RUN DATE 08/01/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 8/03/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ALVAREZ, ANGELA 4.00 203586 6/29/12 000082 SENIOR HEALTH PARTNERS 57.00 I ALVAREZ, ANGELA
ALVAREZ, ANGELA
BANKS, ANASTAZJ
BROOKS, NATALIE
COLON, RAYMUNDA
GHILIOTTY, FLOR
GRAFSTEIN, LILL
GUTIERREZ, LUCI
HARIDIN, KHAMAT
HARIDIN, KHAMAT
HARIDIN, RAMDIA
HERNANDEZ, FRAN
LEPORE, CLAIRE
MOROCHO, MANUEL
RODRIGUEZ, MARI
SIERRA, MIRIAM
SIMON, LUPE
TORRESCAMPOS, J
VASQUEZ, CORNEL
VIDOT-LINARES,
WOO, LUZ 203587 7/27/12 000082 SENIOR HEALTH PARTNERS ALVAREZ, ANGELA 4.00 57.00 I SENIOR HEALTH PARTNERS 40.00 570.00 203588 7/27/12 000082 203589 7/27/12 000082 SENIOR HEALTH PARTNERS 22.00 313.50 203590 7/27/12 000082 SENIOR HEALTH PARTNERS 35.00 498.75 203591 28.00 399.00 7/27/12 000082 SENIOR HEALTH PARTNERS 203592 7/27/12 000082 SENIOR HEALTH PARTNERS 7.00 1,400.00 203593 7/13/12 000082 SENIOR HEALTH PARTNERS 32.00 456.00 203594 7/27/12 000082 SENIOR HEALTH PARTNERS 33.00 470.25 203595 7/27/12 000082 SENIOR HEALTH PARTNERS 135.00 1,923.76 203596 7/27/12 000082 SENIOR HEALTH PARTNERS 33.00 470.25 203597 7/27/12 000082 SENIOR HEALTH PARTNERS 6.00 85.50 203598 7/27/12 000082 SENIOR HEALTH PARTNERS 76.00 1,083.00 203599 7/27/12 000082 SENIOR HEALTH PARTNERS 20.00 285.00 203600 7/27/12 000082 SENIOR HEALTH PARTNERS 25.00 356.25 203601 7/27/12 SENIOR HEALTH PARTNERS 8.00 114.00 000082 203602 7/27/12 SENIOR HEALTH PARTNERS 40.00 570.00 000082 203603 7/27/12 000082 SENIOR HEALTH PARTNERS 8.00 114.00 7/27/12 29.00 203604 000082 SENIOR HEALTH PARTNERS 413.25 203605 7/27/12 000082 SENIOR HEALTH PARTNERS 12.00 171.00 203606 7/27/12 000082 SENIOR HEALTH PARTNERS WOO, LUZ 4.00 57.00 I _____ -----CUSTOMER 601.00 0.00 9,864.51 601.00 0.00 CATEGORY 9,864.51

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	2 3A
	.2 0252	200 001		LES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203607	7/27/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48 I	
203608	7/27/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96 I	-
203609	7/27/12	800000	VISITING NURSE SERVICE	ACOSTA, ALBERTO	33.75		492.08 I	-
203610	7/27/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50 I	-
203611	7/27/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	34.75		506.66 I	-
203612	7/27/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	68.50		998.73 I	-
203613	7/27/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	56.00		816.48 I	-
203614	7/27/12	800000	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32 I	•
				CUSTOMER	290.00	0.00	4,228.21	
				CATEGORY	290.00	0.00	4,228.21	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	3 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203615	7/27/12	800000	VISITING NURSE SERVICE	AGUILAR, RAFAEL	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

- 1				YSIDE CITYWIDE				PAGE 1 -	4
	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	203616	7/27/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	46.75		681.62 I	
					CATEGORY	46.75	0.00	681.62	

			YSIDE CITYWIDE				PAGE 1	-	5
SALES JRN	IL # 0292	LOC 001		REG NY NY			VCP CHOICE LE		0 /02 /10
			S	ALES REGISTER			BILL WEEK ENI	ING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203617	7/27/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	12.00		174.96	I	
203618	7/27/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I	
				CUSTOMER	32.00	0.00	466.56		
				CATEGORY	32.00	0.00	466.56		

	08/01/12 - JL # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOMEV	6 V/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203619	7/06/12	000008	VISITING NURSE SERVICE	ALEKSANDORVA, S	20.00		291.60 I	
203620	7/20/12	000008	VISITING NURSE SERVICE		20.00		291.60 I	
203621	7/27/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	20.00		291.60 I	
				CUSTOMER	60.00	0.00	874.80	
				CATEGORY	60.00	0.00	874.80	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	7
BALLS OICH	1L # 0272	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203622	7/27/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	29.75		433.76 I	
203623 203624	7/27/12 7/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ALMANZAR, REMIG ALVARADO, DORA	4.00 21.00		58.32 I 306.18 I	
				CUSTOMER	54.75	0.00	798.26	
				CATEGORY	54.75	0.00		

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	8
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	Γ
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203625	7/27/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

-	, - ,		YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE LHC	
			5	ALES REGISIER			PILL MEEV ENDI	NG 0/U3/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203626	7/27/12	800000	VISITING NURSE SERVICE	ANANIA, GLYGERI	20.00		291.60	I
203627	7/27/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	19.50		284.31	I
203628	7/27/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	83.50		1,217.43	I
203629	7/27/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	54.00		787.32	I
203630	7/27/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24	I
				CUSTOMER	205.00	0.00	2,988.90	
				CATEGORY	205.00	0.00	2,988.90	

RUN DATE 08/01/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1	- 1	.0
SALES JRNL # 0292	LOC 001		REG NY NY			LTC NURSING		,
		:	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203631 7/27/12	800000	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I	
203632 7/27/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I	
			CUSTOMER	81.00	0.00	1,180.98		
						1 100 00		
			CATEGORY	81.00	0.00	1,180.98		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203633	7/27/12	800000	VISITING NURSE SERVICE	AOUN, ODETTE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE	222 222			PAGE 1 -	12
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			HOA HOSPICE ADUI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
203634	7/27/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 13
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
				SALES REGISTER			BILL WEEK ENDI	ING 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
203635	7/27/12	000008	VISITING NURSE SERVICE	ARGENTINA, CESS	8.00		116.64	I
203636	7/27/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	45.50		663.39	I
				CUSTOMER	53.50	0.00	780.03	
				CATEGORY	53.50	0.00	780.03	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	14
SALES URN.	L # 0292	TOC 001		SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203637 203638	7/27/12 7/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		23.00 12.00		335.34 I 174.96 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	
			5 F	ALES REGISIER			BILL WEEK ENDING	0/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203639	7/27/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

8/03/12
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- 1	RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOMEW	17 // Watte /tm
	SALLS UKNI	L # 0292	100 001		SALES REGISTER				
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	203641	7/27/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	19.75		287.96 I	
					CATEGORY	19.75	0.00		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	L8
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203642	7/27/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	8.00		116.64	I	
203643	7/27/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	28.00		408.24	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE 08/01/12 SALES JRNL # 0292	- SUP SUNI LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203644 7/27/12 203645 7/27/12 203646 7/27/12 203647 7/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BALLAS, VIOLA BAQUERIZO, ANNA BARDEANU, VICTO BATTLE, JEANETT	29.75 55.75 45.00 48.75		433.76 1 812.84 1 656.10 1 710.78 1	
			CUSTOMER	179.25	0.00	2,613.48	
			CATEGORY	179.25	0.00	2,613.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		20
Bridde Grav	1 1 0252	100 001		SALES REGISTER			BILL WEEK ENI		8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203648 203649 203650	7/27/12 7/27/12 7/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BECERRA, FELIPE BELLOROFONTE, M	16.00 151.00		233.28 2,201.58 43.74	I I	
203650	1/21/12	000008	VISITING NURSE SERVICE	BERENBLIT, SARA CUSTOMER	3.00 170.00	0.00	2,478.60		
				CATEGORY	170.00	0.00	2,478.60		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	21
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203651	7/20/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	10.00		145.80 I	
203652	7/27/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	11.00		160.38 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

			YSIDE CITYWIDE				PAGE 1 -	22
SALES JRN	NL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDI	NG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
203653	7/27/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	35.75		521.24	I
				CATEGORY	35.75	0.00	521.24	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
203654	7/27/12	000008	VISITING NURSE SERVICE	BHAWNANI, BISHU	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203655	7/27/12	000008	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	25
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203656	7/27/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 0	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	26
SALES JRNI	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	G 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203657	7/27/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60 I	
203658	7/27/12	000008	VISITING NURSE SERVICE	BONILLA, ESPERA	41.50		605.07 I	
				CUSTOMER	61.50	0.00	896.67	
				CATEGORY	61.50	0.00	896.67	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRN	ъ # 0292	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203659	7/27/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	28
SALES JRN	IL # 0292	LOC 001		REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203660	7/27/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	HEALTH
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203661	7/27/12	800000	VISITING NURSE SERVICE	BORSARI, ANTOIN	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

	RUN DATE (08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	
	SALES JRNI	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING 8	3/03/12
I									
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
	003660	E /0E /10	000000		DODUGBUTAR WAS	10.00		184 06 7	
	203662	7/27/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	
					CALEGORI	12.00	0.00	1/4.90	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
SALES JRN	ъ # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
002662	E /OE /10	00000		DOMEDITAL 5100	25 00		F10 20 T	
203663	7/27/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1	- 3	2
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			S	SALES REGISTER			BILL WEEK ENI	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203664	7/20/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	9.00		131.22	I	
203665	7/27/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54	I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

	08/01/12 - L # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	33
011220 0141	.2 0272	200 001		ALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203666	7/27/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	56.00		816.48 I	
				CATEGORY	56.00	0.00		

			YSIDE CITYWIDE	556 377			PAGE 1 - 34	
SALES JRN	L # 0292	LOC 001		REG NY NY SALES REGISTER			CCL CONGREGATE CARE BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203667	7/27/12	800000	VISITING NURSE SERVICE	BROWN, BETTY	9.00		131.22 I	
							121 00	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				-	35
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0.400.410
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203668	7/27/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22 I	
203669	7/27/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48 I	
				CUSTOMER	65.00	0.00	947.70	
				COBTOMER	03.00	0.00	317.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDIN	G 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203670	7/27/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	59.75		871.16 I	
				CATEGORY	59.75	0.00	871.16	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 VCP CHOICE L		37
DILLED GIGI	_	200 001		SALES R		E R		BILL WEEK EN		8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203671	7/27/12	800000	VISITING NURSE SERVICE	CABA,	PURA	10.00		145.80	I	
					-					
					CATEGORY	10.00	0.00	145.80		

	TE 08/01/12 JRNL # 0292			REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	38 IG 8/03/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203672	7/27/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

	08/01/12 - L # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	~ -
SALES UKN.	L # 0292	LOC UUI		ALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203673	7/27/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	40.25		586.86 I	
				CATEGORY	40.25	0.00	586.86	

			YSIDE CITYWIDE	DDG 1997			PAGE 1 - 40	
SALES JRN	L # 0292	TOC 001		REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING 8/0	03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
203674	7/27/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203675	7/27/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

ı	RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 42	2
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/03/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	203676	7/27/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.25		616.01 I	
ı									
ı									
ı					CATEGORY	42.25	0.00	616.01	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203677	7/27/12	800000	VISITING NURSE SERVICE	CANTO, THERESA	12.00		174.96 I	
				CATEGORY	12.00	0.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203678	7/27/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203679	7/27/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30	I
				CATEGORY	35.00	0.00	510.30	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	46
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			S	ALES REGISTER			BILL WEEK END	ING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203680	7/27/12	000008	VISITING NURSE SERVICE	CARDONA, MARIA	30.75		448.34	I	
203681	7/27/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	82.50		1,202.87	I	
203682	7/27/12	000008	VISITING NURSE SERVICE	CARDOZA, ANAIDA	35.75		521.24	I	
203683	7/27/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	24.75		360.86	I	
				CUSTOMER	173.75	0.00	2,533.31		
				CATEGORY	173.75	0.00	2,533.31		

