILDNET	VILLACRES, LUZ	8.00		106.24	I	
181023	1/13/12	000010	GUILDNET	VLAHOS, MARIE	70.00		929.60	I	
181024	1/13/12	000010	GUILDNET	WEISZ, KLARA	8.00		106.24	I	
181025	1/13/12	000010	GUILDNET	WEST, BALDWIN	16.25		215.80	I	
181026	1/13/12	000010	GUILDNET	WHITLEY, MYRNA	16.00		212.48	I	
181027	1/13/12	000010	GUILDNET	YI, CARLOS	24.00		318.72	I	
181028	1/13/12	000010	GUILDNET	YIANTSELIS, VIR	6.99		1,258.20	I	
181029	1/06/12	000010	GUILDNET	ZARE, GLORIA	23.00		305.44	I	
181030	1/13/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		849.92	I	
				CUSTOMER	2,061.49	0.00	33,043.40		
				CATEGORY	2,061.49	0.00	33,043.40		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 311
HFS HEALTH FIRST
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181031	1/06/12	000122	HEALTH FIRST	AUER, BARBARA	15.00		253.20	I	
181032	1/13/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
181033	1/13/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
181034	1/13/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	41.00		692.08	I	
181035	1/13/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
181036	1/13/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
181037	1/13/12	000122	HEALTH FIRST	CEBALLOS, ANA	32.00		540.16	I	
181038	1/13/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
181039	1/06/12	000122	HEALTH FIRST	CORTES DE GALIN	24.00		405.12	I	
181040	1/13/12	000122	HEALTH FIRST	DORNELLAS, STEL	4.00		67.52	I	
181041	1/13/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64	I	
181042	1/13/12	000122	HEALTH FIRST	ESTEVEZ, JOSE	61.00		1,029.68	I	
181043	1/13/12	000122	HEALTH FIRST	FERGERSON, TINA	35.00		590.80	I	
181044	1/13/12	000122	HEALTH FIRST	FERRERA, FRANCI	6.00		101.28	I	
181045	1/13/12	000122	HEALTH FIRST	FONTANES, PEDRO	24.00		405.12	I	
181046	1/13/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
181047	1/13/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
181048	1/06/12	000122	HEALTH FIRST	HENRY, BRENDA	16.00		270.08	I	
181049	1/13/12	000122	HEALTH FIRST	HERRING, CHARLE	8.00		135.04	I	
181050	1/13/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
181051	1/13/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
181052	1/13/12	000122	HEALTH FIRST	LAZALA, GLADYS	84.00		1,417.92	I	
181053	1/13/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	77.00		1,299.76	I	
181054	1/13/12	000122	HEALTH FIRST	MACARENA, SAHAR	63.00		1,063.44	I	
181055	1/06/12	000122	HEALTH FIRST	MARTIN, ARIANA	16.00		270.08	I	
181056	1/13/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
181057	1/13/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	I	
181058	1/13/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
181059	1/13/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96	I	
181060	1/13/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
181061	1/13/12	000122	HEALTH FIRST	SALHUANA, YOLAN	20.00		337.60	I	
181062	1/13/12	000122	HEALTH FIRST	SPIVEY, PATRICI	12.00		202.56	I	
181063	1/13/12	000122	HEALTH FIRST	ST ROMAINE, CLA	56.00		945.28	I	
181064	1/13/12	000122	HEALTH FIRST	SURIEL, GERTRUD	16.00		270.08	I	
181065	1/13/12	000122	HEALTH FIRST	TEJADA, PAULA	40.00		675.20	I	
181066	1/13/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12	I	
CUSTOMER					1,184.00	0.00	19,985.92		
CATEGORY					1,184.00	0.00	19,985.92		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 312
NHP NEIGHBORHOOD HEALTH
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181067	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AHMED, UMARA	56.00		945.28	I	
181068	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AKHTAR, SELINA	41.00		692.08	I	
181069	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	BRATHWAITE, DON	35.00		590.80	I	
181070	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
181071	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
181072	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
181073	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
181074	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	45.00		759.60	I	
181075	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHALIL, RASHAN	35.75		603.46	I	
181076	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHAN, FARUQUE	23.75		400.90	I	
181077	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHERIN	21.00		354.48	I	
181078	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES, EDWIN	42.00		708.96	I	
181079	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	23.00		388.24	I	
181080	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	19.00		320.72	I	
181081	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I	
181082	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SALVATO, MARY	54.50		919.96	I	
181083	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SANCHEZ, CHRIST	9.00		151.92	I	
181084	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SCOTT, MICHAEL	40.00		675.20	I	
