	07/25/12 - IL # 0291			REG NY NY A L E S R E G I S T E R			PAGE 1 SHP SENIOR HI BILL WEEK EN		1 PARTNERS 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202799	7/20/12	000082	SENIOR HEALTH PARTNERS	BANKS, ANASTAZJ	40.00		570.00	I	
202800	7/20/12	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	18.00		256.50	I	
202801	7/20/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	35.00		498.75	I	
202802	7/13/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	37.00		527.25	I	
202803	7/20/12	000082	SENIOR HEALTH PARTNERS	GRAFSTEIN, LILL	7.00		1,400.00	I	
202804	7/20/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	33.00		470.25	I	
202805	7/20/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	135.00		1,923.75	I	
202806	7/20/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	30.00		427.50	I	
202807	7/20/12	000082	SENIOR HEALTH PARTNERS	LEPORE, CLAIRE	3.00		42.75	I	
202808	7/20/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL			1,083.00	I	
202809	7/20/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI			285.00	I	
202810	7/20/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	25.00		356.25	I	
202811	7/20/12	000082	SENIOR HEALTH PARTNERS	SIMON, LUPE			114.00	I	
202812	7/20/12	000082	SENIOR HEALTH PARTNERS				555.75	I	
202813	7/20/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J VASQUEZ, CORNEL	8.00		114.00	I	
202814	7/20/12	000082	SENIOR HEALTH PARTNERS	VIDOT-LINARES,	30.00		427.50	I	
202815	7/20/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	12.00		171.00	I	
202816	7/20/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	4.00		57.00	I	
				CUSTOMER	560.00	0.00	9,280.25		
				CATEGORY	560.00	0.00	9,280.25		

			YSIDE CITYWIDE	DDG 1911			PAGE 1 -	-
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY .LES REGISTER			VCP CHOICE LHO	
			5 A	Naiciban can			DIDD WEEK ENDI	.NG //2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
								_
202817	7/20/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	54.75		798.26	I
202818	7/20/12	000008	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96	I
202819	7/20/12	800000	VISITING NURSE SERVICE	ACOSTA, ALBERTO	25.00		364.50	I
202820	7/06/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	5.00		72.90	I
202821	7/20/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I
202822	7/20/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I
202823	7/20/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	60.00		874.80	I
202824	7/20/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	51.50		750.87	I
202825	7/20/12	800000	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32	I
				CUSTOMER	272.25	0.00	3,969.41	
				CATEGORY	272.25	0.00	3,969.41	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	3
SALES OWN	II # 0271	100 001		SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202826	7/20/12	800000	VISITING NURSE SERVICE	AGUILAR, RAFAEL	5.25		76.55 I	
				CATEGORY	5.25	0.00		

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	4
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202827	7/20/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	38.00		554.04	I
				CATEGORY	38.00	0.00	554.04	

			YSIDE CITYWIDE	DDG 1997			PAGE 1 -	5
SALES JRN	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202828 202829	7/20/12 7/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	AGUILAR-PROCE, AKBAR, NASEEM	18.00 20.00		262.44 I 291.60 I	
				CUSTOMER	38.00	0.00	554.04	
				CATEGORY	38.00	0.00	554.04	

RUN DATE SALES JRN		SUP SUNN		REG NY NY			PAGE 1 LTC NURSING		,
				SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202830 202831	7/13/12 7/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ALEKSANDORVA, S ALEKSANDORVA, S	10.00 15.00		145.80 218.70	I	
				CUSTOMER	25.00	0.00	364.50		
				CATEGORY	25.00	0.00	364.50		

			YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
				SALES REGISIER			BILL MEEK ENDING	1/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202832	7/20/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	31.25		455.63 I	
202833	7/20/12	000008	VISITING NORSE SERVICE VISITING NURSE SERVICE	ALMANZAR, REMIG	4.00		58.32 I	
				GUGEOMED				
				CUSTOMER	35.25	0.00	513.95	
				CATEGORY	35.25	0.00	513.95	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	8 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202834	7/20/12	800000	VISITING NURSE SERVICE	ALTSITZER, HARO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 -	9
SALES JRNI	L # 0291	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202835	7/20/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	55.00		801.90 I	
				CATEGORY	55.00	0.00		

			YSIDE CITYWIDE				11100		10
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI		E /OE /10
			S	ALES REGISTER			BILL WEEK EN	JING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202836	7/20/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	20.00		291.60	I	
202837	7/20/12	000008	VISITING NURSE SERVICE	ANDINO, ESTEBAN	16.00		233.28	I	
202838	7/20/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	84.00		1,224.72	I	
202839	7/06/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	6.00		87.48	I	
202840	7/20/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	53.25		776.39	I	
202841	7/20/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	18.00		262.44	I	
				CUSTOMER	197.25	0.00	2,875.91		
				CATEGORY	197.25	0.00	2,875.91		

RUN DATE 07	/25/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 11
SALES JRNL	# 0291 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
		2	SALES REGISTER			BILL WEEK END	OING 7/27/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202842 7	/20/12 000008	VISITING NURSE SERVICE	ANGULO, ELCY	19.50		284.31	I
202843 7	/20/12 000008	VISITING NURSE SERVICE	ANUT, ALICE	53.00		772.74	I
			CUSTOMER	72.50	0.00	1,057.05	
			CAMEGODY		0.00	1 057 05	
			CATEGORY	72.50	0.00	1,057.05	

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	12
SALES JRN	ъ # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202844	7/20/12	800000	VISITING NURSE SERVICE	AOUN, ODETTE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 -	13
SALES JRN	L # UZ9I	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
202845	7/20/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE	550 Miles			-	14
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202846 202847	7/20/12 7/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	8.00 45.00		116.64 I 656.10 I	
				CUSTOMER	53.00	0.00	772.74	
				CATEGORY	53.00	0.00	772.74	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- :	15
	- "			SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202848	7/13/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	2.00		29.16	I	
202849	7/20/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	23.00		335.34	I	
202850	7/20/12	800000	VISITING NURSE SERVICE	ASH, MARIE	12.00		174.96	I	
				CUSTOMER	37.00	0.00	539.46		
				CATEGORY	37.00	0.00	539.46		

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202851	7/20/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	17
ı	SALES JRN	ъ # 0291	LOC 001		REG NY NY			ADU ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING	3 7/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202852	7/20/12	800000	VISITING NURSE SERVICE	AVILES, MERCEDE	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
SALES JRI	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202853	7/20/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	16.00		233.28 I	
				 CATEGORY	16.00	0.00	233.28	

RUN DATE 0		SUP SUNNY	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	_	9
SALES UKNI	1 # 0291 11	100 001		SALES REGISTER			BILL WEEK END		7/27/12
INVOICE#	DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	, .,	800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	BADILLO, JOVITA BAEZ, JUAN	4.00 35.00		58.32 510.30	I	
				CUSTOMER	39.00	0.00	568.62		
				CATEGORY	39.00	0.00	568.62		

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20)
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/C) WALLS (LT
			S	ALES REGISTER			BILL WEEK END	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202856	7/20/12	800000	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I	
202857	7/20/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	48.00		699.84	I	
202858	7/20/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I	
202859	7/20/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	48.75		710.78	I	
				CUSTOMER	171.75	0.00	2,504.12		
				CATEGORY	171.75	0.00	2,504.12		

RUN DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			Ş	SALES REGISTER			BILL WEEK END	ING 7/	27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SU	RPLUS
202860	7/20/12	000008	VISITING NURSE SERVICE	BECERRA, FELIPE	20.00		291.60	I	
202861	7/20/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	150.25		2,190.65	I	
202862	7/20/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I	
				CUSTOMER	173.25	0.00	2,525.99		
				CATEGORY	173.25	0.00	2,525.99		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 7	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
202863	7/20/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	23
SALES JRN	և # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			5	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202864	7/20/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	39.25		572.27	I	
				CATEGORY	39.25	0.00	572.27		

RU	N DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
SA	LES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	7/27/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	2865	7/20/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