ı	RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	47	
ı	SALES JRN	ъ # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL		
ı				5	SALES REGISTER			BILL WEEK ENDING	8/03/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	203684	7/27/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	42.00		612.36 I		
					CATEGORY	42.00	0.00	612.36		
1					CAIEGORI	42.00	0.00	012.30		

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	48
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203685	7/27/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

UN DATE 08/01/12 -		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 4 ADU ADULT	9
ADDO OICIVID # 0292	LOC UUI		SALES REGISTER				8/03/12
NVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
03686 7/27/12	800000	VISITING NURSE SERVICE	CARVAJAL, NORMA	6.00		87.48 I	
			CATEGORY	6.00	0.00	 87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 50 CCL CONGREGATE CARE PROGR	AM
				SALES REGISTER			BILL WEEK ENDING 8/03/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
203687	7/27/12	800000	VISITING NURSE SERVICE	CATALLI, ALICE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	_
				CAIEGORI	9.00	0.00	131.22	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203688	7/27/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	E 08/01/12 - RNL # 0292			REG NY NY			PAGE 1 - ADU ADULT	52
TATIOTOR	U DAME	GHOTE NO		SALES REGISTER	HOUDG	W27 2MW	BILL WEEK ENDING	
INVOICE	# DATE 7/27/12			REFERENCE	HOURS	TAX AMT	AMOUNT TY	
203689	1/21/12	800000	VISITING NURSE SERVICE	CELENTANO, ANGE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 08/0 SALES JRNL #	01/12 - SUP SUN 0292 LOC 001		EG NY NY ES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	53 8/03/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203691 7/2 203692 6/3	27/12 000008 27/12 000008 15/12 000008 27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CERNILLI, MARIA CHARLES PIERRE, CHAUCA, PEDRO CHAUCA, PEDRO	28.00 30.00 10.00 70.00		408.24 I 437.40 I 145.80 I 1,020.60 I	
			CUSTOMER	138.00	0.00	2,012.04	
			CATEGORY	138.00	0.00	2,012.04	

ı	RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	54
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
ı					SALES REGISTER			BILL WEEK ENDING	8/03/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	203694	7/27/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	35.00		510.30 I	
ı					CATEGORY	35.00	0.00	510.30	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 5	55
SALES JRN	L # 0292	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIL	COSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNT TIP	SURPLUS
203695	7/27/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	30.00		437.40 I	
				,				
				CATEGORY	30.00	0.00	437.40	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 5	6
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203696	7/27/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	57
SALES JRN	ъ # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203697	7/27/12	800000	VISITING NURSE SERVICE	CHOUDHURY, SHAM	39.75		579.56 I	
				CATEGORY	39.75	0.00	579.56	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	58
			Ş	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203698	7/27/12	800000	VISITING NURSE SERVICE	CHRISTOPHER, AS	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 08	8/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	59
SALES JRNL	# 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			i	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203699 7	7/27/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I	
203700 7	7/27/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	30.25		441.05	I	
				CUSTOMER	70.25	0.00	1,024.25		
				GAMEGODY	70 05		1 024 25		
				CATEGORY	70.25	0.00	1,024.25		

	08/01/12 - L # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203701	7/27/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	61
SALES UKN	ш # UZ9Z	LOC UUI		LES REGISTER			BILL WEEK ENDI	NG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
203702	7/27/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48	Ι
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING H		2 O WALLS (LT
			S	ALES REGISTER			BILL WEEK END	ING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203703	7/20/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	16.00		233.28	I	
203704	7/27/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I	
203705	7/20/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	12.00		174.96	I	
203706	7/27/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I	
203707	7/27/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I	
203708	7/27/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	30.00		437.40	I	
				CUSTOMER	135.00	0.00	1,968.30		
				CATEGORY	 135.00	0.00	1,968.30		

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	63
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			2	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203709	7/27/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203710	7/27/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	08/01/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	65
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203711	7/27/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			NYSIDE CITYWIDE	220				66
SALES J	RNL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
INVOICE:	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203712	7/27/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	38.75		564.98 I	
				CAREGORY	20.75			
				CATEGORY	38.75	0.00	564.98	

RUN DATE (08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
SALES JRNI	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203713	7/27/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	
				CATEGORI	30.00	0.00	324.00	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	68
SALES JRN	IL # 0292	LOC 001		REG NY NY			HOA HOSPICE ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203714	7/27/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				 CATEGORY	19.00	0.00	 277.02	

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	69
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203715	7/13/12	000008	VISITING NURSE SERVICE	CRAWFORD, CARME	2.00		29.16 I	
203716	7/20/12	000008	VISITING NURSE SERVICE	CRAWFORD, CARME	2.00		29.16 I	
203717	7/27/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	40.00		583.20 I	
				CUSTOMER	44.00	0.00	641.52	
				CATEGORY	44.00	0.00	641.52	

ı	RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - '	70
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME N	W/O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	8/03/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	0007710	F / OF / 1 O	000000		anua unaman	25 00		F10 20 -	
ı	203718	7/27/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	35.00		510.30 I	
ı									
ı					CATEGORY	35.00	0.00	510.30	
ı					CALEGORI	33.00	0.00	510.30	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	71
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203719	7/27/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

ı	RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	72
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	8/03/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	000700	E / OE / 1 O	000000		GUD GTO ANTONTA	00 00		100 01 7	
ı	203720	7/27/12	000008	VISITING NURSE SERVICE	CURCIO, ANTONIA	28.00		408.24 I	
ı									
ı					CATEGORY	28.00	0.00	408.24	
1					CATEGORI	20.00	0.00	100.24	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	73
511225 0141	_	200 001		SALES REGISTER			BILL WEEK ENDING	G 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203721	7/27/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 08/01/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1	- 7	'4
SALES JRNL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203722 7/27/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50	I	
203723 7/27/12	000008	VISITING NURSE SERVICE	DANNY, RAMDULAR	55.50		809.19	I	
			CUSTOMER	80.50	0.00	1,173.69		
			CATEGORY	80.50	0.00	1,173.69		

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	75
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDIN	G 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203724	7/27/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	41.75		608.72 I	
203725	7/27/12	000008	VISITING NURSE SERVICE	DEBAZALAR, ANTO	11.75		171.32 I	
203726	7/27/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	20.00		291.60 I	
				CUSTOMER	73.50	0.00	1,071.64	
				CATEGORY	73.50	0.00	1,071.64	

			YSIDE CITYWIDE					76
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			2	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203727	7/27/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

-	, - ,		YSIDE CITYWIDE				PAGE 1		77
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		0 /02 /10
			5	ALES REGISTER			BILL WEEK ENI	JING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203728	7/27/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	29.75		433.76	I	
203729	7/20/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I	
203730	7/27/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	28.00		408.24	I	
203731	7/27/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	20.00		291.60	I	
203732	7/27/12	800000	VISITING NURSE SERVICE	DEROMAN, MARIA	29.25		426.47	I	
203733	7/27/12	800000	VISITING NURSE SERVICE	DEY, KRISHNA	2.75		40.10	I	
203734	7/27/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	50.00		729.02	I	
				CUSTOMER	163.75	0.00	2,387.51		
				CATEGORY	163.75	0.00	2,387.51		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	78
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDI	NG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
000000	E (0E (10	00000		D.T.I.G. WITT.D.	04.00		240.00	-
203735	7/27/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	24.00		349.92	L
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE	DEC NU NU					79
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LE		8/03/12
			ъ	ALES KEGISIER	<u> </u>		DITT MEEV FINI	JING	0/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203736	7/27/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I	
203737	7/27/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	52.00		758.16	I	
203738	7/27/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	42.00		612.36	I	
203739	7/27/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	70.00		1,020.60	I	
203740	7/27/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	40.25		586.85	I	
203741	7/27/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	8.00		116.64	I	
				CUSTOMER	247.25	0.00	3,604.91		
				CATEGORY	247.25	0.00	3,604.91		

			YSIDE CITYWIDE				PAGE 1 - 8	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	•
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203742	7/27/12	800000	VISITING NURSE SERVICE	DOMINICK, GINA	1.00		14.58 I	
203743	7/27/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	33.00		481.14 I	
				CUSTOMER	34.00	0.00	495.72	
				CATEGORY	34.00	0.00	495.72	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	81
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203744	7/27/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82
SALES JRN	rL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203745	7/27/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	83
DALLO OIUV	Д # 02 02	HOC 001		ALES REGISTER			BILL WEEK ENDIN	G 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203746	7/27/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	84
SALES JRN	IL # 0292	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203747	7/27/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE				PAGE 1 - 85	
SALES JRN	IL # 0292	LOC 001		REG NY NY SALES REGISTER			CCL CONGREGATE CARE BILL WEEK ENDING	PROGRAM 8/03/12
				SALES REGISIER			BILL WEEK ENDING (5/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203748	7/27/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S A L E S R E G I S T E R			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203749	7/27/12	800000	VISITING NURSE SERVICE	E ESPEJO, FLORENC	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	87
Bridde Grav	1 11 0252	100 001		SALES REGISTER			BILL WEEK ENDIN	G 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203750	7/27/12	800000	VISITING NURSE SERVICE	ESPIN, CESAR	62.75		914.90 I	
				CATEGORY	62.75	0.00	914.90	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203751	7/27/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

	08/01/12 - NL # 0292		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	89
	"			A L E S R E G I S T E R			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203752	7/27/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	50.00		729.00 I	
				CATEGORY	50.00	0.00	729.00	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 9	90
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	HCSA	
				SALES REGISTER			BILL WEEK END	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
000750	7/07/10	00000	THE THING MIDE CEDITOR		15 00		010 70	-	
203753	7/27/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	15.00		218.70	Т	
				CATEGORY	15.00	0.00	218.70		
				CALEGORI	13.00	0.00	210.70		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	91	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL		
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
203754	7/27/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	21.00		306.18 I		
				CATEGORY	21.00	0.00	306.18		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	92
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203755	7/27/12	000008	VISITING NURSE SERVICE	FAROUGIAS, EFTH	4.00		58.32 I	
203756	7/27/12	000008	VISITING NURSE SERVICE	FAROUGIAS, EFTH	6.00		87.48 I	
203757	7/27/12	800000	VISITING NURSE SERVICE	FAY, JULIA	25.00		364.50 I	
203758	7/27/12	800000	VISITING NURSE SERVICE	FELBER, HELEN	5.75		83.84 I	
				CUSTOMER	40.75	0.00	594.14	
				CATEGORY	40.75	0.00	594.14	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	93	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA		
			5	SALES REGISTER			BILL WEEK ENI	ING	8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
203759	7/27/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	55.50		809.19	I		
				CATEGORY	55.50	0.00	809.19			

			YSIDE CITYWIDE				PAGE 1 - 9	_
SALES JRN	L # 0292	LOC 001		REG NY NY			CCL CONGREGATE CAR	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	_ , _ , _ ,							
203760	7/27/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	SA
				SALES REGISTER			BILL WEEK ENDI	NG 8/03/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
20376	1 7/27/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	18.00		262.44	I
				CATEGORY	18.00	0.00	262.44	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 96	б
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	E PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203762	7/27/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	11.25		164.03 I	
				CATEGORY	11.25	0.00	164.03	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S I	ALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203763	7/27/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	45.75		667.04 I	
				CATEGORY	45.75	0.00	667.04	

RUN DATE 08/01/12 - SUP SUNNYSIDE CITYWIDE	PAGE 1 - 98
SALES JRNL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY	CCL CONGREGATE CARE PROGRAM
SALES REGISTER	BILL WEEK ENDING 8/03/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX	K AMT AMOUNT TYP SURPLUS
203764 7/27/12 000008 VISITING NURSE SERVICE FLEITMAN, KLARA 14.00	204.12 I
CATEGORY 14.00	0.00 204.12

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		99
DILLEG GIAV	.L 0252	100 001		SALES REGISTER			BILL WEEK EN		8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203765	7/27/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	26.50		386.37	I	
203766 203767	7/27/12 7/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	FONG, ALEFINA FONTEBOA, GUILL	12.00 35.00		174.96 510.30	I	
	.,,								
				CUSTOMER	73.50	0.00	1,071.63		
				CATEGORY	73.50	0.00	1,071.63		