181085	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SHEPPARD, ERMA	70.00		1,181.60	I	
181086	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WELLS, WYNORIA	15.75		265.86	I	
181087	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	34.00		573.92	I	
				CUSTOMER	728.75	0.00	12,301.30		
				CATEGORY	728.75	0.00	12,301.30		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 313
FID NY CATHOLIC/FIDELIS
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181088	1/13/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	63.00		1,063.44	I	
181089	1/13/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	40.00		675.20	I	
181090	1/13/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.80	I	
181091	1/13/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	25.00		422.00	I	
181092	1/13/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	96.00		1,620.48	I	
181093	1/13/12	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	6.00		101.28	I	
181094	1/13/12	000126	NYS CATHOLIC/FIDELIS	OLIVAPUIG, CARM	12.00		202.56	I	
181095	1/13/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,063.44	I	
181096	1/13/12	000126	NYS CATHOLIC/FIDELIS	PEREZ, MARIA E	20.00		337.60	I	
181097	1/13/12	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	40.00		675.20	I	
181098	1/13/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		675.20	I	
181099	1/13/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	23.00		388.24	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	463.00	0.00	7,815.44		
				-----	-----	-----	-----	-----	-----
				CATEGORY	463.00	0.00	7,815.44		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 314
UHC UNITED HEALTH
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181100	1/13/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	I	
181101	1/13/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
181102	1/13/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	56.00		960.96	I	
181103	1/13/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
181104	1/13/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
181105	1/13/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
181106	1/13/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	13.00		223.08	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	260.00	0.00	4,461.60		
				-----	-----	-----	-----	-----	-----
				CATEGORY	260.00	0.00	4,461.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 315
EHP EMBLEM HEALTH
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181107	1/06/12	000114	EMBLEM HEALTH	COPE, WILLIE	96.00		1,344.00	I	
181108	1/13/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
181109	1/13/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
181110	1/13/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
181111	1/13/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	47.00		658.00	I	
				CUSTOMER	269.00	0.00	3,773.50		
				CATEGORY	269.00	0.00	3,773.50		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 316
HIP HEALTH INSURANCE PLAN
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181112	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL	14.00		236.32	I	
181113	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	BORLAZA, FRANCI	48.00		810.24	I	
181114	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE	8.00		135.04	I	
181115	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	DE JESUS, TIBUR	63.00		1,063.44	I	
181116	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	GOMES, AGUSTINA	58.00		979.04	I	
181117	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	GREGG, DAVID	32.00		540.16	I	
181118	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	LOYOLA, MARIA	30.00		506.40	I	
181119	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	ORR, LOUISE	35.00		590.80	I	
181120	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	SHAH, HANSIKABE	4.00		67.52	I	
181121	11/25/11	000136	HEALTH INSURANCE PLAN OF NY	TOWLES, ADA	4.00		67.52	I	
181122	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	TOWLES, ADA	12.00		202.56	I	
181123	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	WILLIAMS, DIANE	20.00		337.60	I	
181124	1/13/12	000136	HEALTH INSURANCE PLAN OF NY	ZAMBRANO, ZOILA	8.00		135.04	I	
CUSTOMER					336.00	0.00	5,671.68		
CATEGORY					336.00	0.00	5,671.68		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 317
HPS HEALTH PLUS
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181125	1/06/12	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	30.00		510.00	I	
181126	1/13/12	000138	HEALTH PLUS PHSP, INC	VAZQUEZ, ARCADI	12.00		204.00	I	
181127	1/13/12	000138	HEALTH PLUS PHSP, INC	VEGA, GLORIA	35.00		595.00	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	77.00	0.00	1,309.00		
				-----	-----	-----	-----	-----	-----
				CATEGORY	77.00	0.00	1,309.00		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 318