	07/25/12 - L # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	25 3 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202866	7/20/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			NYSIDE CITYWIDE	222			PAGE 1 -	26
SALES J	RNL # 0291	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
202867	7/20/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATECODY	40.00			
1				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				111011 1	- 2	27
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENI	TNC	7/27/12
			•	SALES KEGISIEK			DIDD WEEK ENI	JING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202060	7/06/10	000000	THE CHARLES OF THE CONTROL	DOGANIEGDA GLAD	0.00		116 64	-	
202868	7/06/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	8.00		116.64	I	
202869	7/20/12	800000	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60	I	
202870	6/08/12	000008	VISITING NURSE SERVICE	BONILLA, ESPERA	7.00		102.06	I	
202871	7/20/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	48.50		707.13	I	
							1 01 7 42		
				CUSTOMER	83.50	0.00	1,217.43		
				CATEGORY	83.50	0.00	1,217.43		

			YSIDE CITYWIDE				PAGE 1 -	28
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202872	6/08/12	000008	VISITING NURSE SERVICE	BONILLA, LYDIA	4.00		58.32 I	
202873	7/20/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	
1				CALEGORI	Z4.00	0.00	349.94	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
SALES JR	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202874	7/20/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
					05.00		364.50	
1				CATEGORY	25.00	0.00	364.50	

RUN DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	0
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL H	EALTH
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202875	7/20/12	800000	VISITING NURSE SERVICE	BORSARI, ANTOIN	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
SALES JRN	ъ # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202876	7/20/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	32
SALES JRI	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202877	7/20/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 - 3	33
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202878	7/13/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	9.00		131.22 I	
202879	7/20/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	54.00		787.32 I	
				CUSTOMER	63.00	0.00	918.54	
				COBTONER	03.00	0.00	710.51	
				CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE				PAGE 1 -	34
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202880 202881	7/06/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 55.50		43.74 I 809.20 I	
				CUSTOMER	58.50	0.00	852.94	
				CATEGORY	58.50	0.00	852.94	

	07/25/12 - L # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 VCP CHOICE LHCSA	35
DALLS OW	H 0271	ПОС 001		SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202882 202883	7/20/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BURGOS, RAFAELA BURNS, MARGARET	6.00 56.00		87.48 I 816.48 I	
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
SALES JRI	NL # 0291	LOC 001		REG NY NY			LAD NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202884	7/20/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	68.00		991.44 I	
				CATEGORY	68.00	0.00	991.44	

			YSIDE CITYWIDE				PAGE 1 -	- ·
SALES JRN	IL # 0291	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202885	7/20/12	000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	38 G 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
202886	7/20/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	68.00		991.45 I	
				CATEGORY	68.00	0.00	991.45	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			5	SALES REGISTER			BILL WEEK ENDIN	IG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202887	7/20/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	32.75		477.50	
				CATEGORY	32.75	0.00	477.50	

RUN DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	40
SALES JRI	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	[
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202888	7/20/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	41
SALES JRN	L # 0291	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202889	7/20/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

ı	RUN DATE (07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42	
ı	SALES JRNI	L # 0291	LOC 001		REG NY NY			LTC NURSING HOMEW		
				2	SALES REGISTER			BILL WEEK ENDING	7/27/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	202890	7/20/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I		
ı					CATEGORY	42.00	0.00	612.36		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	43
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202891	7/20/12	800000	VISITING NURSE SERVICE	CANTO, THERESA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	L # 0291	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202892	7/20/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	83.75		1,221.08 I	
				CATEGORY	83.75	0.00	1,221.08	

ı	RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45	
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•	
ı				:	SALES REGISTER			BILL WEEK ENDING	7/27/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	202893	7/20/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I		
ı					CATEGORY	35.00	0.00	510.30		

			YSIDE CITYWIDE	556 357 357			PAGE 1 -	46
SALES JRN	L # 0291	TOG 001	SUNNYSIDE CITYWIDE S	REGNY NY ALES REGISTER			ADU ADULT BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202894	7/20/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	23.50		342.63 I	
				CATEGORY	23.50	0.00	342.63	

RUN DATE (07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 47
SALES JRNI	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA
			S	SALES REGISTER			BILL WEEK END	OING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202895	7/20/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	7.25		105.71	I
202896	7/20/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	52.75		769.10	I
202897	7/20/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	29.00		422.82	I
202898	7/20/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	25.00		364.50	I
							1 660 10	
				CUSTOMER	114.00	0.00	1,662.13	
				CATEGORY	114.00	0.00	1,662.13	

RUN DATE (07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	48
SALES JRNI	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADU	
			5	SALES REGISTER			BILL WEEK ENDIN	NG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
202899	7/20/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	42.00		612.36	I
				 CATEGORY	42.00	0.00	612.36	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 4	:9
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202900	7/20/12	000008	VISITING NURSE SERVICE	CARTAGENA, FRAN	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

	07/25/12 - JL # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202901	7/20/12	800000	VISITING NURSE SERVICE	CARVAJAL, NORMA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ! CCL CONGREGATE CAN BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202902	7/20/12	800000	VISITING NURSE SERVICE	CATALLI, ALICE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 -	52
SALES JRN	L # 0291	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202903	7/20/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	53
SALES JRN	L # 0291	LOC 001		REG NY NY			ADU ADULT	2 7/27/12
			2	SALES REGISTER			BILL WEEK ENDING	G 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202904	7/20/12	800000	VISITING NURSE SERVICE	CELENTANO, ANGE	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE 07/25/12 - SUP SUNNYSIDE CITYWIDE				PAGE 1 - 54
SALES JRNL # 0291 LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
	SALES REGISTER			BILL WEEK ENDING 7/27/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
202905 7/20/12 000008 VISITING NURSE SERV	CE CERNILLI, MARIA	29.00		422.82 I
202906 7/20/12 000008 VISITING NURSE SERV	CE CHARLES PIERRE,	30.00		437.40 I
	CUSTOMER	59.00	0.00	860.22
	CATEGORY	59.00	0.00	860.22

	07/25/12 - IL # 0291			REG NY NY A L E S R E G I S T E R			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202907	7/20/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	. [56
SALES JRN	ъ # 0291	LOC 001		REG NY NY			VCP CHOICE LHO		
			:	SALES REGISTER			BILL WEEK ENDI	NG	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP	SURPLUS
202908	7/20/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	70.00		1,020.60	I	
				CATEGORY	70.00	0.00	1,020.60		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202909	7/20/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

ı	RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	58	
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A	
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 7/27/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı										
ı	202910	7/20/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	30.00		437.40 I		
ı										
ı										
ı					CATEGORY	30.00	0.00	437.40		

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	59
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202911	7/20/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	60
SALES JR	NL # 0291	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	G 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202912	7/20/12	800000	VISITING NURSE SERVICE	CHRISTOPHER, AS	5.75		83.84 I	
				CATEGORY	5.75	0.00	83.84	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 6	1
DALLS OIL	H 02)1	100 001		SALES REGISTER			BILL WEEK END		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202913	7/20/12	000008	VISITING NURSE SERVICE	, -	40.00			I	
202914 202915	7/13/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 28.00		58.32 408.24	I	
202713	7/20/12	000000	VISITING NORSE SERVICE	CHOCK, ENA					
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	· ·
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202916	7/20/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	63 G 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202917	7/20/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	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 LTC NURSING F	- 6	
			S	SALES REGISTER			BILL WEEK ENI	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202918	7/20/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	4.00		58.32	I	
202919	7/20/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	3.00		43.74	I	
202920 202921	7/20/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	COLON, ANTONIA COLON, ISABEL	42.00 19.00		612.36 277.02	T T	
202321	,,20,12	000000	VIBILING NORDE BERVICE						
				CUSTOMER	68.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 65 CCL CONGREGATE CARE	DDOCDAM
SALES UKN	H 0291	LOC 001		SALES REGISTER			BILL WEEK ENDING 7	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
202922	7/20/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				 CATEGORY	168.00	0.00	2,449.44	