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 10	0
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
				SALES R	EGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	CRENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203768	7/27/12	800000	VISITING NURSE SERVICE	FRED,	EULALIA	56.00		816.48	I	
					CATEGORY	56.00	0.00	816.48		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	01
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203769	7/27/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	39.50		575.92 I	
				CATEGORY	39.50	0.00	575.92	

	1/12 - SUP SUNN						- 10	
SALES JRNL #	0292 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING BILL WEEK EN		0 WALLS (LT 8/03/12
		•	SALES KEGISIEK			DIDD WEEK EN	DING	0/03/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203770 7/2	7/12 000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	38.00		554.04	т.	
	7/12 000008	VISITING NURSE SERVICE	•	34.75		506.66	I	
			·					
			CUSTOMER	72.75	0.00	1,060.70		
			CATEGORY	72.75	0.00	1,060.70		

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	03
SALES JRN	և # 0292	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203772	7/27/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

	08/01/12 - JL # 0292			REGNY NY SALES REGISTER			PAGE 1 - 104 ADU ADULT BILL WEEK ENDING 8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203773	7/27/12	000008	VISITING NURSE SERVICE	GALARZA, JOSE	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

			YSIDE CITYWIDE				PAGE 1	- 10)5
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK ENI	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203774	7/27/12	000008	VISITING NURSE SERVICE	GALLARDO, ZOILA	42.00		612.36	I	
203775	7/27/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22	I	
				CUSTOMER	51.00	0.00	743.58		
				CODIONEIC	31.00	0.00	713.30		
				CATEGORY	51.00	0.00	743.58		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 106 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203776	7/27/12	800000	VISITING NURSE SERVICE	GALLO, BENJAMIN	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.07
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203777	7/13/12	000008	VISITING NURSE SERVICE	GARCIA, CONCEPC	12.00		174.96 I	
203778	7/27/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	43.00		626.94 I	
				CUSTOMER	55.00	0.00	801.90	
				CATEGORY	55.00	0.00	801.90	

			YSIDE CITYWIDE				PAGE 1 -	108
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOM BILL WEEK ENDIN	
			•	SALES KEGISIEK			DIDD WEEK ENDIN	G 0/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202770	7/27/12	000000	VICINING NUDGE GERVITGE		20 00		427 40 T	
203779 203780	7/27/12 7/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	30.00 32.00		437.40 I 466.56 I	
2007.00	,, ,, ,, ,,	00000	VIDITING NONDE DENVIOL					
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203781	7/27/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

	RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	110
	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	8/03/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	203782	7/27/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	47.75		696.21 I	
ı									
ı					CATEGORY	47.75	0.00	696.21	

	08/01/12 - IL # 0292	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
203783	7/27/12	800000	VISITING NURSE SERVICE	GOLEBIEWSKI, HA	14.25		207.77	I
				CATEGORY	14.25	0.00	207.77	

CARE PROGRAM
G 8/03/12
P SURPLUS

RU	UN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	113
SI	ALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A.
				5	SALES REGISTER			BILL WEEK ENDING	3 8/03/12
II	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
20	03785	7/27/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE 08/01/12 SALES JRNL # 0292		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 114 LTC NURSING HOMEW/O WALLS (L'BILL WEEK ENDING 8/03/12	Г
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203786 7/27/12 203787 7/27/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	21.00 33.00		306.18 I 481.14 I	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

	08/01/12 - IL # 0292			REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203788	7/27/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 116	
SALES JRN	L # 0292	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 8/03/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
203789	7/27/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DAT	TE 08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	117
SALES 3	TRNL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203790	7/27/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 11 ADU ADULT	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	8/03/12 SURPLUS
	7/27/12		VISITING NURSE SERVICE	GONZALEZ, ELBA	34.75		506.67 I	
				 CATEGORY	34.75		 506.67	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11:	9
SALES JRN	rL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	,
			\$	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203792	7/27/12	000008	VISITING NURSE SERVICE	GONZALEZ, ELSA	30.00		437.40 I	
203793	7/20/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	6.00		87.48 I	
203794	7/27/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	21.00		306.18 I	
				CUSTOMER	57.00	0.00	831.06	
				CATEGORY	57.00	0.00	831.06	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		8/03/12
			•	ALES REGISTER			DILL WEEK EN	DING	0/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203795	7/20/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	3.00		43.74	I	
203796	7/27/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	28.00		408.24	I	
203797	7/27/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20	I 	
				CUSTOMER	71.00	0.00	1,035.18		
				CATEGORY	71.00	0.00	1,035.18		

RUN DATE	08/01/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	121
SALES JRN	NL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AID	S ADULT POPUL
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203798	7/27/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203799	7/27/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

	08/01/12 - JL # 0292	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 123 ADU ADULT BILL WEEK ENDING	3/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203800	7/27/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

R	RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L24
S.	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	8/03/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	203801	7/27/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	35.50		517.59 I	
					CATEGORY	35.50	0.00	517.59	

			NYSIDE CITYWIDE	DEC NV NV			PAGE 1 -	125
SALES URN	ıш # UZ9Z	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	rg 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203802	7/27/12	800000	VISITING NURSE SERVICE	HARDY, ANNA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 126 VCP CHOICE LHCSA BILL WEEK ENDING 8/03	3/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	LUS
203803 203804	7/27/12 7/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	24.00 29.00		349.92 I 422.82 I	
				CUSTOMER	53.00	0.00	772.74	
				CATEGORY	53.00	0.00	772.74	

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12	7
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				S A L E S R E G I S T E R			BILL WEEK END	ING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203805	7/27/12	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48	I	
203806	7/27/12	800000	VISITING NURSE SERVICE	HERNANDEZ, JUAN	2.00		29.16	I	
203807	5/18/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	8.00		116.64	I	
203808	7/27/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	17.50		255.15	I	
				CUSTOMER	83.50	0.00	1,217.43		
				CATEGORY	83.50	0.00	1,217.43		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	128 SA
	- "			SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203809	7/27/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	30.00		437.40	I
				CATEGORY	30.00	0.00	437.40	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
203810	7/27/12	800000	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.30
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203811	7/27/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
203812	7/27/12	000008	VISITING NURSE SERVICE	HERRERA, HORACI	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -	132
SALES JRN	L # 0292	LOC 001		REG NY NY			ADU ADULT	0.400.410
			2	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203813	7/27/12	800000	VISITING NURSE SERVICE	HIGUERA, MARGAR	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - : LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203814	7/27/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.34
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203815	7/27/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 08/01/12 SALES JRNL # 0292		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 135 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 8/03/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
203816 7/13/12 203817 7/27/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.75 25.00		69.26 I 364.50 I
			CUSTOMER	29.75	0.00	433.76
			CATEGORY	29.75	0.00	433.76

	08/01/12 · NL # 0292		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LAA LOMBARDI AID	
DALLD ON	NL # 0252	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203818	7/27/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	40.50		590.49 I	
				CATEGORY	40.50	0.00	590.49	

	08/01/12 - JL # 0292	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
203819	7/27/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	48.75		710.78	I
				CATEGORY	48.75	0.00	710.78	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	88
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203820	7/27/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.39
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	8/03/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	203821	7/27/12	800000	VISITING NURSE SERVICE	JACSO, ERZSEBET	15.00		218.70 I	
					CATEGORY	15.00	0.00	218.70	

RUN DATE	08/01/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	140
SALES JRN	NL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203822	7/27/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	44.00		641.53 I	
				CATEGORY	44.00	0.00	641.53	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 14 HCSA	41
			2	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203823	7/27/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	12.00		174.96	I	
203824	7/27/12	000008	VISITING NURSE SERVICE	,	75.00		1,093.51	I	
203825	7/27/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I	
				CUSTOMER	111.00	0.00	1,618.39		
				CATEGORY	111.00	0.00	1,618.39		

	08/01/12 - NL # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - :	
	,, , , , , ,			SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203826	7/27/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S #	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203827	7/27/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	44
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203828	7/27/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	25.00		364.50 I	
				CAMEGODY	25.00		364.50	
				CATEGORY	∠5.00	0.00	304.50	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	145
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
00000	E /0E /10	00000		TOTALGON DODOWN	00 00		001 60 -	
203829	7/27/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	
				CAILGORI	20.00	0.00	291.00	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 146	5
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203830	7/27/12	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	33.00		481.14 I	
							401 14	
				CATEGORY	33.00	0.00	481.14	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY I	NY			PAGE 1 - ADU ADULT	147
Bribbo orav	L 0272	100 001		SALES R		R		BILL WEEK ENDI	NG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
203831	7/27/12	800000	VISITING NURSE SERVICE	KAUR,	SARD	20.00		291.60	[
					 CATECORY	20 00	0.00	291 60	
					CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 14	:8
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203832	7/27/12	000008	VISITING NURSE SERVICE	KAUR, SHARAN	10.00		145.80 I	
203833	7/27/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	15.50		226.00 I	
				CUSTOMER	25.50	0.00	371.80	
				CATEGORY	25.50	0.00	371.80	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.49
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203834	7/27/12	000008	VISITING NURSE SERVICE	KEINATH, WALTER	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203835	7/27/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203836 203837 203838	7/06/12 7/27/12 7/27/12	800000 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KILIMLIAN, PEPR KILIMLIAN, PEPR KOUTROUBAS, THE	8.00 47.50 39.25		116.64 692.55 572.27	I I I	
				CUSTOMER	94.75	0.00	1,381.46		
				CATEGORY	94.75	0.00	1,381.46		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	152
SALES JRN	և # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203839	7/27/12	000008	VISITING NURSE SERVICE	LANDAU, BERNARD	8.75		127.58 I	
				CATEGORY	8.75	0.00	127.58	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	153
DALLO OIG	и т одуд	100 001		SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203840	7/27/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I	
				CATEGORY	56.00		 816.48	
				CATEGORY	50.00	0.00	810.48	

			YSIDE CITYWIDE				-	54
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/03/12
			•	SALES KEGISIEK			BILL MEEK ENDING	0/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202041	7/07/10	000000	VICIALNO MIDOS GEDVICOS		0 00		11 <i>C C</i>	
203841 203842	7/27/12 7/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 9.00		116.64 I 131.22 I	
203012	., .,		VIDITING NONDE DENVIOL					
				CUSTOMER	17.00	0.00	247.86	
				CATEGORY	17.00	0.00	247.86	

RUN DATE 08/01/1 SALES JRNL # 029		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER	1		PAGE 1 - 15 LTC NURSING HOMEW/ BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203843 7/27/1 203844 7/27/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	20.00		291.60 I 116.64 I	
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

RUN	DATE 08/03	1/12 - SUP	SUNNYSIDE C	ITYWIDE							PAGE	1	- 15	56
SALE	S JRNL # (0292 LOC	001 SUNNY	SIDE CITY		REG NY	NY				CCL C	ONGREGA	TE CAI	RE PROGRAM
					S	ALES	REGIS	STER			BILL	WEEK EN	DING	8/03/12
INVC	OICE# DAT	TE CUST	NO CUSTOM	ER NAME		F	REFERENCE		HOURS	TAX AMT		AMOUNT	TYP	SURPLUS
2038	345 7/2	7/12 0000	08 VISITI	NG NURSE	SERVICE	LE	EIBOWITZ, A	AARO	5.75			83.84	I	
							CATEGO	ORY	5.75	0.00		83.84		

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 - 157	
SALES JRNL	ı # UZ9Z	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 8	3/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
	7/27/12 7/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	9.00 31.00		131.22 I 451.98 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	 583.20	

RUN DATE 08/ SALES JRNL #	/01/12 - SUP SUNI # 0292 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203849 7/ 203850 7/	/27/12 000008 /27/12 000008 /27/12 000008 /27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LEWIS, CATHERIN LIGARDO, SOL M LIRIANO, FRANCI LITSAS, MARTHA	56.00 30.00 68.00 24.00		816.48 I 437.40 I 991.44 I 349.93 I	
			CUSTOMER	178.00	0.00	2,595.25	
			CATEGORY	178.00	0.00	2,595.25	