AFF AFFINITY HEALTH PLUS
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181128	1/13/12	000142	AFFINITY HEALTH PLUS	HERNANDEZ, ANTO	32.00		768.00	I	
181129	1/13/12	000142	AFFINITY HEALTH PLUS	PURNELL, ROSE M	4.00		96.00	I	
181130	1/13/12	000142	AFFINITY HEALTH PLUS	VAMVAKAS, SOPHI	17.00		408.00	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	53.00	0.00	1,272.00		
				-----	-----	-----	-----	-----	-----
				CATEGORY	53.00	0.00	1,272.00		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 319
MPH METROPLUS HEALTH
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181131	1/13/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	72.00		1,234.80	I	
181132	1/13/12	000130	METROPLUS HEALTH	ANDERSON, BETH	42.00		720.30	I	
181133	1/13/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
181134	1/13/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	I	
181135	1/13/12	000130	METROPLUS HEALTH	BESANT, NAOMI	30.00		514.50	I	
181136	1/13/12	000130	METROPLUS HEALTH	BRACERO, HELEN	56.00		960.40	I	
181137	1/13/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	63.25		1,084.74	I	
181138	1/13/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I	
181139	1/13/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50	I	
181140	1/13/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	132.00		2,263.80	I	
181141	1/13/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00	I	
181142	1/13/12	000130	METROPLUS HEALTH	DURAHAM, CYNTHI	12.00		205.80	I	
181143	1/13/12	000130	METROPLUS HEALTH	GALAS, TERESA	37.00		634.55	I	
181144	1/13/12	000130	METROPLUS HEALTH	GONZALEZ, CARLO	12.00		205.80	I	
181145	1/13/12	000130	METROPLUS HEALTH	MANIACI, VINCEN	96.00		1,646.40	I	
181146	1/06/12	000130	METROPLUS HEALTH	MATUTE-CALLE, R	47.50		814.63	I	
181147	1/13/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
181148	1/13/12	000130	METROPLUS HEALTH	PERSAD, USHA	60.00		1,029.00	I	
181149	1/13/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	I	
181150	1/06/12	000130	METROPLUS HEALTH	RYALS, CHARLES	49.00		840.35	I	
181151	1/13/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	42.00		720.30	I	
181152	1/13/12	000130	METROPLUS HEALTH	VALLE, BLASINA	30.50		523.08	I	
				CUSTOMER	1,085.25	0.00	18,612.05		
				CATEGORY	1,085.25	0.00	18,612.05		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 320
AMG AMERIGROUP
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181153	1/13/12	000132	AMERIGROUP	FERNANDEZ, NORK	32.00		539.84	I	
181154	1/13/12	000132	AMERIGROUP	GERGIS, NIMR	13.75		231.96	I	
181155	1/13/12	000132	AMERIGROUP	GIAMBRONE, JOSE	7.00		118.09	I	
181156	1/13/12	000132	AMERIGROUP	GUERRA, LORRAIN	70.00		1,180.90	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	122.75	0.00	2,070.79		
				-----	-----	-----	-----	-----	-----
				CATEGORY	122.75	0.00	2,070.79		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 321
WEL WELCARE OF NY
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181157	1/13/12	000124	WELCARE OF NEW YORK, INC.	GENAO, DANIELA	55.00		946.00	I	
181158	1/13/12	000124	WELCARE OF NEW YORK, INC.	MARTINEZ, MARIA	42.00		722.40	I	
181159	1/13/12	000124	WELCARE OF NEW YORK, INC.	RAMIREZ, ALIDA	63.00		1,083.60	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	160.00	0.00	2,752.00		
				-----	-----	-----	-----	-----	-----
				CATEGORY	160.00	0.00	2,752.00		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 322
NPS NY PRESBYTERIAN SELECT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181160	1/13/12	000134	NY-PRESBYTERIAN SYSTEM SELECT	KARASSAVIDIS, A	35.00		600.60	I	
				CATEGORY	35.00	0.00	600.60		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 323
PAR PRIVATE
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181161	1/13/12	000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS	3.00		43.50	I	
181162	1/13/12	000002	SUNNYSIDE COMMUNITY SERVICES	BUTLER, MARY	4.00		58.00	I	
181163	1/13/12	000002	SUNNYSIDE COMMUNITY SERVICES	MAZZA, ROLAND	4.00		58.00	I	
181164	1/13/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, MARIA	4.00		58.00	I	
181165	1/13/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, TIRSO	4.00		58.00	I	
181166	1/13/12	000002	SUNNYSIDE COMMUNITY SERVICES	SAK, FIRDEVS	8.00		116.00	I	
181167	12/30/11	000002	SUNNYSIDE COMMUNITY SERVICES	TSONIS, EFFIE	4.00		58.00	I	
181168	1/13/12	000002	SUNNYSIDE COMMUNITY SERVICES	TSONIS, EFFIE	1.00		14.50	I	
				CUSTOMER	32.00	0.00	464.00		
181169	1/13/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
181170	1/13/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	25.00		344.75	I	
181171	1/13/12	000049	ELIZABETH SETON PEDIATRIC CTR	MORSHELINA, NAS	12.00		165.48	I	
				CUSTOMER	37.00	0.00	510.23		
181172	1/13/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
181173	1/13/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	104.00	0.00	2,746.23		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 324