			YSIDE CITYWIDE					56
SALES JR	NL # 0291	LOC 001		REG NY NY			LTC NURSING HOMEW	,
			S	SALES REGISTER			BILL WEEK ENDING	1/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202923	7/20/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	31.00		451.98 I	
				CATEGORY	31.00	0.00	451.98	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	-	67
SALES JRN	և # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	SA	
			\$	SALES REGISTER			BILL WEEK END	NG	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	YP	SURPLUS
202924	7/20/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6	58
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202925	7/13/12	000008	VISITING NURSE SERVICE	COSTA, ARSENE	6.00		87.48	I	
202926	7/20/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	40.00		583.20	I	
				CUSTOMER	46.00	0.00	670.68		
				CATEGORY	46.00	0.00	670.68		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	69	
SALES JRN	L # 0291	LOC 001		REG NY NY			ADU ADULT	7 / 27 / 1 2	
			2	SALES REGISTER			BILL WEEK ENDING	3 7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
202927	7/20/12	000008	VISITING NURSE SERVICE	COVALIU, SIMION	35.50		517.59 I		
				CATEGORY	35.50	0.00	517.59		

RUN DATE SALES JRN				REG NY NY BALES REGISTER			PAGE 1 - HOA HOSPICE ADUL BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202928	7/20/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				CATEGORY	19.00	0.00		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	71
SALES JRN	rL # 0291	LOC 001		REG NY NY			VCP CHOICE LHCS	
			\$	SALES REGISTER			BILL WEEK ENDIN	G 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202929	7/20/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	72
SALES URN	IL # 0291	LOC 001		ALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202930 202931	7/20/12 7/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CROUSE, MARIA CROUSE, MARIA	6.00 3.00		87.48 I 43.74 I	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	73
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202932	7/20/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	39.00		568.62 I	
				CATEGORY	39.00	0.00		

	07/25/12 - JL # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY N' SALES RE	Y GISTE	R		PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER	ENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202933	7/20/12	800000	VISITING NURSE SERVICE	CRUZ,	JUANA	20.00		291.60 I	
				(CATEGORY	20.00	0.00	291.60	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 75	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O	WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING 7,	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	URPLUS
202934	7/20/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	27.50		400.95 I	
				CATEGORY	27.50	0.00	400.95	

1	ATE 07/25/12 JRNL # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	76
SALES	JRNL # 0291	TOC 001		REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/27/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202935	5 7/20/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	
				CAIEGORI	9.00	0.00	131.22	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7'	7
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202936	7/20/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50	I	
202937	7/20/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	56.00		816.48	I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

RUN DATE 07/25/1 SALES JRNL # 029			REG NY NY			PAGE 1 - VCP CHOICE LHC	· -
			SALES REGISTER			BILL WEEK ENDI	NG 7/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202938 7/20/1		VISITING NURSE SERVICE		42.00		612.36	I
202939 7/20/1 202940 6/29/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	18.00 10.00		262.44 145.80	I T
202941 7/20/1		VISITING NURSE SERVICE		25.00		364.50	I
			CUSTOMER	95.00	0.00	1,385.10	
			CATEGORY	95.00	0.00	1,385.10	

RUN DATE 0	7/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 79	
SALES JRNL	# 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENI	DING 7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
202942	7/20/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	15.75		229.64	I	
202943	7/20/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	31.75		462.92	I	
				CUSTOMER	47.50	0.00	692.56		
				COSTONER	17.50	0.00	0,72.50		
				CATEGORY	47.50	0.00	692.56		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		80
			S	ALES REGISTER			BILL WEEK ENI	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202944	7/20/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	30.00		437.40	I	
202945	7/06/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I	
202946	7/13/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	28.00		408.24	I	
202947	7/20/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I	
202948	7/20/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	27.75		404.60	I	
202949	7/20/12	800000	VISITING NURSE SERVICE	DEROMAN, MARIA	11.25		164.03	I	
202950	7/20/12	800000	VISITING NURSE SERVICE	DEY, KRISHNA	3.00		43.74	I	
202951	7/20/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	43.50		634.23	I	
				CUSTOMER	167.50	0.00	2,442.16		
				CATEGORY	167.50	0.00	2,442.16		

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	81
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			:	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202952	7/20/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		82
BALLS OR	1D # 0291	100 001	DOMNIBIDE CITIWIDE	SALES REGIST	E R		BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202953	7/20/12	000008	VISITING NURSE SERVI	CE DIAZ, MARIA	34.75		506.66	I	
202954	7/20/12	800000	VISITING NURSE SERVI	CE DIAZ, OLGA	27.75		404.60	I	
202955	7/20/12	800000	VISITING NURSE SERVI	CE DIAZ, ROSA	42.00		612.36	I	
202956	7/06/12	800000	VISITING NURSE SERVI	CE DILLUVIO, MATTI	9.75		142.16	I	
202957	7/20/12	800000	VISITING NURSE SERVI	CE DILLUVIO, MATTI	70.00		1,020.60	I	
202958	7/20/12	800000	VISITING NURSE SERVI	CE DOMINGUEZ, MARI	35.50		517.59	I	
202959	7/20/12	800000	VISITING NURSE SERVI	CE DOMINGUEZ-REIN,	20.00		291.60	I	
				CUSTOMER	239.75	0.00	3,495.57		
				CATEGORY	239.75	0.00	3,495.57		

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202960	7/20/12	000008	VISITING NURSE SERVICE	DUTAN, SELINDA	39.00		568.62 I	
				CATEGORY	39.00	0.00		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	34
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202961	7/20/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

								85
SALES JRNI	L # 0291	LOC 001		-				
							DILL WELK ENDING	. ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202962	7/20/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	42.25		616.01 I	
				CATEGORY	42.25	0.00	616.01	
	SALES JRNI INVOICE#	SALES JRNL # 0291 INVOICE# DATE	SALES JRNL # 0291 LOC 001 INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0291 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 202962 7/20/12 000008 VISITING NURSE SERVICE ECHEGARAY, MARI	SALES JRNL # 0291 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 202962 7/20/12 000008 VISITING NURSE SERVICE ECHEGARAY, MARI 42.25	SALES JRNL # 0291 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 202962 7/20/12 000008 VISITING NURSE SERVICE ECHEGARAY, MARI 42.25	SALES JRNL # 0291 LOC 001 SUNNYSIDE CITYWIDE REG NY NY VCP CHOICE LHCSA BILL WEEK ENDING INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP 202962 7/20/12 000008 VISITING NURSE SERVICE ECHEGARAY, MARI 42.25 616.01 I

			YSIDE CITYWIDE					86
SALES JR	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE	DILLE	CODI NO	CODICIENT WILL	REF ERENCE	110010	11111 11111	11100111 111	DOILI EOD
202963	7/20/12	800000	VISITING NURSE SERVICE	E EDELMAN, MILDRE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87
SALES JRN	r∟ # 0291	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202964	7/20/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 88	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING 7	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
202965	7/20/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89	
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	•	
ı				:	SALES REGISTER			BILL WEEK ENDING	7/27/12	
ı	T1770 T GT	53.00	GTTGT 170	GUGEOVED MANG		******		11/0177E EVE	G11D D1 11G	
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı	202966	7/20/12	000008	VISITING NURSE SERVICE	ESPEJO, FLORENC	24.00		349.92 I		
ı	202500	7,20,12	000000	VIBILING NORDE BERVICE	Bor Boo, T Borene	21.00		313.32		
ı										
ı					CATEGORY	24.00	0.00	349.92		

			YSIDE CITYWIDE				PAGE 1 -	90
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	E (0E (10
				SALES REGISTER			BILL WEEK ENDING	1/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
00006	T (00 (10				60 50		011 05 -	
202967	7/20/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	62.50		911.25 I	
				CATEGORY	62.50	0.00	911.25	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202968	7/20/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	22.00		320.76 I	
				CATEGORY	22.00	0.00	320.76	