RUN	DATE 08/01/	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	159
SALE	S JRNL # 02	92 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			:	SALES REGISTER			BILL WEEK ENDING	8/03/12
	TGT!! D.T.	G11GE 310	GUGEROVED MANAGE		******		21/07777	CIID DI IIG
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2038	52 7/27/	12 000008	VISITING NURSE SERVICE	LLANES, ELEAZER	24.00		349.92 I	
2030	JZ 1/Z1/	12 000000	VISITING NORSE SERVICE	DIANES, EDEAZER	24.00		340.02 1	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 160
SALES JRN	L # 0292	LOC 001		REG NY NY				HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
203853	7/27/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	48.00		699.84	I
203854	7/27/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	40.00		583.20	I
							1 002 04	
				CUSTOMER	88.00	0.00	1,283.04	
				CATEGORY	88.00	0.00	1,283.04	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 161	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 8/03/1	L2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
203855	7/27/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEN BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203856	7/27/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 163 VCP CHOICE LHCSA	3
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203857 203858	7/27/12 7/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	35.00 12.00		510.30 I 174.96 I	
203030	,,2,,12	00000	VIDITING NORDE BERVIOL	CUSTOMER	47.00	0.00	685.26	
				COSTONER	47.00	0.00	003.20	
				CATEGORY	47.00	0.00	685.26	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203859	7/27/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUI	N DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 165	
SA	LES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE AI		
				\$	SALES REGISTER			BILL WEEK ENDI	ING	8/03/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ГҮР	SURPLUS
20	3860	7/27/12	800000	VISITING NURSE SERVICE	LOPEZ, RAFAEL	67.00		976.86	I	
					CATEGORY	67.00	0.00	976.86		

RUN DATE 08/	/01/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 16	6
SALES JRNL ‡	# 0292 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT	TE CAR	E PROGRAM
		S	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203861 7/	/27/12 000008	VISITING NURSE SERVICE	LUCES, LETICIA	19.25		280.68	I	
203862 7/	/27/12 000008	VISITING NURSE SERVICE	LYMN, ANGIE	25.00		364.50	I	
			CUSTOMER	44.25	0.00	645.18		
			0001011211	20	0.00	313110		
			CATEGORY	44.25	0.00	645.18		
			CAILGORI	44.23	0.00	045.10		

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.67
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203863	7/27/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			TYSIDE CITYWIDE	DDG 199			PAGE 1 -	
SALES JRN	L # 0292	TOC 001		REG NY NY S A L E S R E G I S T E R			CCL CONGREGATE BILL WEEK ENDING	
T1770 T G77 II		GTTGT 170	G. G	2222222	********			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203864	7/27/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

				YSIDE CITYWIDE	DDG 1911 1911				169
SALI	S JRNL	# 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS	
								DIDD WOOK DIVER	0,03,12
INVO	DICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
2038	365	7/27/12	800000	VISITING NURSE SERVICE	MANGAN, JOHN	18.50		269.73 I	<u>.</u>
					CATEGORY	18.50	0.00	269.73	

	: 08/01/12 ENL # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203866	7/27/12	800000	VISITING NURSE SERVICE	MANNINO, CALOGE	20.00		291.60 I	
				CATEGORY	20.00	0.00		

			YSIDE CITYWIDE				PAGE 1 - 171	-
SALES	JRNL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	8/03/12
	~_!!							.,
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20386	7 7/27/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	7.00		1,224.72 I	
				CATEGORY	7.00	0.00	1,224.72	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	'2
SALES JRN	r∟ # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT		
				SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203868	7/27/12	000008	VISITING NURSE SERVICE	MARGOLIS, GERTR	9.00		131.22	I	
203869	7/27/12	800000	VISITING NURSE SERVICE	MARINO, ANN	30.00		437.40	I	
				CUSTOMER	39.00	0.00	568.62		
				COSTONER	39.00	0.00	300.02		
				CATEGORY	39.00	0.00	568.62		

			YSIDE CITYWIDE					173
SALES JRN	L # 0292	LOC 001		REG NY NY			AMH ADULT MENT	
			2	SALES REGISTER			BILL WEEK ENDI	NG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203870	7/27/12	000008	VISITING NURSE SERVICE	MARKHAM, RUDOLP	5.75		83.84	I
				CATEGORY	5.75	0.00	83.84	

			YSIDE CITYWIDE				PAGE 1 - 17	'4
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0.400.410
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203871	7/27/12	800000	VISITING NURSE SERVICE	MARKOUIZOS, ANN	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	175
SALES JRN	rL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			S	SALES REGISTER			BILL WEEK ENDIN	IG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203872	7/27/12	000008	VISITING NURSE SERVICE	MARKS, ANN	56.00		816.48 I	
203873	7/27/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	26.25		382.73 I	• •
				CUSTOMER	82.25	0.00	1,199.21	
				CATEGORY	82.25	0.00	1,199.21	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203874	7/27/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	177
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDI	NG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
								_
203875	7/27/12	800000	VISITING NURSE SERVICE	MARREN, NANCY	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	178 SA
			S	SALES REGISTER			BILL WEEK ENDIN	IG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS
203876	7/27/12	000008	VISITING NURSE SERVICE	MARTE, JOSE	6.50		94.77	
203877	7/27/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	12.00		174.96 I	•
203878	7/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	6.00		87.48	•
				CUSTOMER	24.50	0.00	357.21	
				CATEGORY	24.50	0.00	357.21	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 179	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			S	SALES REGISTER			BILL WEEK ENDING 8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203879	7/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	69.75		1,016.96 I	
				CATEGORY	69.75	0.00	1,016.96	

				YSIDE CITYWIDE				PAGE 1 -	180
15	SALES JRN.	L # 0292	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/03/12
								DILL WEEK ENDING	0/03/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	203880	7/27/12	000008	VISITING NURSE SERVICE	MARTINEZ, FEDOR	4.00		58.32 I	
					CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	81 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203881 203882 203883 203884	7/27/12 7/06/12 7/27/12 7/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARGA MARTINEZ, MARTA MARTINEZ, MARTA MARTINEZ, ROSA	18.00 6.00 30.00 40.00		262.44 I 87.48 I 437.40 I 1,224.72 I	
				CUSTOMER	94.00	0.00	2,012.04	
				CATEGORY	94.00	0.00	2,012.04	

- 1				TYSIDE CITYWIDE	556 191			PAGE 1 -	182
	SALES JRN	L # 0292	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOM BILL WEEK ENDIN	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	203885	7/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	37.75		550.40 I	
ı					CATEGORY	37.75	0.00	550.40	

			YSIDE CITYWIDE				PAGE 1 - 183	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 8/	03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
203886	7/27/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	51.00		743.58 I	
				CATEGORY	51.00	0.00	743.58	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 18	34
DALLO OIGV	<u>п 0202</u>	100 001		SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203887 203888	7/27/12 7/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	63.00 168.00		918.54 2,449.44	I I	
				CUSTOMER	231.00	0.00	3,367.98		
				CATEGORY	231.00	0.00	3,367.98		

				YSIDE CITYWIDE				PAGE 1 -		
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
					SALES REGISTER			BILL WEEK ENDING	8/03/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	203889	7/27/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I		
					CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 186 ADU ADULT BILL WEEK ENDING 8/0	03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
203890	7/27/12	800000	VISITING NURSE SERVICE	MCKAY, DOROTHY	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 -	187
SALES JRNI	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	g 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
203891	7/27/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	16.00		233.28 I	
203892	7/27/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	24.00		349.92 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 08/01/12	- SUP SUNNYSI	DE CITYWIDE				PAGE 1 - 3	L88
SALES JRNL # 0292	LOC 001 S	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
		Ş	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE# DATE	CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203893 7/27/12	000008 VI	ISITING NURSE SERVICE	MEJIA, ROSA	38.00		554.04 I	
			CATEGORY	38.00	0.00	554.04	

			YSIDE CITYWIDE				PAGE 1 - 1	.89
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0.400.410
			2	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203894	7/27/12	000008	VISITING NURSE SERVICE	MENDEZ, ADA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	W/O WALLS LT
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	203895	7/27/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	19.00		277.02 I	
					CATEGORY	19.00	0.00	277.02	

			YSIDE CITYWIDE				PAGE 1 - 191	1
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA	8/03/12
			· ·	SALES REGISIER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203896	7/27/12	000008	VISITING NURSE SERVICE	MENDOLIA, ANTOI	77.00		1,122.67 I	
				CATEGORY	77.00	0.00	1,122.67	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	92
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S A	ALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203897	7/27/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI	- 19 HCSA	93
			S	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203898	7/27/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	20.00		291.60	I	
203899	7/27/12	000008	VISITING NURSE SERVICE	MILEO, MARY	30.00		437.40	I	
203900	7/27/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	9.75		142.16	I	
				CUSTOMER	59.75	0.00	871.16		
				CATEGORY	59.75	0.00	871.16		

RUN DATE 08/01/12 -						PAGE 1 - 194	
SALES JRNL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 8/03/12)
		•				DILL WEEK ENDING 0,03/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
203901 7/27/12 203902 7/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00 9.00		218.70 I 131.22 I	
			CUSTOMER	24.00	0.00	349.92	-
			 CATEGORY	24.00	0.00	349.92	-

			TYSIDE CITYWIDE				PAGE 1 -	
SALES JR	NL # 0292	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203903	7/27/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 196	
SALES JRI	NL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W	,
			S	BALES REGISTER			BILL WEEK ENDING 8/	03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
203904	7/27/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	197
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203905	7/27/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 198	
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
ı				5	SALES REGISTER			BILL WEEK ENDING 8/03/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	203906	7/27/12	000008	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	199
SALES JRN	L # 0292	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203907	7/27/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

		08/01/12 - L # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	8/03/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203	908	7/27/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	- 201
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				LTC NURSING HO	MEW/O WALLS (LT
			:	SALES REC	GISTER			BILL WEEK ENDI	NG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREI	NCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
203909	7/27/12	800000	VISITING NURSE SERVICE	NIDO, MI	ICHAEL	41.75		608.72	I
				CA	ATEGORY	41.75	0.00	608.72	

RUN DATE (08/01/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 20	2
SALES JRNI	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	TE CAR	E PROGRAM
			S	SALES	REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203910	7/27/12	000008	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	62.25		907.61	I	
1					CATEGORY	62.25	0.00	907.61		

RUN DATE 08 SALES JRNL	3/01/12 - SUP SUN # 0292 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 20 VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	7/27/12 000008 7/27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NINO, CARMEN	36.00 20.00		524.88 I 291.60 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 08/01/12 SALES JRNL # 0292		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 204 LTC NURSING HOMEW/O WALLS BILL WEEK ENDING 8/03/1	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
203913 7/27/12 203914 7/27/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		25.50 34.00		371.79 I 495.72 I	
			CUSTOMER	59.50	0.00	867.51	_
			CATEGORY	59.50	0.00	867.51	_

			YSIDE CITYWIDE	DDG NV NV			-	- 20	05
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTE	R		VCP CHOICE LE		8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203915	7/27/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	48.75		710.78	т	
203916	7/27/12	000008	VISITING NURSE SERVICE	•	36.00		524.88	I	
203917	7/27/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	22.00		320.76	I	
203918	7/27/12	800000	VISITING NURSE SERVICE	•	4.00		58.32	I	
203919	7/27/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	7.25		105.71	I	
				CUSTOMER	118.00	0.00	1,720.45		
				CATEGORY	118.00	0.00	1,720.45		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 206 ADU ADULT	
SALLS UKN	ш # 0292	LOC UUI		SALES REGISTER				8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203920 203921	7/27/12 7/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	15.00 50.00		218.70 I 729.00 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		07 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203922 203923 203924	7/27/12 7/27/12 7/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPOUTSIS, MARY PAPP, TEREZIA PARETTI, MARIE	6.00 2.75 55.75		87.48 40.10 812.84	I I I	
				CUSTOMER	64.50	0.00	940.42		
				CATEGORY	64.50	0.00	940.42		