CAS CHILDREN'S AID SOCIETY
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181174	1/13/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I	
181175	1/13/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
181176	1/13/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
181177	1/13/12	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	20.00		310.00	I	
181178	1/13/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	20.00		310.00	I	
181179	1/13/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	17.00		263.50	I	
181180	1/13/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	24.00		372.00	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	118.00	0.00	1,829.00		
				-----	-----	-----	-----	-----	-----
				CATEGORY	118.00	0.00	1,829.00		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 325
GHC GIRLING HEALTH CARE OF NY
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181181	1/13/12	000090	GIRLING HEALTH CARE OF NY	ALEKSANDROVA, S	6.00		78.00	I	
181182	1/13/12	000090	GIRLING HEALTH CARE OF NY	BHATT, JYOTI	40.00		520.00	I	
181183	1/13/12	000090	GIRLING HEALTH CARE OF NY	DIRADOURIAN, NI	85.00		1,105.00	I	
181184	1/13/12	000090	GIRLING HEALTH CARE OF NY	GOVERDOVSKIY, N	4.00		52.00	I	
181185	1/13/12	000090	GIRLING HEALTH CARE OF NY	KILIMLIAN, PEPR	15.00		195.00	I	
181186	1/13/12	000090	GIRLING HEALTH CARE OF NY	THOMPSON, ORALI	59.00		767.00	I	
				-----	-----	-----	-----	-----	-----
				CUSTOMER	209.00	0.00	2,717.00		
				-----	-----	-----	-----	-----	-----
				CATEGORY	209.00	0.00	2,717.00		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 326
PAR PRIVATE
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181187	1/13/12	000096	JIBAJA, ROSEMARY	JIBAJA, ROSEMAR	168.00		2,676.00	I	
181188	1/13/12	000098	MILDRED PANSE	PANSE, MILDRED	15.75		244.13	I	
				CATEGORY	183.75	0.00	2,920.13		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 327
ELD ELDERSERVEHEALTH
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181189	1/13/12	000101	ELDERSERVEHEALTH	BEAN, ELMIRA	25.00		337.50	I	
181190	1/13/12	000101	ELDERSERVEHEALTH	BLACK, DOROTHY	16.00		216.00	I	
				CUSTOMER	41.00	0.00	553.50		
				CATEGORY	41.00	0.00	553.50		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 328
PAR PRIVATE
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181191	1/13/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	16.00		254.00	I	
181192	1/13/12	000145	LARRY EISENBERG	BERGER, TESS	51.00		816.00	I	
				CATEGORY	67.00	0.00	1,070.00		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 329
CCM COMPREHENSIVE CARE MGMT
BILL WEEK ENDING 1/20/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181193	1/13/12	000150	COMPREHENSIVE CARE MANAGEMENT	ROSARIO, CELEST	36.00		472.32	I	
				CATEGORY	36.00	0.00	472.32		

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE						PAGE 1 - 330 PAR PRIVATE BILL WEEK ENDING 1/20/12			
		REG NY NY		S A L E S R E G I S T E R					
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181194	1/13/12	000151	MICHAEL SIANO	SIANO, ANDREW	16.00		216.00	I	
181195	1/13/12	000153	PATRICIA RUECKHER	RUECKHER, PATRI	9.00		139.50	I	
181196	1/13/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
181197	1/13/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
181198	1/13/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	6.00		93.00	I	
181199	1/13/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
181200	1/13/12	006337	STEPHEN EDEL	EDEL, CANDACE	80.25		1,267.88	I	
181201	1/13/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	33.50		526.75	I	
181202	1/13/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
181203	1/13/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
181204	1/13/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
181205	1/13/12	008764	PATRICIA PHILION	GAFFNEY, FREDER	12.00		186.00	I	
181206	1/13/12	009036	MR. FERNANDO RIVERA	RIVERA, ALCIRA	9.00		139.50	I	
181207	1/13/12	009226	ALZHEIMER'S ASSOCIATION	CARDENAS, GUSTA	4.00		62.00	I	
181208	1/13/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
181209	1/13/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	9.00		139.50	I	
181210	1/13/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
181211	1/13/12	009632	KELLY SHAFFER	KELLY, PATRICK	13.50		209.25	I	
181212	1/13/12	009659	SELFHELP COMMUNITY SERVICES	SHINDLER, LYDIA	6.00		93.00	I	
181213	1/13/12	997760	MARASA, ANTONIO	MARASA, ANTONIO	9.00		121.50	I	
				CATEGORY	313.25	0.00	4,828.88	-----	
				LOCATION	24,007.24	0.00	365,840.08	-----	
				COMPANY	24,007.24	0.00	365,840.08	-----	

RUN DATE 01/18/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0264 LOC 001 SUNNYSIDE CITYWIDE

REG NY NY
S A L E S R E G I S T E R

PAGE 1 - 331
PAR PRIVATE
BILL WEEK ENDING 1/20/12

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

THIS PAGE INTENTIONALLY BLANK