			TYSIDE CITYWIDE	DEC NV NV			PAGE 1 -	92
SALES URN	L # 0291	TOC 001	SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTER			ADU ADULT BILL WEEK ENDING	G 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
202969	7/20/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	93
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			\$	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202970	7/20/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	15.00		218.70	I	
				CATEGORY	15.00	0.00	218.70		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUL	94
SALES URNI	L # 0291	LOC 001		REGNY NY SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202971	7/20/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 9 ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202972	7/20/12	000008	VISITING NURSE SERVICE	FAROUGIAS, EFTH	20.00		291.60 I	
202973	7/20/12	800000	VISITING NURSE SERVICE	FAY, JULIA	25.00		364.50 I	
202974	7/20/12	800000	VISITING NURSE SERVICE	FELBER, HELEN	8.00		116.64 I	
				CUSTOMER	53.00	0.00	772.74	
				CATEGORY	53.00	0.00	772.74	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # U291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
			5	A D D D I D I D I D I D I D I D I D I D			DIDD WEEK ENDING	, //2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202975	7/20/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202976	7/20/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			TYSIDE CITYWIDE	DEC MY NO			PAGE 1 -	98
SALES JI	KNT # 0791	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202977	7/20/12	000008	VISITING NURSE SERVICE	FERREIRO, JOSEP	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	99
SALES JRN	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202978	7/20/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 100
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK END	ING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202979	7/06/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	8.00		116.64	I
202980	7/13/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	8.00		116.64	I
202981	7/20/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	49.00		714.43	I
				CUSTOMER	65.00	0.00	947.71	
				CATEGORY	65.00	0.00	947.71	

RUN DATE (07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L01
SALES JRNI	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			5	BALES REGISTI	R		BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202982	7/20/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	5.00		72.90 I	
				- CATEGORY	 5.00	0.00	 72.90	

RUN DATE 07/ SALES JRNL ‡	/25/12 - SUP SUNN # 0291 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	CSA
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202984 7/	/20/12 000008 /20/12 000008 /20/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FOLLETTO, ROSIN FONG, ALEFINA FONTEBOA, GUILL	32.75 12.00 35.00		477.50 174.96 510.30	I I I
			CUSTOMER	79.75	0.00	1,162.76	
			CATEGORY	79.75	0.00	1,162.76	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 103	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	ALES REGISTER			BILL WEEK ENDING 7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202986	7/20/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			NYSIDE CITYWIDE				PAGE 1 - 1	.04
SALES JRN	IL # 0291	LOC 001		REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	7/27/12
				SADES REGISTER			DILL WEEK ENDING	1/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202987	7/20/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	28.75		419.18 I	
				CATEGORY	28.75	0.00	419.18	

RUN DATE 0			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		O WALLS (LT
				SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	7/20/12	800000	VISITING NURSE SERVICE	· ·	43.50		634.23	I	
202989	7/20/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		510.30		
				CUSTOMER	78.50	0.00	1,144.53		
				CATEGORY	78.50	0.00	1,144.53		

			YSIDE CITYWIDE				PAGE 1 - 106	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 7/27/12	
				SALES REGISIER			BILL WEEK ENDING //2//12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202990	7/20/12	000008	VISITING NURSE SERVICE	GAID, ASILA	30.00		437.40 I	
	.,,							
				CATEGORY	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

				YSIDE CITYWIDE				PAGE 1 - 107	
ı	SALES JRN	L # 0291	LOC 001		REG NY NY			ADU ADULT	T / 0 T / 1 0
ı				:	SALES REGISTER			BILL WEEK ENDING	7/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202991	7/20/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	49.00		714.42 I	
ı					CATEGORY	49.00	0.00	714.42	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH)8
511225 5141	_ 0231	200 001		SALES REGISTER			BILL WEEK END		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202992 202993	7/20/12	800000	VISITING NURSE SERVICE		42.00		612.36	I	
202993	7/20/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22		
				CUSTOMER	51.00	0.00	743.58		
				CATEGORY	51.00	0.00	743.58		

RUN DATE 07/25/1	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 109
SALES JRNL # 029	1 LOC 001		REG NY NY				HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENI	DING 7/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202994 7/20/1	2 000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	39.75		579.56	I
202995 7/06/1	2 000008	VISITING NURSE SERVICE	GARAY, ANGELES	4.00		58.32	I
			CUSTOMER	43.75	0.00	637.88	
			CATEGORY	43.75	0.00	637.88	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY BALES REGISTER			PAGE 1 - 110 ADU ADULT BILL WEEK ENDING 7,	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
202996	7/20/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	38.50		561.34 I	
				CATEGORY	38.50	0.00	561.34	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	.1
SALES JRN	rL # 0291	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202997	7/20/12	800000	VISITING NURSE SERVICE	GARCIA, JESUS	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202998 202999 203000	7/20/12 7/06/12 7/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GARCIA, OLGA GEBHARDT, DOROT GEBHARDT, DOROT	30.00 16.00 40.00		437.40 233.28 583.20	I I I	
				CUSTOMER	86.00	0.00	1,253.88		
				CATEGORY	86.00	0.00	1,253.88		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.13	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
203001	7/20/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	49.50		721.71 I		
				CATEGORY	49.50	0.00	 721.71		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	- 11 ING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203002	7/20/12	800000	VISITING NURSE SERVICE	GERSHON, NORMAN	3.00		43.74	I	
				CATEGORY	3.00	0.00	43.74		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S.	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMI BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203003	7/20/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 110	6
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203004	7/20/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	L7
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203005	7/20/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	18
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203006	7/20/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	36.00		524.88	I	
203007	7/20/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	28.00		408.24	I	
				CHGEOMED			022 10		
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

RUN DAT	E 07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	19
SALES J	RNL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203008	7/20/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 120 ADU ADULT	
	- "			SALES REGISTER			BILL WEEK ENDING 7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203009	7/20/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				PAGE 1 - 12	21
SALES JRN	ь # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		VCP CHOICE LHCSA	E /0E /10
				SALES REGISTE	R		BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203010	7/20/12	000008	VISITING NURSE SERVICE	GONZALEZ, DOLOR	28.00		408.24 I	
				 CATEGORY	28.00	0.00	408.24	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	22
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203011	7/20/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELBA	41.00		597.78 I	
				CATEGORY	41.00	0.00	 597.78	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 123 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
203012 203013	7/20/12 7/20/12	000008 000008	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

RUN DATE 07/25/12 SALES JRNL # 0291		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203014 7/06/12 203015 7/13/12 203016 7/20/12 203017 7/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA GOYES, ELBA GOYES, ELBA GRAVER, EDNA	4.00 28.00 20.00 40.00		58.32 408.24 291.60 583.20	I I I
			CUSTOMER	92.00	0.00	1,341.36	
			CATEGORY	92.00	0.00	1,341.36	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 125 ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 7/27/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TMA XAT	AMOUNT TYP SURPLU	S
203018	7/13/12	800000	VISITING NURSE SERVICE	GREENBAUM, MASA	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	_

	RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	26
	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	ADULT POPUL
				S	SALES REGISTER			BILL WEEK ENDING	7/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	203019	7/20/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	47.75		696.20 I	
ı									
ı					CATEGORY	47.75	0.00	696.20	

RUN DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 127	7
SALES JR	NL # 0291	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203020	7/13/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				-	128
SALES JR	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203021	7/20/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	83.75		1,221.08 I	
				CATEGORY	83.75	0.00	1,221.08	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 129	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
			S	SALES REGISTER			BILL WEEK ENDING 7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203022	7/20/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	33.25		484.79 I	
				CATEGORY	33.25	0.00	484.79	

RUN DATE 07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 130	
SALES JRNL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 7/27/	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
203023 7/13/12	000008	VISITING NURSE SERVICE	HARDY, ANNA	6.00		87.48 I	
203024 7/20/12	800000	VISITING NURSE SERVICE	HARDY, ANNA	6.00		87.48 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 - 131	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 7/27/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
203025	7/20/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	24.00		349.92 I	
203026	7/20/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	28.50		415.54 I	
				CUSTOMER	52.50	0.00	765.46	
				CATEGORY	52.50	0.00	765.46	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 13 ADU ADULT	2
SALES URN	IL # 0291	LOC 001		SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203027 203028	7/20/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ - ,	47.75 25.00		696.20 I 364.50 I	
				CUSTOMER	72.75	0.00	1,060.70	
				CATEGORY	72.75	0.00	1,060.70	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203029 203030 203031	6/15/12 6/22/12 7/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HERNANDEZ, MERC HERNANDEZ, MERC HERNANDEZ, MERC	6.00 6.00 35.75		87.48 87.48 521.24	I I I	
				CUSTOMER	47.75	0.00	696.20		
				CATEGORY	47.75	0.00	696.20		