			YSIDE CITYWIDE				PAGE 1 -	208
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	IG 8/03/12
							DIDD WEEK ENDI	0/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203925	7/27/12	000008	VISITING NURSE SERVICE	PARTAGAS, ANA	21.00		306.18	-
203925	7/13/12	000008	VISITING NURSE SERVICE	PARTAGAS, ANA PASTORE, ANTONI	3.00		43.74	- -
203927	7/27/12	800000	VISITING NURSE SERVICE	PASTORE, ANTONI	9.00		131.22	- -
				CUSTOMER	33.00	0.00	401 14	
				COSTOMER	33.00	0.00	481.14	
				CATEGORY	33.00	0.00	481.14	

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	19
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA	
				SALES REGISTER			BILL WEEK END	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203928	7/27/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	42.00		612.36	I	
203929	7/13/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	5.00		72.90	I	
203930	7/27/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50	I	
203931	7/27/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	38.25		557.69	I	
				CUSTOMER	110.25	0.00	1,607.45		
				CATEGORY	110.25	0.00	1,607.45		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 210	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203932	7/27/12	800000	VISITING NURSE SERVICE	PEREZ, CARMELIN	28.00		408.24 I	
							400.04	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	211 SA
				SALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203933 203934	7/27/12 7/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ, GLADYS PEREZ, GLADYS	12.00 6.00		174.96 87.48	I T
203701	,, ,, ,, ,,		VIDITING NONDE BENVIOL	CUSTOMER	18.00	0.00	262.44	
							202.11	
				CATEGORY	18.00	0.00	262.44	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	. 2
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203935	7/27/12	000008	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HON BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203936	7/20/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	5.00		72.90	[
				 CATEGORY	5.00	0.00	 72.90	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			2	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203937	7/27/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	38.00		554.05	I	
203938	7/27/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	6.00		87.48	I	
203939	7/27/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	33.00		481.14	I	
				CUSTOMER	77.00	0.00	1,122.67		
				CATEGORY	77.00	0.00	1,122.67		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	215
Brilles o		100 001		ALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203940	5/18/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	6.00		87.48 I	
				 CATEGORY	6.00	0.00		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 23	L6
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203941	7/27/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	42.00		612.36	I	
203942	7/27/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	35.75		521.24	I	
				CUSTOMER	77.75	0.00	1,133.60		
				CATEGORY	 77.75	0.00	1,133.60		

			YSIDE CITYWIDE				PAGE 1 - 21	.7
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	•
			S A	ALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203943	7/27/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

			YSIDE CITYWIDE				-	- 21	T8
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY BALES REG	ISTER		VCP CHOICE LH BILL WEEK END		8/03/12
				онць кед	ISIEK		PILL MEEK END	ING	0/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENC	CE HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203944	7/27/12	800000	VISITING NURSE SERVICE	PUISELLO	, CIRA 27.25		397.31	I	
				CA	TEGORY 27.25	0.00	397.31		

	08/01/12 - NL # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 21 CCL CONGREGATE CAF BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203945	7/27/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	40.75		594.14 I	
				CATEGORY	40.75	0.00	594.14	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	0
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203946	7/27/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

R	UN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 221	
S.	ALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WA	ALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING 8/0	03/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
2	03947	7/27/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	41.75		608.72 I	
					CATEGORY	41.75	0.00	608.72	

	E 08/01/12 RNL # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 222 ADU ADULT BILL WEEK ENDING	8/03/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203948	7/27/12	800000	VISITING NURSE SERVICE	RAHMAN, SYEDA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 223	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIAT	RIC
			S	SALES REGISTER			BILL WEEK ENDING 8/03/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
203949	7/27/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	32.00		466.56 I	
								_
				CATEGORY	32.00	0.00	466.56	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	224
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203950	7/27/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

			YSIDE CITYWIDE				-	225
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/03/12
				SALES REGISIER			DILL MEEK ENDING	0/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
000051	T (0T (10				26.00		504.00 -	
203951	7/27/12	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	36.00		524.88 I	
203952	7/27/12	000008	VISITING NURSE SERVICE	RAMOS, ALICIA	4.00		58.32 I	
203953	7/27/12	800000	VISITING NURSE SERVICE	RAMOS, ISMAEL	6.00		87.48 I	
					46.00			
				CUSTOMER	46.00	0.00	670.68	
				CATEGORY	46.00	0.00	670.68	

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	26
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S A	ALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203954	7/27/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I	
203955	7/27/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	20.00		291.60	I	
203956	7/27/12	000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I	
203957	7/27/12	000008	VISITING NURSE SERVICE	REINA, JOSE	12.00		174.96	I	
203958	7/27/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	19.75		287.96	I	
				CUSTOMER	66.75	0.00	973.22		
				CATEGORY	66.75	0.00	973.22		

			YSIDE CITYWIDE				-	227
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203959	7/27/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	21.50		313.47 I	
				CATEGORY	21.50	0.00	313.47	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 228	8
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203960	7/27/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

	/01/12 - SUP SUN		DEC MY MY			PAGE 1 -	229
SALES JRNL :	# 0292 LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	/27/12 000008 /27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	20.00		291.60 I 291.60 I	- - - -
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEN BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203963	7/27/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 231 ADU ADULT BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		SURPLUS
203964	7/27/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 23	2
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203965	7/27/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	7.00		102.06	I	
203966	7/27/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84	I	
				CUSTOMER	55.00	0.00	801.90		
				CATEGORY	55.00	0.00	801.90		

RUN DATE 08/01/12 SALES JRNL # 0292		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK EN		8/03/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203967 7/06/12 203968 7/27/12 203969 7/27/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, FERM RODRIGUEZ, FERM RODRIGUEZ, IRMA	11.00 17.00 42.00		160.38 247.86 612.36	I I I	
			CUSTOMER	70.00	0.00	1,020.60		
			CATEGORY	70.00	0.00	1,020.60		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 234	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 8	/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
203970	7/27/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	5
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203971	7/27/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	7
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
203972	7/27/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	237
SALES JRN	rL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICEM	DAIL	CODI NO	CODIONER WANE	KET EKENCE	110010	IAZ ANI	ANOUNI III	BORT HOB
203973	7/27/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 238 ADU ADULT BILL WEEK ENDING 8/03/1	2
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	
203974	7/27/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	_

08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	9
NL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	8/03/12
DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
E /OE /10	00000		DOI 011 - T113 11 - T13	40.00		600.04	
1/21/12	000008	VISITING NURSE SERVICE	ROLON, JUANITA	48.00		699.84 1	
			CATEGORY	49 00	0.00	699.84	
2		ENL # 0292 LOC 001 DATE CUST NO	DATE CUST NO CUSTOMER NAME	ENL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R DATE CUST NO CUSTOMER NAME REFERENCE 7/27/12 000008 VISITING NURSE SERVICE ROLON, JUANITA	ENL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R DATE CUST NO CUSTOMER NAME REFERENCE HOURS 7/27/12 000008 VISITING NURSE SERVICE ROLON, JUANITA 48.00	ENL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 7/27/12 000008 VISITING NURSE SERVICE ROLON, JUANITA 48.00	ENL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER LTC NURSING HOMEW/BILL WEEK ENDING DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP 7/27/12 000008 VISITING NURSE SERVICE ROLON, JUANITA 48.00 699.84 I

RUN DA	TE 08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 240	3	
SALES	JRNL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO			
			\$	SALES REGISTER			BILL WEEK END	ING	8/03/12	
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ГҮР	SURPLUS	
203976	7/27/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	55.50		809.19	I		
				CATEGORY	55.50	0.00	809.19			

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 24	1
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES R	EGISTE	R		BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203977	6/22/12	000008	VISITING NURSE SERVICE	ROMO,	FLOR	8.00		116.64	I	
203978	7/27/12	800000	VISITING NURSE SERVICE	,		56.00		816.48	I	
					CUSTOMER	64.00	0.00	933.12		
					-					
					CATEGORY	64.00	0.00	933.12		

			YSIDE CITYWIDE				PAGE 1 -	= ==
SALES JRN	L # 0292	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
								-,,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203979	7/27/12	800000	VISITING NURSE SERVICE	ROQUE, GLORIA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOMEW	//O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203980	7/27/12	800000	VISITING NURSE SERVICE	ROSA, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	 583.20	
	SALES JRNI	SALES JRNL # 0292 INVOICE# DATE	SALES JRNL # 0292 LOC 001 INVOICE# DATE CUST NO	SALES JRNL # 0292 LOC 001 SUNNYSIDE CITYWIDE INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE 203980 7/27/12 000008 VISITING NURSE SERVICE ROSA, ANA	SALES JRNL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 203980 7/27/12 000008 VISITING NURSE SERVICE ROSA, ANA 40.00	SALES JRNL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 203980 7/27/12 000008 VISITING NURSE SERVICE ROSA, ANA 40.00	SALES JRNL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REG ISTER LTC NURSING HOMEW BILL WEEK ENDING INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP 203980 7/27/12 000008 VISITING NURSE SERVICE ROSA, ANA 40.00 583.20 I

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	4
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203981	7/27/12	800000	VISITING NURSE SERVICE	E ROSA, LUZ E	55.25		805.55 I	
				CATEGORY	55.25	0.00	805.55	

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	245
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
				S A L E S R E G I S T E R			BILL WEEK ENDI	NG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203982	7/27/12	800000	VISITING NURSE SERVICE	E ROSA, MANOLO	16.00		233.28	I
203983	7/27/12	000008	VISITING NURSE SERVICE	E ROSARIO, ELSA	36.00		524.88	I
203984	7/27/12	800000	VISITING NURSE SERVIC	E ROSARIO, MARIA	25.00		364.50	I
203985	7/27/12	800000	VISITING NURSE SERVIC	E ROSARIOBREU, EM	25.00		364.50	I
203986	7/27/12	800000	VISITING NURSE SERVIC	E RUEDA, INES	47.00		685.26	I
				CUSTOMER	149.00	0.00	2,172.42	
				CATEGORY	149.00	0.00	2,172.42	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 246	
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203987	7/27/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	19.00		277.02 I	
				CATEGORY	19.00	0.00	277.02	

			YSIDE CITYWIDE				PAGE 1 - 247	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0.400.410
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203988	7/27/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	248
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
000000	E /OE /10	000000		GAALIEDDA GEELL	21 50		450 05 -	
203989	7/27/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	31.50		459.27 I	
				CATEGORY	31.50	0.00	459.27	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	249 SA
511225 0141	.2 0232	200 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203990 203991	7/27/12 7/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SAK, FIRDEVS SALADIN, MARIA	15.00 55.00		218.70 801.90	I
203771	7/27/12	000000	VIDITING NORDE BERVICE	·				
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

			VYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 250 ADU ADULT BILL WEEK ENDING 8/03	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
203992	7/27/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	22.00		320.76 I	
				CATEGORY	22.00	0.00	320.76	

RUN DATE	08/01/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	251
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203993	7/27/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	252
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	G 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203994	7/27/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	20.00		291.60 I	
203995	7/27/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	48.75		710.78 I	
				CUSTOMER	68.75	0.00	1,002.38	
				CATEGORY	68.75	0.00	1,002.38	

R	UN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	53
S.	ALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	8/03/12
I.	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	03996	7/27/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE	08/01/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	- 254
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
				SALES REGISTER			BILL WEEK ENDI	ING 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
	T /0T /10				20.00		560.60	_
203997	7/27/12	800000	VISITING NURSE SERVICE	E SANCHEZ, NILSA	39.00		568.62	1
				GA EELGODY	20.00	0.00		
				CATEGORY	39.00	0.00	568.62	

RUN DATE 08	/01/12 - SUP SUN					PAGE 1 - 255			
SALES JRNL	# 0292 LOC 001		REG NY NY				ADU ADULT		
		S	SALES REGISTER			BILL WEEK ENI	DING 8/03/12		
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS		
203998 7	/27/12 000008	VISITING NURSE SERVICE	SCHULTZ, HARRIE	7.00		102.06	I		
203999 7	/27/12 000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	56.00		816.48	I		
			CUSTOMER	63.00	0.00	918.54			
			CATEGORY	63.00	0.00	918.54			