RUN DATE 07/25							- 13	
SALES JRNL # 02	291 LOC 001		REGNY NY SALES REGISTER			LTC NURSING BILL WEEK EN		0 WALLS (LT 7/27/12
			SALES KEGISIEK			DILL WEEK EN	DING	1/21/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203032 7/20	/12 000008	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40	I	
203033 7/20/	/12 000008	VISITING NURSE SERVICE	HERRERA, HORACI	23.75		346.28	I	
203034 7/20/	/12 000008	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I	
			CUSTOMER	93.75	0.00	1,366.88		
			CATEGORY	93.75	0.00	1,366.88		

ı	RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 135	
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING 7	7/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
	203035	7/20/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN I	DATE 07/25/12	2 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	136	
SALE	S JRNL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/	O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDI	NG '	7/27/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP :	SURPLUS
0000	0.6 5 400 41.0				06 50		206 27	_	
2030	36 7/20/12	8 000008	VISITING NURSE SERVICE	ICIANO, ALFREDO	26.50		386.37	I	
					06.50		206 25		
				CATEGORY	26.50	0.00	386.37		

RUN DATE	07/25/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 137	
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS ADULT POPUL	
			S	SALES REGISTER			BILL WEEK ENDING 7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203037	7/20/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.50		663.39 I	
				CATEGORY	45.50	0.00	663.39	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	138 G 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203038	7/20/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

ı	RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	_39
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	7/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	203039	7/20/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L40
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203040	7/20/12	800000	VISITING NURSE SERVICE	JACSO, ERZSEBET	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
203041	7/20/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

-	- , - ,		YSIDE CITYWIDE					- 14	12
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		7/27/12
				NEGISIEK			DILL MEEK EMI	JING	1/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
002040	E /00 /10	000000		73.D3. D577D7767774	10.00		145 00	_	
203042	7/20/12	800000	VISITING NURSE SERVICE	JARA DEURUCHIM,	10.00		145.80	Τ	
203043	7/13/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	4.00		58.32	I	
203044	7/20/12	800000	VISITING NURSE SERVICE	JARAMILLO PAL,	12.00		174.96	I	
203045	7/20/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	43.25		630.59	I	
203046	7/20/12	000008	VISITING NURSE SERVICE	JHAVERI, RAMESH	23.00		335.34	I	
				CUSTOMER	92.25	0.00	1,345.01		
				CATEGORY	92.25	0.00	1,345.01		
				CATEGORI	24.43	0.00	1,343.01		

- 1				YSIDE CITYWIDE				PAGE 1 - :	
	SALES JRN	L # 0291	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT	
				•	SALES REGISIER			PILL MEEK FUDING	1/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	203047	7/20/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
					CATEGORY	70.00	0.00	1,020.60	

				YSIDE CITYWIDE				PAGE 1 -	
SA	LES JRNI	L # 0291	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			LTC NURSING HOME' BILL WEEK ENDING	•
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	3048	7/20/12	000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	30.00		437.40 I	
					CAMPICODY				
					CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L45	
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				S	SALES REGISTER			BILL WEEK ENDING	7/27/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	203049	7/20/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	25.00		364.50 I		
ı										
ı										
ı					CATEGORY	25.00	0.00	364.50		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 146 ADU ADULT	
SALES UKN	L # 0291	HOC 001		SALES REGISTER			BILL WEEK ENDING 7/27	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
203050	7/20/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	
				CATEGORI	20.00	0.00	271.00	

RUN DATE 07/25	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 147
SALES JRNL # 0:	291 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK EN	DING 7/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
203051 7/20	12 000008	VISITING NURSE SERVICE	JORRIN, HORTENS	25.00		364.50	I
203052 7/20	12 000008	VISITING NURSE SERVICE	JORRIN, NILIO	1.00		14.58	I
			CUSTOMER	26.00	0.00	379.08	
			COSTOMER	20.00	0.00	3/9.00	
			CATEGORY	26.00	0.00	379.08	

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 148	3
SALES JRN	ъ # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202052	7/20/10	00000	THE STREET AND SECOND SECOND	TALLE CARE	20.00		201 60 T	
203053	7/20/12	800000	VISITING NURSE SERVICE	E KAUR, SARD	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		.9
SALES OR	II # 0271	HOC 001		SALES REGISTER			BILL WEEK END		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203054 203055	7/20/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	53.00 18.00		772.74 262.45	I I	
				CUSTOMER	71.00	0.00	1,035.19		
				CATEGORY	71.00	0.00	1,035.19		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	150
011220 0144	_	200 001		ALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203056	7/20/12	800000	VISITING NURSE SERVICE	KEINATH, WALTER	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 15 HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203057	7/20/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	152
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			\$	SALES REGISTER			BILL WEEK ENDI	NG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203058	7/20/12	000008	VISITING NURSE SERVICE	KILIMLIAN, PEPR	54.75		798.26	I
203059	7/20/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48	I
				CUSTOMER	110.75	0.00	1,614.74	
				CATEGORY	110.75	0.00	1,614.74	

	07/25/12 - JL # 0291	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 153 ADU ADULT BILL WEEK ENDING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
203060	7/20/12	000008	VISITING NURSE SERVICE	LANDAU, BERNARD	8.75		127.58 I
				CATEGORY	8.75	0.00	127.58

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	4
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203061	7/20/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 155
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK END	ING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
203062	7/20/12	000008	VISITING NURSE SERVICE	LARKIN, THERESA	8.00		116.64	I
203063	7/20/12	800000	VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22	I
				CUSTOMER	17.00	0.00	247.86	
				CATEGORY	17.00	0.00	247.86	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	56
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203064	7/20/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	20.00		291.60	I	
203065	7/20/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	12.00		174.96	I	
				CUSTOMER	32.00	0.00	466.56		
				CATEGORY	32.00	0.00	466.56		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1!	57
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203066	7/20/12	800000	VISITING NURSE SERVICE	LEIBOWITZ, AARO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	158
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	3 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203067	7/20/12	000008	VISITING NURSE SERVICE	LENDOIRO, JUAN	9.00		131.22 I	
203068	7/20/12	800000	VISITING NURSE SERVICE	LEON, EDELMIRA	34.00		495.72 I	
				CUSTOMER	43.00	0.00	626.94	
				COSTOMER	43.00	0.00	020.74	
				CATEGORY	43.00	0.00	626.94	

			YSIDE CITYWIDE	5-2			PAGE 1 -	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHO	
				SALES KEGISIEK			DILL WEEK ENDI	1/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
203069	7/20/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48	I
203070	7/20/12	000008	VISITING NURSE SERVICE	LIGARDO, SOL M	30.00		437.40	I
203071	7/20/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	68.25		995.09	I
203072	7/20/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	23.75		346.29	I
				CUSTOMER	178.00	0.00	2,595.26	
				CATEGORY	178.00	0.00	2,595.26	

RUN DATE 07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 160
SALES JRNL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H	OME W/O WALLS LT
		;	SALES REGISTER			BILL WEEK END	ING 7/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
203073 7/13/12	000008	VISITING NURSE SERVICE	LLANES, ELEAZER	6.00		87.48	I
203074 7/20/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	24.25		353.57	I
			CUSTOMER	30.25	0.00	441.05	
			CATEGORY	30.25	0.00	441.05	

RUN DATE 07/25/12 SALES JRNL # 0291		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 161 HOMEW/O WALLS (LT DING 7/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
203075 7/20/12 203076 7/20/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	37.00 42.00		539.46 612.36	I I
			CUSTOMER	79.00	0.00	1,151.82	
			CATEGORY	79.00	0.00	1,151.82	

RUN DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 162	2
SALES JRI	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203077	7/20/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 07/25/12 SALES JRNL # 0291		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - 16 LTC NURSING HOMEW/ BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203078 7/13/12 203079 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 36.00		87.48 I 524.88 I	
			CUSTOMER	42.00	0.00	612.36	
			 CATEGORY	42.00	0.00	612.36	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	164
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203080	7/20/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	31.50		459.27 I	
203081	7/20/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	12.00		174.96 I	
				CUSTOMER	43.50	0.00	634.23	
				CATEGORY	43.50	0.00	634.23	

ı	RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.65	
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
ı					SALES REGISTER			BILL WEEK ENDING	7/27/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	203082	7/20/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I		
ı					CATEGORY	42.00	0.00	612.36		

			YSIDE CITYWIDE				-	- 16	6
SALES JRN	ь # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE A	-	E / OE / 1 O
			2	SALES REG	ISTER		BILL WEEK ENI	JING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENC	CE HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203083	7/20/12	800000	VISITING NURSE SERVICE	LOPEZ, RA	AFAEL 68.50		998.74	I	
				CAT	TEGORY 68.50	0.00	998.74		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	L67
	,, ,_,			SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203084	7/20/12	800000	VISITING NURSE SERVICE	LOZADA, LAURA	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 168
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT	E CARE PROGRAM
			S	SALES REGISTER			BILL WEEK END	ING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
203085	7/20/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	15.50		226.00	I
203086	7/20/12	800000	VISITING NURSE SERVICE	LYMN, ANGIE	25.00		364.50	I
				CUSTOMER	40.50	0.00	590.50	
				CATEGORY	40.50	0.00	590.50	

	07/25/12 - NL # 0291			REGNY NY SALES REGISTER			PAGE 1 - 169 ADU ADULT BILL WEEK ENDING 7/27/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
203087	7/20/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	 597.78	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1'	70
SALES JRN	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			:	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203088	7/20/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

				YSIDE CITYWIDE				PAGE 1 -	171
15	SALES JRNI	և # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	7/07/10
					SALES REGISTER			BILL WEEK ENDING	7/27/12
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	203089	7/06/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE	07/25/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	172
SALES JRI	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203090	7/20/12	800000	VISITING NURSE SERVICE	MANGAN, JOHN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE	222			PAGE 1 - 173	3
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203091 203092	7/20/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	12.00 4.00		174.96 I 58.32 I	
				CUSTOMER	16.00	0.00	233.28	
				CATEGORY	16.00	0.00	233.28	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 174
DILLES GIGVE	0 025I	100 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
	7/06/12 7/20/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MANNINO, FRANCE MANNINO, FRANCE	1.00		174.96 1,224.72	I T
203094	7/20/12	000008	VISITING NORSE SERVICE	·				
				CUSTOMER	8.00	0.00	1,399.68	
				CATEGORY	8.00	0.00	1,399.68	

			YSIDE CITYWIDE				PAGE 1 - 1	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
			'	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
002005	E /00 /10	000000		W1110G 1DG117	14 50		011 41 -	
203095	7/20/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	14.50		211.41 I	
				CATEGORY	14.50	0.00	211.41	

RUN DATE SALES JRN				REG NY NY SALES REGISTER				176 MEW/O WALLS (LT NG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203096	7/20/12	000008	VISITING NURSE SERVICE	MANOS, VASILIKE	4.00		58.32	I
				CATEGORY	4.00	0.00	58.32	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	77
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			\$	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203097	7/20/12	000008	VISITING NURSE SERVICE	MARGOLIS, GERTR	9.00		131.22	I	
203098	7/20/12	800000	VISITING NURSE SERVICE	MARINO, ANN	24.00		349.92	I	
				CUSTOMER	33.00	0.00	481.14		
				CATEGORY	33.00	0.00	481.14		

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 178	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENT		
			S	SALES REGISTER			BILL WEEK END	ING 7/27	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURP	LUS
203099	7/20/12	800000	VISITING NURSE SERVICE	MARKHAM, RUDOLP	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		
1				CAILGORI	0.00	0.00	07.40		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 179	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGISTE	R		BILL WEEK EN	DING 7	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	SURPLUS
203100	7/20/12	800000	VISITING NURSE SERVIC	E MARKS, ANN	56.00		816.48	I	
203101	7/13/12	000008	VISITING NURSE SERVIC	E MARMOL ESPINAL,	25.00		364.50	I	
203102	7/20/12	800000	VISITING NURSE SERVIC	E MARMOL ESPINAL,	25.00		364.50	I	
				- CUSTOMER	106.00	0.00	1,545.48		
				CODIONIN	100.00	0.00	1,313.10		
					106.00		1 545 40		
				CATEGORY	106.00	0.00	1,545.48		

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 180	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			:	SALES REGISTER			BILL WEEK ENDING 7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203103	7/20/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

			YSIDE CITYWIDE	5.50 M.			PAGE 1 -	±0±
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LHC	-
			5	ALES REGISIER			BILL WEEK ENDI	NG 1/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203104	7/20/12	000008	VISITING NURSE SERVICE	MARTE, JOSE	7.25		105.71	I
203105	6/08/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74	I
203106	6/22/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74	I
203107	7/06/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74	I
203108	7/20/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	15.00		218.70	I
				CUSTOMER	31.25	0.00	455.63	
				CATEGORY	31.25	0.00	455.63	

	E 07/25/12 RNL # 0291			REGNY NY SALES REGISTER			PAGE 1 - 182 ADU ADULT BILL WEEK ENDING 7/2	27/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
203109	7/06/12	800000	VISITING NURSE SERVICE	MARTINEZ OSORI,	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 VCP CHOICE LE	- 18	33
SALES UKN	10 # 0291	HOC 001		ALES REGISTER			BILL WEEK ENI		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203110 203111	7/06/12 7/20/12	000008 000008	VISITING NURSE SERVICE	MARTINEZ, CAMIL MARTINEZ, CAMIL	1.00		14.58 174.96	I	
203111	7/20/12	000008	VISITING NORSE SERVICE	MARTINEZ, CAMIL	12.00		1/4.90		
				CUSTOMER	13.00	0.00	189.54		
				CATEGORY	13.00	0.00	189.54		

RUN DAT	E 07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 184	
SALES J	RNL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203112	7/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	

	07/25/12 - NL # 0291			REGNY NY SALES REGISTER			PAGE 1 - 18 ADU ADULT BILL WEEK ENDING	5 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203113	7/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, FEDOR	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

RUN DATE 07/25/12 SALES JRNL # 0291		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		7/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203114 7/20/12 203115 7/20/12 203116 7/20/12		VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARGA MARTINEZ, MARTA MARTINEZ, ROSA	30.00 24.00 61.50		437.40 349.92 1,377.82	I I I	
			CUSTOMER	115.50	0.00	2,165.14		
			CATEGORY	115.50	0.00	2,165.14		

			TYSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0291	TOC 001		REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203117	7/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	38.00		554.04 I	
				CATEGORY	38.00	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	<u>.</u>		PAGE 1 VCP CHOICE L BILL WEEK EN	HCSA	88 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203118 203119 203120	6/29/12 7/06/12 7/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MATOS, ROSA MATOS, ROSA MATOS, ROSA	8.00 8.00 48.00		116.64 116.64 699.84	I I I	
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 18 ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203121 203122	7/20/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	63.00 168.00		918.54 I 2,449.45 I	
				CUSTOMER	231.00	0.00	3,367.99	
				CATEGORY	231.00	0.00	3,367.99	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.90
SALES JRN	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203123	7/20/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	191 G 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203124	7/20/12	800000	VISITING NURSE SERVICE	MCKAY, DOROTHY	14.75		215.06 I	
				CATEGORY	14.75	0.00	215.06	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 192	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 7	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
203125	7/20/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	15.00		218.70 I	
203126	7/20/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	25.25		368.15 I	
				CUSTOMER	40.25	0.00	586.85	
				CATEGORY	40.25	0.00	586.85	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	93
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203127	7/13/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	8.00		116.64	I	
203128	7/20/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	36.25		528.53	I	
				CUSTOMER	44.25	0.00	645.17		
				CATEGORY	44.25	0.00	645.17		

	E 07/25/12 RNL # 0291			REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE:	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203129	7/20/12	800000	VISITING NURSE SERVICE	MENDEZ, ADA	32.75		477.50 I	
				CATEGORY	32.75	0.00	477.50	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE				PAGE 1 - 19	
SALES JRN	L # UZ91	LOC 001		REG NY NY SALES REGISTE:	R		LAD NURSING HOME W BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203130 203131	6/08/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	1.00 16.00		14.58 I 233.28 I	
203131	7/20/12	000006	VISITING NURSE SERVICE	MENDEZ, NELLI			233.20 1	
				CUSTOMER	17.00	0.00	247.86	
				CATEGORY	17.00	0.00	247.86	