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 256	
BALLED OIGN	L π 0202	100 001		ALES REGISTER	-		BILL WEEK END		/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	URPLUS
204000	7/27/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	35.50		517.59	I	
204001	7/20/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	8.00		116.64	I	
204002	7/27/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	56.00		816.48	I	
204003	7/27/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	55.00		801.90	I	
204004	7/27/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	41.25		601.43	I	
204005	7/27/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	25.00		364.50	I	
				CUSTOMER	220.75	0.00	3,218.54		
				CATEGORY	220.75	0.00	3,218.54		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 257 ADU ADULT	
T1770 T GT	D.100	G11GT 110		SALES REGISTER				3/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		SURPLUS
204006	7/27/12	000008	VISITING NURSE SERVICE	SIANO, ANDREW	8.75		127.58 I	
				CATEGORY	8.75	0.00	127.58	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	258
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDING	G 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
204007	7/20/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80 I	
204008	7/27/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 259	
SALES JRN	L # 0292	LOC 001		REG NY NY			LTC NURSING HOMEW/O WALLS (I	LT
			5	SALES REGISTER			BILL WEEK ENDING 8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
204009	7/27/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 260 VCP CHOICE LHCSA	0
DALLO OIGV	Д 	100 001		SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204010 204011	7/27/12 7/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	30.00 15.00		437.40 I 218.70 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
204012	7/27/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

ı	RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	62
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	8/03/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	204013	7/27/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
ı									
١					CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	63	
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
ı				·	SALES REGISTER			BILL WEEK ENDING	8/03/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	204014	7/27/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I		
ı										
ı					CATEGORY	30.00	0.00	437.40		

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	264	
DILLED GIGVI	L 0252	100 001		SALES REGISTER			BILL WEEK ENDING	8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
204015	7/27/12	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	12.00		174.96 I		
				CATEGORY	12.00	0.00			

RUN DATE O		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	265 G 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
204017	7/27/12 7/27/12 7/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	STALZER, STEPHA	56.00 20.00 55.25		816.48 I 291.60 I 805.55 I	
				CUSTOMER	131.25	0.00	1,913.63	
				CATEGORY	131.25	0.00	1,913.63	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	6
SALES JRN	L # 0292	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204019	7/27/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 267 ADU ADULT	
511225 014	0252	200 001		SALES REGISTER				/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
204020	7/27/12	800000	VISITING NURSE SERVICE	STENOS, MOSHOUL	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	8
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGIST	E R		BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204021	7/27/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	20.00		291.60 I	
				CAMEGODY	20.00			
1				CATEGORY	∠0.00	0.00	∠91.0U	

	08/01/12 - NL # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	269
			S	SALES REGISTER			BILL WEEK ENDI	NG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
204022	7/27/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	21.75		317.12	Ι
				CATEGORY	21.75	0.00	317.12	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
204023	7/27/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 08/01/12 SALES JRNL # 0292		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 271 LTC NURSING HOMEW/O BILL WEEK ENDING 8	WALLS (LT /03/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
204024 6/29/12 204025 7/27/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	·	6.00 33.75		87.48 I 492.08 I	
			CUSTOMER	39.75	0.00	579.56	
			CATEGORY	39.75	0.00	 579.56	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204026 204027	7/27/12 7/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		17.25 55.50		251.51 809.20	I	
				CUSTOMER	72.75	0.00	1,060.71		
				CATEGORY	72.75	0.00	1,060.71		

RUN DATE 08/01/12 SALES JRNL # 0292		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
204028 7/27/12 204029 7/27/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	56.00 20.75		816.48 302.54	I I
			CUSTOMER	76.75	0.00	1,119.02	
			CATEGORY	 76.75	0.00	1,119.02	

			YSIDE CITYWIDE				PAGE 1	- 27	4
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			:	SALES REGISTER			BILL WEEK END	ING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204030	7/27/12	000008	VISITING NURSE SERVICE	TAVERAS, BERNAR	12.00		174.96	I	
204031	7/27/12	800000	VISITING NURSE SERVICE	TEJADA, BALDOME	20.00		291.60	I	
204032	7/27/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	42.00		612.36	I	
204033	7/20/12	800000	VISITING NURSE SERVICE	TINOCO, INES	7.00		102.06	I	
204034	7/27/12	800000	VISITING NURSE SERVICE	TINOCO, INES	27.75		404.60	I	
				CUSTOMER	108.75	0.00	1,585.58		
				CATEGORY	108.75	0.00	1,585.58		

	ATE 08/01/12 JRNL # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	275 IG 8/03/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
20403	5 7/27/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 276 VCP CHOICE LHCSA BILL WEEK ENDING 8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
204036	7/27/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	24.75		360.86 I	
				CATEGORY	24.75	0.00	360.86	

RUN DA	TE 08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	17
SALES	JRNL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			i	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204037	7/27/12	800000	VISITING NURSE SERVICE	TORO, PURA	71.50		1,042.47 I	
				CATEGORY	71.50	0.00	1,042.47	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	78
SALES JRN	ъ # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204038	7/27/12	000008	VISITING NURSE SERVICE	TORO, PURA	11.50		167.67 I	
204039	7/27/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	40.00		583.20 I	
204040	7/27/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	79.25		1,155.47 I	
				CUSTOMER	130.75	0.00	1,906.34	
				CATEGORY	130.75	0.00	1,906.34	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 279	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204041	7/27/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	42.00		612.36 I	
1				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204042	7/27/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 28	31
DALLES OWN	H 0272	100 001		ALES REGISTER			BILL WEEK EN		8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204043	6/29/12	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	4.00		58.32	I	
204044	7/20/12	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	4.00		58.32	I	
204045	7/27/12	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	8.00		116.64	I	
204046	7/27/12	800000	VISITING NURSE SERVICE	TRUONG, TINH	20.00		291.60	I	
204047	7/20/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	8.00		116.64	I	
204048	7/27/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	56.00		816.48	I	
				CUSTOMER	100.00	0.00	1,458.00		
				CATEGORY	100.00	0.00	1,458.00		

			JYSIDE CITYWIDE				PAGE 1 -	282
SALES JRN	L # 0292	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LAD NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
204049	7/27/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 28 HCSA	33
			S	SALES REGISTER			BILL WEEK ENI	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204050 204051	7/27/12 7/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	63.00 7.00		918.54 1,224.72	I	
201031	,,2,,12	00000	VIBILING NORDE BERVICE	CUSTOMER	70.00	0.00	2,143.26		
				COSTOMER	70.00	0.00	2,143.20		
				CATEGORY	70.00	0.00	2,143.26		

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	34
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204052	7/27/12	000008	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	85
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	BALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204053	7/27/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	25.50		371.79 I	
				CATEGORY	25.50	0.00	371.79	

			YSIDE CITYWIDE				11100	- 286	
SALES JRN	L # 0292	LOC 001		REG NY NY			ADU ADULT		
			2	SALES REGISTER			BILL WEEK EN	DING 8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
204054	7/20/12	000008	VISITING NURSE SERVICE	VALENTIN, ALEJA	23.00		335.34	I	
204055	7/27/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	16.50		240.57	I	
				CUSTOMER	39.50	0.00	575.91		
				COBTONER	37.30	0.00	373.71		
				CATEGORY	39.50	0.00	575.91		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 287 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
204056 204057	7/27/12 7/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	6.00 3.75		87.48 I 54.68 I
				CUSTOMER	9.75	0.00	142.16
				CATEGORY	9.75	0.00	 142.16

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	288	
SALES JRN	ъ # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	8/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
204058	7/27/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	42.00		612.36 I		
				CATEGORY	42.00	0.00	612.36		

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 289
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDI	ING 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
204059	7/20/12	000008	VISITING NURSE SERVICE	VASOUEZ, EUSTAG	5.00		72.90	I
204060	7/27/12	800000	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	32.75		477.50	I
204061	7/27/12	000008	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	18.00		262.44	I
204062	7/27/12	000008	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20	I
				CUSTOMER	95.75	0.00	1,396.04	
				CATEGORY	95.75	0.00	1,396.04	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	90
SALES JRN	r∟ # 0292	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204063	7/27/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	13.00		189.54 I	
				CATEGORY	13.00	0.00	189.54	

	08/01/12 - IL # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204064	7/27/12	800000	VISITING NURSE SERVICE	VELOZ, EMILIO	11.75		171.32 I	
				CATEGORY	11.75	0.00	171.32	

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			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204065	7/27/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NGALES RE	Y GISTE	R		PAGE 1 ADU ADULT BILL WEEK ENI	- 29 DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204066 204067	7/20/12 7/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	ROSARIO ROSARIO	2.00		29.16 58.32	I I	
					- CUSTOMER	6.00	0.00	87.48		
				,	– CATEGORY	6.00	0.00	87.48		

- 1				YSIDE CITYWIDE				PAGE 1 - 2	294
ı	SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0.400.410
ı				2	SALES REGISTER			BILL WEEK ENDING	8/03/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	204068	7/27/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
ı					CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 295 HOA HOSPICE ADULT BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204069	7/27/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
204070	7/27/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	36.00		524.88	I
				CATEGORY	36.00	0.00	 524.88	

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	97
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204071	7/27/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 29 ADU ADULT	98
Bribbs ord	11 (12)2	100 001		SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204072	7/27/12	800000	VISITING NURSE SERVICE	VITERI, NELLY	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	08/01/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	99
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204073	7/27/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1	- 30	00
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			:	SALES REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204074	7/13/12	000008	VISITING NURSE SERVICE	VIVACOUA, EMMA	15.00		218.70	I	
204075	7/27/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	69.75		1,016.96	I	
				CUSTOMER	84.75	0.00	1,235.66		
				COSTOMER	04.75	0.00	1,233.00		
				CATEGORY	84.75	0.00	1,235.66		

			TYSIDE CITYWIDE	556 357			PAGE 1 -	301
SALES JRN	і∟ # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 8/03/12
			5				DILL MEEK BROIN	5 5,05,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
204076	7/27/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

,	/01/12 - SUP SUNN # 0292 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 302 VCP CHOICE LHCSA BILL WEEK ENDING 8/03/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
204078 7, 204079 7,	/20/12 000008 /27/12 000008 /27/12 000008 /27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VOLASTRO, JOHN VOLASTRO, JOHN WEINHAUS, SUSAN YAGHDJIAN, SIRA	3.00 3.00 30.00 16.00		43.74 I 43.74 I 437.40 I 233.28 I
			CUSTOMER	52.00	0.00	758.16
			CATEGORY	52.00	0.00	758.16

			YSIDE CITYWIDE				PAGE 1 - 303	
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PED PEDIATRIC	
			5	SALES REGISTER			BILL WEEK ENDING 8	3/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
204081	7/27/12	800000	VISITING NURSE SERVICE	YANEZ, ANGELINA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	4
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204082	7/27/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 305 ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 8/0	3/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
204083	7/27/12	800000	VISITING NURSE SERVICE	YODICE, FRANCES	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0292	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
								.,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204084	7/27/12	000008	VISITING NURSE SERVICE	ZAMBRANO, VICTO	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 307	
SALES JRN	r∟ # 0292	LOC 001		REG NY NY			AMH ADULT MENTAL HEALTI	
			:	SALES REGISTER			BILL WEEK ENDING 8/03	3/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
204085	7/27/12	800000	VISITING NURSE SERVICE	ZELLE, EVE	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	
	INVOICE#	DATE		CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	204086	7/27/12	000008	VISITING NURSE SERVICE	ZIVAN, GEOLINA CATEGORY	4.50 4.50	0.00	65.61 I 	