	07/25/12 - IL # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 19 HCSA	16
				SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203132	7/06/12	800000	VISITING NURSE SERVICE	,	2.00		29.16	I	
203133 203134	7/13/12 7/20/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	16.00 77.75		233.28 1,133.60	I	
				OLIGEOMED	 95.75	0.00	1,396.04		
				CUSTOMER	95.75	0.00	1,396.04		
				CATEGORY	95.75	0.00	1,396.04		

			YSIDE 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 TYP	, ,
203135	7/20/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	35.00		510.30 I	
				CATEGORY	35.00	0.00		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	ъ # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203136	7/20/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	12.00		174.96	I
203137	7/20/12	800000	VISITING NURSE SERVICE	MILEO, MARY	42.00		612.36	I
203138	6/08/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	2.00		29.16	I
203139	6/22/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	2.00		29.16	I
203140	7/20/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	9.75		142.16	I
				CUSTOMER	67.75	0.00	987.80	
				CATEGORY	67.75	0.00	987.80	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199	
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
203141	7/20/12	000008	VISITING NURSE SERVICE	MONTREUIL, ADEL	12.00		174.96 I	
203142	7/20/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	9.00		131.22 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE (07/25/12	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	- 200	
SALES JRNI	L # 0291	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE LHO		
			S	ALES R	EGISTER			BILL WEEK ENDI	ING 7/2	17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT T	TYP SUR	PLUS
203143	7/20/12	800000	VISITING NURSE SERVICE	MORAI	TIS, AGATH	30.00		437.40	I	
					CATEGORY	30.00	0.00	437.40		

	07/25/12 - JL # 0291			REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203144	7/20/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

	E 07/25/12 · RNL # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	202
SALES U	RNL # 0291	TOC 001		SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203145	7/20/12	800000	VISITING NURSE SERVICE	MOURAS, ANNA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20)3
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203146	7/20/12	000008	VISITING NURSE SERVICE	NAGY, GEORGE	41.75		608.72 I	
203147	7/20/12	800000	VISITING NURSE SERVICE	NAJERA WARREN,	18.00		262.44 I	
				CUSTOMER	59.75	0.00	871.16	
				CATEGORY	59.75	0.00	871.16	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 204	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROG	RAM
			S	SALES REGISTER			BILL WEEK ENDING 7/27/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
203148	7/20/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	205
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203149	7/20/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

	07/25/12 - JL # 0291			REG NY NY ALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203150	7/20/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	207
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	I/O WALLS (LT
ı				i	SALES REGISTER			BILL WEEK ENDING	7/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	203151	7/20/12	000008	VISITING NURSE SERVICE	NIDO, MICHAEL	47.00		685.26 I	
ı					CATEGORY	47.00	0.00	685.26	

RUN DAT	E 07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	208
SALES J	RNL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203152	7/20/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	62.00		903.96 I	
				CATEGORY	62.00	0.00	903.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 20 HCSA)9
			S	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203153	7/06/12	000008	VISITING NURSE SERVICE	NIEVES, NANCY	9.00		131.22	I	
203154	7/20/12	800000	VISITING NURSE SERVICE	NIEVES, NANCY	45.00		656.10	I	
203155	7/20/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	20.00		291.60	I	
				CUSTOMER	74.00	0.00	1,078.92		
				CATEGORY	74.00	0.00	1,078.92		

			YSIDE CITYWIDE				PAGE 1	- 210
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	ING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
203156	7/13/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	5.00		72.90	I
203157	7/20/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	25.00		364.50	I
203158	6/08/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	6.00		87.48	I
203159	7/06/12	000008	VISITING NURSE SERVICE	NOBOADESALAZAR,	16.00		233.28	I
203160	7/20/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	21.25		309.83	I
				CUSTOMER	73.25	0.00	1,067.99	
				CATEGORY	73.25	0.00	1,067.99	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 211 ICSA
			Ş	SALES REGISTER			BILL WEEK END	ING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
203161	7/20/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	49.00		,	I
203162	7/20/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	
				CUSTOMER	92.00	0.00	1,341.36	
				CATEGORY	92.00	0.00	1,341.36	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOM	EW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	G 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203163	7/20/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 21	13
DALLS OW	H 0271	100 001		SALES REGISTER			BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203164	7/20/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	16.00		233.28	I	
203165	7/20/12	000008	VISITING NURSE SERVICE	OSPINA, ANA	8.00		116.64	I	
203166	7/20/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	15.25		222.35		
				CUSTOMER	39.25	0.00	572.27		
				CATEGORY	39.25	0.00	572.27		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 214 ADU ADULT	
	_ 0231	200 001		SALES REGISTER			BILL WEEK ENDING 7/27	//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
203167 203168	7/20/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PAOLONI, MARY PAPAZIAN, MANNI	12.00 50.00		174.96 I 729.00 I	
203100	7,20,12	00000	VIBILING NORDE BERVICE	CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	15 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203169 203170 203171	7/20/12 7/20/12 7/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPOUTSIS, MARY PAPP, TEREZIA PARETTI, MARIE	9.00 3.00 56.00		131.22 I 43.74 I 816.48 I	
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

	07/25/12 - L # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 21 ADU ADULT	.6
DILLED CITY	1 1 0271	100 001		SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203172	7/20/12	800000	VISITING NURSE SERVICE	PASTORE, ANTONI	9.00		131.22 I	
							121 00	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN			TYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203173 203174 203175	7/20/12 7/20/12 7/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PENA, VICTORIA PENAGOS, MARIA PEREZ MONSER, C	28.50 19.75 47.00		415.53 287.96 685.26	I I I	
				CUSTOMER	95.25	0.00	1,388.75		
				CATEGORY	95.25	0.00	1,388.75		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203176	7/20/12	800000	VISITING NURSE SERVICE	PEREZ, CARMELIN	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	A
				SALES REGISTER			BILL WEEK ENDING	3 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
203177	6/08/12	000008	VISITING NURSE SERVICE	, -	1.00		14.58 I	
203178	7/20/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	29.25		426.48 I	
				CUSTOMER	30.25	0.00	441.06	
				CATEGORY	30.25	0.00	441.06	

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	220
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203179	7/20/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	21
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203180	7/20/12	000008	VISITING NURSE SERVICE	PERSAUD, RITA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	07/25/12 -		YSIDE CITYWIDE				PAGE 1 -	222
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			i	SALES REGISTER			BILL WEEK ENDI	NG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203181	7/13/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	8.00		116.64	I
203182	7/20/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	39.25		572.27	I
				CUSTOMER	47.25	0.00	688.91	
				CATEGORY	47.25	0.00	688.91	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	223
			S	SALES REGISTER			BILL WEEK ENDI	NG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203183 203184	6/08/12 6/15/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PIRES, ARMANDA PIRES, ARMANDA	6.00 3.00		87.48 43.74	I
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN	- , - ,	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 22	24
DILLEG GIAV	1 1 0251	100 001		ALES REGISTER	₹		BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203185	7/20/12	000008	VISITING NURSE SERVICE	PIZARRO, BARBAR	5.75		83.84	I	
203186	7/20/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	35.00		510.30	I	
203187	7/13/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	6.00		87.48	I	
203188	7/20/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	42.00		612.36	I	
203189	7/20/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	35.50		517.60	I	
				CUSTOMER	124.25	0.00	1,811.58		
				CATEGORY	124.25	0.00	1,811.58		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	25
SALES JRN	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203190	7/20/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	23.00		335.34 I	
				CATEGORY	23.00	0.00	335.34	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 22 ADU ADULT	26
011220 0144	_	200 001		SALES REGISTER				7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203191	7/20/12	800000	VISITING NURSE SERVICE	PREVOST, IRENE	13.50		196.83 I	
				CATEGORY	13.50	0.00	 196.83	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 22	27
SALES OWN	H 02)1	HOC 001		SALES REGISTER			BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203192 203193	6/08/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PUISELLO, CIRA PUISELLO, CIRA	8.00 34.50		116.64 503.02	I T	
203173	7/20/12	000000	VIDITING NORDE BERVICE	CUSTOMER	42.50	0.00	619.66		
				COSTOMER	42.50	0.00	019.00		
				CATEGORY	42.50	0.00	619.66		