RUN DATE 08/01/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 309 LOC 001 SUNNYSIDE CITYWIDE REG NY SALES JRNL # 0292 NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 8/03/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP ACERNO, CLAIRE 25.00
ALI, AMRUNISSA 20.00
ALI, AMRUNISSA 20.00
ALI, AMRUNISSA 20.00
ALI, ANTOIN 7.00
AYALA, ENRIQUE 52.00
BEGUM, JAMILA 72.00
BUCARO, CONCETT 43.00
CARSWELL, LUELL 60.00
CEPEDA, TOMASA 30.00
COLAVITTI, JEAN 55.75
COLEMAN, REGINA 21.25
DIAZ, ALICIA 45.00
DIAZ, CARMEN 30.00
DONOSO, MARGARE 24.00
EARLINGTON, ALB 41.00
ECKMAN, LOIS 7.00
ESCOBAR, DOMING 18.00
ESPINOZA, MARIA 43.00
ESPINOZA, MARIA 43.00
EXPOSITO, ALFON 4.00
FELICIANO, JOAN 5ELNAMONA 28.00
FERNANDEZ, ANA 28.00
FERNANDEZ, ANA 28.00
FERRARA, ANN 12.00
FERRARA, ANN 12.00
FERRARA, ANN 12.00
GOMEZ, YOLANDA 8.00
GREENSPAN, ALIC 35.00
HUSTIU, SILVIA JIMENEZ, EUGENI 90.00
JOHNSON, DOROTH 64.00
MARTINEZ, EUGENI 90.00
MARTINEZ, EIGNI 43.00
MARTINEZ, EIGNI 43.00
MARTINEZ, GLORI 28.00
MARTINEZ, GLORI 28.00
MONCRIEF, LOIS 56.00
MORA, PAULA 4.00
MOSCICKA, JADWI 24.00
MUSCAT, CARMEN 20.00
NISHIMURA, ALBE 66.00
NUNEZ, ANGELINA 4.00
NEWBOLD, RAMONA 25.00
NISHIMURA, ALBE 66.00
NUNEZ, RIS 800
ORLANDO, ANNE 25.00
ORTIZ, LAURA 61.75
PAPHITIS, RICHA 40.00
PAZIOULIS, KLEO 55.00
PENA, WALESKA 56.50
PINILLA, VICTOR 36.75
PRADO, NANCY 24.00
PROANO, ALICIA 21.00 204087 7/27/12 000010 GUILDNET 204088 7/27/12 000010 GUILDNET 204089 7/20/12 000010 GUILDNET 204090 7/27/12 000010 GUILDNET 204091 GUILDNET 7/27/12 000010 204092 GUILDNET 7/27/12 000010 204093 7/27/12 000010 GUILDNET 204094 7/27/12 000010 GUILDNET 204095 7/27/12 000010 GUILDNET 204096 7/27/12 000010 GUILDNET 204097 7/27/12 000010 GUILDNET 204098 7/27/12 000010 GUILDNET 204099 7/27/12 000010 GUILDNET 204100 7/27/12 000010 GUILDNET 204101 7/27/12 000010 GUILDNET 204102 7/27/12 000010 GUILDNET 204103 7/20/12 000010 GUILDNET 204104 7/27/12 000010 GUILDNET 204105 7/27/12 000010 GUILDNET 204106 7/27/12 000010 GUILDNET 204107 7/27/12 GUILDNET 000010 204108 7/27/12 GUILDNET 000010 204109 7/27/12 000010 GUILDNET 204110 7/27/12 000010 GUILDNET 204111 7/27/12 000010 GUILDNET 204112 7/27/12 000010 GUILDNET 204113 7/20/12 000010 GUILDNET 204114 7/27/12 000010 GUILDNET 204115 7/27/12 000010 GUILDNET 204116 7/27/12 000010 GUILDNET 204117 7/13/12 000010 GUILDNET 204118 7/27/12 000010 GUILDNET 204119 7/27/12 000010 GUILDNET 204120 7/27/12 000010 GUILDNET 204121 7/27/12 000010 GUILDNET 204122 7/27/12 000010 GUILDNET 204123 7/27/12 000010 GUILDNET 204124 7/27/12 000010 GUILDNET 204125 000010 GUILDNET 7/27/12 204126 000010 GUILDNET 7/27/12 204127 7/27/12 000010 GUILDNET 204128 7/27/12 000010 GUILDNET 204129 7/27/12 000010 GUILDNET 204130 7/27/12 000010 GUILDNET 204131 7/27/12 000010 GUILDNET 204132 7/27/12 000010 GUILDNET 204133 7/20/12 000010 GUILDNET

204134

204135

7/13/12

000010

7/27/12 000010 GUILDNET

GUILDNET

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E			PAGE 2 -	310
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET	
				SALES REGISTE	R		BILL WEEK ENDIN	JG 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
204136	7/27/12	000010	GUILDNET	PROANO, BRUNO	33.00		512.16 I	
204137	7/27/12	000010	GUILDNET	PRYCE, CLYDIA	16.00		232.32 I	
204138	7/27/12	000010	GUILDNET	RAMOS, ESTHER	18.00		261.36 I	
204139	7/27/12	000010	GUILDNET	RESTULA, VINCEN	12.00		174.24 I	
204140	7/27/12	000010	GUILDNET	RIVAS, GERTRUDI	20.00		290.40 I	
204141	7/27/12	000010	GUILDNET	RODRIGUEZ, FABI	28.00		406.56 I	
204142	7/27/12	000010	GUILDNET	RODRIGUEZ, HOLG	54.00		784.08 I	
204143	7/27/12	000010	GUILDNET	ROJAS, ANGEL	15.00		232.80 I	
204144	7/27/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		310.40 I	
204145	7/27/12	000010	GUILDNET	RUBIANO, MARIA	16.00		232.32	I
204146	7/27/12	000010	GUILDNET	SALJANIN, DILJA	61.00		885.72 I	I
204147	7/27/12	000010	GUILDNET	SANCHEZ, ELIZAB	27.25		395.67 I	I
204148	7/27/12	000010	GUILDNET	SHELTON, AGUEDA	35.00		508.20 I	I
204149	7/27/12	000010	GUILDNET	SIMONA, IRIMIA	40.00		580.80 I	I
204150	7/06/12	000010	GUILDNET	SOMRAJ, UMILLA	19.00		275.88 I	I
204151	7/27/12	000010	GUILDNET	VILLACRES, LUZ	8.00		116.16	I
204152	7/20/12	000010	GUILDNET	VLAHOS, MARIE	72.00		1,045.44 I	
204153	7/27/12	000010	GUILDNET	WEISZ, KLARA	7.00		101.64 I	
204154	7/27/12	000010	GUILDNET	WEST, BALDWIN	16.00		232.32 I	
204155	7/27/12	000010	GUILDNET	WHITE, GLORIA	8.00		116.16 I	
204156	7/13/12	000010	GUILDNET	WHITLEY, MYRNA	24.00		348.48 I	
204157	7/27/12	000010	GUILDNET	YI, CARLOS	24.00		348.48 I	
204158	7/27/12	000010	GUILDNET	YIANTSELIS, VIR	6.00		1,132.32 I	
204159	7/27/12	000010	GUILDNET	ZARE, GLORIA	48.00		696.96 I	
204160	7/27/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		929.28 I	Ĺ
				PROANO, BRUNO PRYCE, CLYDIA RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SIMONA, IRIMIA SOMRAJ, UNILLA VILLACRES, LUZ VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITE, GLORIA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY	2,422.00	0.00	39,437.24	
				CATEGORY	2,422.00	0.00	39,437.24	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTEF			PAGE 1	- 31	11
SALES JRN.	L # 0292	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY			HES HEALTH FI	RST.	0 /02 /10
				SALES REGISTER	ζ		BILL MEEK ENL	ING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204161	7/27/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
204162	7/27/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
204163	7/27/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	24.00		405.12	I	
204164	7/27/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
204165	7/27/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
204166	7/27/12	000122	HEALTH FIRST	CEBALLOS, ANA	32.00		540.16	I	
204167	7/27/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
204168	7/27/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	I	
204169	7/27/12	000122	HEALTH FIRST	DORNELLAS, STEL	20.00		337.60	I	
204170	7/27/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64	I	
204171	7/27/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96	I	
204172	7/27/12	000122	HEALTH FIRST	FERGERSON, TINA	8.00		135.04	I	
204173	6/01/12	000122	HEALTH FIRST	FERRERA, FRANCI	9.00		151.92	I	
204174	7/27/12	000122	HEALTH FIRST	FONTANES, PEDRO	49.00		827.12	I	
204175	7/27/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
204176	7/27/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
204177	7/27/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
204178	7/27/12	000122	HEALTH FIRST	HERRING, CHARLE	12.00		202.56	I	
204179	7/27/12	000122	HEALTH FIRST	KAUR, HARBANS	48.00		810.24	I	
204180	7/27/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
204181	7/27/12	000122	HEALTH FIRST	LAZALA, GLADYS	49.00		827.12	I	
204182	7/27/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ.	77.00		1,299.76	I	
204183	7/27/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
204184	7/27/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
204185	7/27/12	000122	HEALTH FIRST	RODRIGUEZ. MARG	20.00		337.60	Ī	
204186	7/27/12	000122	HEALTH FIRST	RIIIZ JR. SAMIEL	17.00		286.96	Ī	
204187	7/27/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	Ī	
204188	7/27/12	000122	HEALTH FIRST	SALHUANA YOLAN	40.00		675.20	Ī	
204189	7/27/12	000122	HEALTH FIRST	SPIVEY PATRICI	25.00		422.00	Ī	
204190	7/27/12	000122	HEALTH FIRST	ST ROMAINE CLA	68 00		1 147 84	Ī	
204191	7/27/12	000122	HEALTH FIRST	SIRIEL GERTRID	12 00		202 56	Ī	
204192	7/27/12	000122	HEALTH FIRST	VASOUEZ OLGA	20 00		337 60	Ī	
204193	7/27/12	000122	HEALTH FIRST	VEGA, GLORIA	32.00		540.16	I	
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MARTIN, ARIANA RIVERA, CHRISTO RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA	1,061.00	0.00	17,909.68		
				CATEGORY	1,061.00	0.00	17,909.68		

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE R S A L				PAGE 1	- 31	12
SALES JRN	IL # 0292	LOC 001	SUNNYSIDE CITYWIDE R	EG NY NY			NHP NEIGHBORE	HOOD I	HEALTH
			S A L	ES REGISTER	3		BILL WEEK ENI	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	тах амт	AMOTINT	TYP	SURPLUS
IIIVOICE	DITTE	CODI NO	CODIONER WINE	REF ERENCE	1100115	11111 11111	11100111		BOILT HOD
204194	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS AHMED, UMARA	64.00		1,080.32	I	
204195	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS AKHTER, SELINA	36.00		607.68	I	
204196	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE:	RS ARDITTO, PATRIC	30.00		506.40	I	
204197	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE:	RS CHUKWUJIORAH, T	50.00		844.00	I	
204198	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE:	RS DARWISH, NADIA	27.00		455.76	I	
204199	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS DIAZ, CARMEN	28.00		472.64	I	
204200	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS FERNANDEZ, MARI	8.00		135.04	I	
204201	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE:	RS FLORES, MARITZA	70.00		1,181.60	I	
204202	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE:	RS HAMPTON, PRISCI	32.00		540.16	I	
204203	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS JONES, CYNTHIA	36.00		607.68	I	
204204	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS KHALIL, RASHAN	36.00		607.68	I	
204205	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS KHAN, FARUQUE	83.00		1,401.04	I	
204206	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS KROLL, KATHERIN	35.00		590.80	I	
204207	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS MORALES FERNAD	42.00		708.96	I	
204208	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS MOSKOWITZ, RONA	18.00		303.84	I	
204209	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS RODRIGUEZ, JESS	20.00		337.60	I	
204210	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS RODRIGUEZ, MARI	20.00		337.60	I	
204211	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE:	RS SALVATO, MARY	8.00		135.04	I	
204212	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE:	RS SHEPPARD, ERMA	70.00		1,181.60	I	
204213	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE:	RS WELLS, WYNORIA	12.00		202.56	I	
204214	7/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS WILSON, SHERYL	34.00		573.92	I	
				CUSTOMER	759.00	0.00	12,811.92		
					759.00		12,811.92		

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	313
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOLIC/E	FIDELIS
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204215	7/27/12	000126	NVC CATHOLIC/EIDELIC	DATICTA TOCK	49.00		826.63 I	
	, ,		NYS CATHOLIC/FIDELIS	BATISTA, JOSE				
204216	7/27/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49 I	
204217	7/27/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	19.00		320.53 I	
204218	7/27/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08 I	
204219	7/27/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	18.00		303.66 I	
204220	7/27/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	24.00		404.88 I	
204221	7/27/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		674.80 I	
204222	7/27/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	29.00		489.23 I	
204223	7/27/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	63.00		1,062.81 I	
				CUSTOMER	353.00	0.00	5,955.11	
				CATEGORY	353.00	0.00	5,955.11	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED H	- 31	.4
	.2 0252	200 001		SALES REGISTER			BILL WEEK EN		8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204224	7/27/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	I	
204225	7/27/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	53.00		909.48	I	
204226	7/27/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	6.00		102.96	I	
204227	7/27/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	12.00		205.92	I	
204228	7/27/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
204229	7/27/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
				CUSTOMER	225.00	0.00	3,861.00		
				CATEGORY	225.00	0.00	3,861.00		

			YSIDE CITYWIDE	DDG 1997				- 31	.5
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			EHP EMBLEM HI BILL WEEK ENI		8/03/12
				SALES REGISIER			DITT MEEK EN	DING	0/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204230	7/27/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	26.00		364.00	I	
204231	7/27/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
204232	7/27/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
204233	7/06/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	4.00		56.00	I	
204234	7/27/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
204235	7/27/12	000114	EMBLEM HEALTH	HENRIQUEZ, TERE	4.00		56.00	I	
204236	7/27/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
204237	7/27/12	000114	EMBLEM HEALTH	KEATON, CATHERI	83.25		1,165.50	I	
204238	7/27/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	60.00		840.00	I	
204239	7/27/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	51.75		724.50	I	
				CUSTOMER	398.00	0.00	5,579.50		
				CATEGORY	398.00	0.00	5,579.50		

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E		3		PAGE 1 HIP HEALTH II BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204241 204242 204243	7/27/12 7/27/12 7/27/12 7/20/12 7/27/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE DE JESUS, TIBUR ORR, LOUISE SHAH, HANSIKABE WILLIAMS, DIANE	8.00 63.00 30.00 5.00 16.00		135.04 1,063.44 506.40 84.40 270.08	I I I I	
				CUSTOMER	122.00	0.00	2,059.36		
				CATEGORY	122.00	0.00	2,059.36		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - MPH METROPLUS	317 HEALTH
DILLES STAN	0252	100 001	BONNIBIBE CITIVIBE	REG NY NY SALES REGISTER	1		BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
204245	7/20/12	000130	METROPLUS HEALTH	ANDERSON, BETH				I
204246	7/27/12	000130	METROPLUS HEALTH	ARIAS, NORA	64.00		1,097.60	I
204247	7/27/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	15.00		257.25	I
204248	7/27/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	42.00		720.30	I
204249	7/27/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	69.00		1,183.35	I
204250	7/27/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	133.00		2,280.95	I
204251	7/20/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	8.00		137.20	I
204252	7/27/12	000130	METROPLUS HEALTH	ESPINOSA, MONIC	56.00		960.40	I
204253	7/27/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I
204254	7/27/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU			686.00	I
204255	7/27/12	000130	METROPLUS HEALTH	OSORIO, ELVIA	15.00		257.25	I
204256	7/27/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I
204257	7/27/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	45.00		771.75	I
204258	7/27/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	24.00		411.60	I
204259	7/27/12	000130	METROPLUS HEALTH	RYALS, CHARLES			686.00	I
204260	7/27/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU	28.00		480.20	I
204261	7/20/12	000130	METROPLUS HEALTH	VALLE, BLASINA	24.00		411.60	I
				CUSTOMER	745.00	0.00	12,776.75	
				CATEGORY	745.00	0.00	12,776.75	

RUN DATE O SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 WEL WELCARE O BILL WEEK ENI		8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204263	7/27/12 7/27/12 7/27/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 36.00 63.00		842.80 619.20 1,083.60	I I I	
					CUSTOMER	148.00	0.00	2,545.60		
					CATEGORY	148.00	0.00	2,545.60		

RUN DATE SALES JRN	, - ,	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1	- 31	.9
	2 11 0252	200 001		SALES	REGISTER	1		BILL WEEK EN		8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204265	7/27/12	000132	AMERIGROUP	DE	ENNISON, KELVI	28.00		472.36	I	
204266	7/27/12	000132	AMERIGROUP	ES	SPERSON, CLAUD	16.00		269.92	I	
204267	7/27/12	000132	AMERIGROUP	FE	ERNANDEZ, NORK	41.00		691.67	I	
204268	7/27/12	000132	AMERIGROUP	GU	JERRA, LORRAIN	56.00		944.72	I	
204269	7/27/12	000132	AMERIGROUP	HA	ARDING, EDNA	30.00		506.10	I	
204270	7/27/12	000132	AMERIGROUP	PR	RUITT, JOHNNY	8.00		135.04	I	
204271	7/27/12	000132	AMERIGROUP	WA	ALTERS, BYRON	25.00		421.75	I	
204272	7/27/12	000132	AMERIGROUP	YC	OUNG, KALEILE	18.00		303.66	I	
					CUSTOMER	222.00	0.00	3,745.22		
					CATEGORY	222.00	0.00	3,745.22		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 HCP HEALTHCARE PA BILL WEEK ENDING	20 RTNERS 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204273 204274 204275	7/27/12 7/27/12 7/27/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	62.00 8.00 16.00		1,046.56 I 135.04 I 270.08 I	
				CUSTOMER	86.00	0.00	1,451.68	
				CATEGORY	86.00	0.00	1,451.68	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 321
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ICS INDEPENDE	NCE CARE SYSTEMS
			Si	ALES REGISTER			BILL WEEK END	ING 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
204276	7/20/12	000172	INDEPENDENCE CARE SYSTEMS	S HAWKINS S, MA	118.25		1,880.18	I
				CATEGORY	118.25	0.00	1,880.18	

RUN D.	ATE 08/01/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 3	322
SALES	JRNL # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCS VNSNY CHOICE	SELECTHEALTH
				SALES REGISTER			BILL WEEK ENDING	8/03/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20427	7 7/20/12	000170	VNSNY CHOICE SELECT	HEALTH CLMS KARASSAVIDES, A	35.00		600.60 I	
				CATEGORY	35.00	0.00	600.60	

RUN DATE	08/01/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	323
SALES JRN	ı∟ # 0292	LOC 001	SUNNYSIDE CITYWIDE REG				PAR PRIVATE	
			SALE	S REGISTER			BILL WEEK ENDING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
204278	7/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	CAGAN, RUMANDO	8.00		116.00 I	
204279	7/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	KOZHUSHICO, ROZ	4.00		58.00 I	
204280	7/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	MONTELIONE, CAL	8.00		116.00 I	
204281	7/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	ORTIZ, EDUARDO	4.00		58.00 I	
204282	7/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	TEODORU, MIRELL	12.00		174.00 I	
				CUSTOMER	36.00	0.00	522.00	
204283	7/27/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	18.50		286.75 I	
204284	7/27/12	000049	DOMINICAN SISTERS FAM HLTH SVO	C MORSHELINA, NAS	15.00		206.85 I	
204285	7/27/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00 I	
				CATEGORY	77.50	0.00	1,139.60	

RUN DATE 08/01 SALES JRNL # 0		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S 1	REG NY NY A L E S R E G I S T E R			-	- 324 S AID SOCIETY DING 8/03/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
204286 7/27 204287 7/20 204288 7/27 204289 7/27 204290 7/27	7/12 000088 7/12 000088 7/12 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN	25.00 6.00 27.50 12.25 12.50		387.50 93.00 426.25 189.88 193.75	I I I I
			CUSTOMER	83.25	0.00	1,290.38	
			CATEGORY	83.25	0.00	1,290.38	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 325 PAR PRIVATE BILL WEEK ENDING 8/03/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
204291	7/27/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
				CATEGORY	20.00	0.00	310.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ELD ELDERSERVEHE BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
204292 204293	7/27/12 7/27/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 19.25		356.25 I 274.32 I	
				CUSTOMER	44.25	0.00	630.57	
				CATEGORY	44.25	0.00	630.57	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 327 PAR PRIVATE BILL WEEK ENDING 8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
204294	7/27/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	20.00		316.00 I
				CATEGORY	20.00	0.00	316.00

RUN DATE	08/01/12	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	28
SALES JRN	L # 0292	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			CCM COMPREHE	NSIVE	CARE MGMT
				SALE	S REGISTER			BILL WEEK EN	DING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204295	7/20/12	000150	COMPREHENSIVE CARE	MANAGEMENT	BONES, ANA	4.00		56.40	I	
204296	7/27/12	000150	COMPREHENSIVE CARE	MANAGEMENT	BONES, ANA	16.00		225.60	I	
204297	7/27/12	000150	COMPREHENSIVE CARE	MANAGEMENT	MELAMED, ESTER	15.25		215.03	I	
204298	7/27/12	000150	COMPREHENSIVE CARE	MANAGEMENT	PULLIAM, WILLIE	30.00		423.00	I	
204299	7/27/12	000150	COMPREHENSIVE CARE	MANAGEMENT	ROSARIO, CELEST	25.00		352.50	I	
					CUSTOMER	90.25	0.00	1,272.53		
					CATEGORY	90.25	0.00	1,272.53		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 1 PAR PRIVATE	- 32	29
			S A L E	SREGISTER			BILL WEEK END	ING	8/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
204300	7/27/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
204301	7/27/12	000167	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
204302	7/27/12	000175	ROBERT MURAYAMA GREENBAUM	GREENBAUM, MASA	3.00		46.50	I	
204303	7/27/12	000177	MR. BRUCE J. TUCCI	TUCCI, DOROTHY	20.00		310.00	I	
204304	7/27/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
204305	7/27/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
204306	7/27/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
204307	7/27/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	20.00		270.00	I	
204308	7/27/12	006337	STEPHEN EDEL	EDEL, CANDACE	80.00		1,264.00	I	
204309	7/27/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
204310	7/27/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
204311	7/27/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
204312	7/27/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
204313	7/27/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
204314	7/27/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
204315	7/27/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
204316	7/27/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
204317	7/27/12	010375	DOMINICA IRAOLA	IRAOLA, LILIAN	12.00		195.00	I	
204318	7/27/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	12.00		195.00	I	
204319	7/27/12	010530	DANA SITILDES	ANSELMI, PETER	26.25		417.38	I	
204320	7/27/12	010677	ALZHEIMER'S ASSOCIATION	MONTELIONE, CAL	8.00		124.00	I	
204321	7/27/12	010735	MIGUEL ONATE	ONATE, MIGUEL	9.00		139.50	I	
204322	7/27/12	010753	GARY KUCHMEISTER	KUCHMEISTER, JO	24.00		396.00	I	
204323	7/27/12	010773	ALZHEIMER'S ASSOCIATION	MCQUAIL, MAUREE	16.00		248.00	I	
204324	7/27/12	010828	DEIRDRE DANIELS	DANIELS, DEIRDR	8.00		136.00	I	

	ATE 08/01/12 JRNL # 0292		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTEF	2		PAGE 2 PAR PRIVATE BILL WEEK EN	- 33	8/03/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
20432	5 7/27/12	010887	FREDERICK RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
20432	6 7/27/12	010929	NORMA SCHORR	SCHORR, NORMA	8.50		131.75	I	
20432	7 7/27/12	010952	ARISTA THEOHARIS	THEOHARIS, ARIS	30.00		465.00	I	
20432	8 7/27/12	010982	DOROTHY TABICKMAN	TABICKMAN, DORT	12.00		186.00	I	
				CATEGORY	605.75	0.00	10,817.13		
				LOCATION 2	22,112.50	0.00	341,457.65		
				COMPANY	22,112.50	0.00	341,457.65		

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SALES JRNL # 0292 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER

BILL WEEK ENDING 8/03/12

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

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