RUN	DATE 07/2	5/12 - SUP	SUNNYSID	DE CITYW	IIDE					PAGE	1 - 22	28
SALE	S JRNL #	0291 LOC	001 SU	JNNYSIDE	CITYWIDE	REG NY	NY			CCL CONGREG	ATE CAR	RE PROGRAM
					S	ALES	REGISTER			BILL WEEK E	NDING	7/27/12
INVO	ICE# DA	TE CUS	T NO CUS	STOMER N	IAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
2031	94 7/2	0/12 000	008 VIS	SITING N	TURSE SERVICE	PU	JLLIZA, DIANNE	41.50		605.07	I	
							CATEGORY	41.50	0.00	605.07		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	29
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203195	7/20/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	23.25		338.99 I	
				CATEGORY	23.25	0.00	338.99	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 230	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203196	7/20/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 231 ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 7/27/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
203197	7/20/12	000008	VISITING NURSE SERVICE	RAHMAN, SYEDA	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	232
SALES JRI	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDE	ES PEDIATRIC
			:	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203198	7/20/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	233
SALES JRI	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203199	7/20/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	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 - 234 ADU ADULT	Į.
	- "			SALES REGISTER				7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203200	7/20/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	42.00		612.36 I	
203201 203202	7/20/12 7/20/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMOS, ALICIA RAMOS, ISMAEL	4.00 12.00		58.32 I 174.96 I	
				CUSTOMER	58.00	0.00	845.64	
				CATEGORY	58.00	0.00	845.64	

RUN DATE SALES JRN		- SUP SUNN	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 23	35
DALLES ORK	ND # 0271	100 001		ALES REGISTER			BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203203	7/20/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I	
203204	7/20/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	20.00		291.60	I	
203205	7/20/12	800000	VISITING NURSE SERVICE	REINA, JOSE	16.00		233.28	I	
203206	7/06/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	4.00		58.32	I	
203207	7/13/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	4.00		58.32	I	
203208	7/20/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	20.00		291.60	I	
203209	7/20/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	7.25		105.71	I	
				CUSTOMER	83.25	0.00	1,213.79		
				CATEGORY	83.25	0.00	1,213.79		

ı	RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	36
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	
ı				i	SALES REGISTER			BILL WEEK ENDING	7/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
	203210	7/20/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
ı									
ı					CATEGORY	56.00	0.00	816.48	

RUN DATE	07/25/12 -		YSIDE CITYWIDE				PAGE 1 - 237	
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 7	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
203211	7/20/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	20.00		291.60 I	
203212	7/20/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

	07/25/12 - JL # 0291			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
203213	7/20/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 239 ADU ADULT BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203214	7/20/12	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	40
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S.	ALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203215	7/20/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	07/25/12 -		YSIDE CITYWIDE				PAGE 1 - 241	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203216	7/20/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	10.00		145.80 I	
203217	7/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	42.00		612.36 I	
				CUSTOMER	52.00	0.00	758.16	
				CATEGORY	52.00	0.00	 758.16	

			YSIDE CITYWIDE				PAGE 1 - 242	
SALES JRN	IL # 0291	LOC 001		REG NY NY			CCL CONGREGATE CARE	
			\$	SALES REGISTER			BILL WEEK ENDING 7	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
203218	7/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE 0	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 243
SALES JRNI	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING F	HOMEW/O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENI	DING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
203219	7/13/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90	I
203220	7/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60	I
				CUSTOMER	25.00	0.00	364.50	
				CODICMEN	23.00	0.00	301.30	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 244
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
			\$	SALES REGISTER			BILL WEEK END	ING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
203221	6/29/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	7.00		102.06	I
203222	7/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	42.00		612.36	I
				CUSTOMER	49.00	0.00	714.42	
				CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 -	
SALES JRN	L # 0291	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
203223	7/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
				CATEGORY	40.00	0.00		
1				CAILGORI	40.00	0.00	303.20	

			YSIDE CITYWIDE				PAGE 1 - 24	6
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/27/12
			•	SALES KEGISIEK			PILL MEEK ENDING	1/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203224	7/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	54.25		790.97 I	
				CATEGORY	54.25	0.00	790.97	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203225	7/20/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	248
DALLO OIUV	ш π 02)1	10C 001		SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203226	7/20/12	000008	VISITING NURSE SERVICE	ROMERO, NECTOR	13.75		200.48 I	
				CATEGORY	13.75	0.00	200.48	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	49
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203227	7/20/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	50
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203228	7/20/12	800000	VISITING NURSE SERVICE	ROMO, FLOR	56.00		816.48 I	
				CATEGORY	56.00	0.00	 816.48	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	51
SALES JRN	rL # 0291	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203229	7/20/12	800000	VISITING NURSE SERVICE	ROQUE, GLORIA	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	252
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203230	7/20/12	800000	VISITING NURSE SERVICE	ROSA, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	253
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203231	7/20/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 25	54
DALLO OIGI	1 H 0251	HOC 001		SALES REGISTER			BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203232	7/20/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
203233	7/20/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	30.00		437.40	I	
203234	7/20/12	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	25.00		364.50	I	
203235	7/20/12	000008	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.25		368.15	I	
203236	7/20/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26	I	
				CUSTOMER	143.25	0.00	2,088.59		
				CATEGORY	143.25	0.00	2,088.59		

ı	RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	255	
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME		
ı					SALES REGISTER			BILL WEEK ENDING	7/27/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	203237	7/20/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	24.00		349.92 I		
ı										
ı					CATEGORY	24.00	0.00	349.92		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDII	250
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203238	7/20/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60	I
				CATEGORY	70.00	0.00	1,020.60	

]	RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	257
1	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	7/27/12
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
1	203239	7/20/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	31.50		459.27 I	
					CATEGORY	31.50	0.00	459.27	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25	8
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203240	7/20/12	000008	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70	I	
203241	7/20/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	76.75		1,119.02	I	
				CUSTOMER	91.75	0.00	1,337.72		
				CATEGORY	91.75	0.00	1,337.72		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	259
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIL	CUSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNT TIP	SURPLUS
203242	7/20/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 26	0
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA	
			2	SALES REGISTER			BILL WEEK END	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203243	7/20/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	20.00		291.60	I	
203244	7/20/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42	I	
				CUSTOMER	69.00	0.00	1,006.02		
				CATEGORY	69.00	0.00	1,006.02		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 261	
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	GRAM
			5	SALES REGISTER			BILL WEEK ENDING 7/27	7/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	PLUS
203245	7/20/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 26	2
SALES OWN	10 # 0251	ПОС 001		ALES REGISTER			BILL WEEK END		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203246 203247	7/20/12 7/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SANCHEZ, NILSA SCOTT, CATHERIN	30.00		437.40 116.64	I	
				CUSTOMER	38.00	0.00	554.04		
				CATEGORY	38.00	0.00	554.04		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203248	7/20/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 26	4
SALES JRN	rL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203249	7/20/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.00		524.88	I	
203250	7/20/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	47.75		696.20	I	
203251	7/20/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	54.00		787.32	I	
203252	7/20/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36	I	
203253	7/20/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	25.00		364.50	I	
				CUSTOMER	204.75	0.00	2,985.26		
				CATEGORY	204.75	0.00	2,985.26		

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REG	ISTER		PAGE 1 ADU ADULT BILL WEEK ENI	- 265 DING 7/27/	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENC	CE HOURS	TAX AMT	AMOUNT	TYP SURPI	LUS
203254	7/20/12	800000	VISITING NURSE SERVICE	SIANO, AI	NDREW 8.75		127.58	I	
				CAS	TEGORY 8.75	0.00	127.58		

RUN DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 26	56	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LE			
			S	SALES	REGISTER			BILL WEEK ENI	ING	7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
203255	7/13/12	800000	VISITING NURSE SERVICE	SIF	FETI, ROHAFZ	10.00		145.80	I		
					CATEGORY	10.00	0.00	145.80			

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		O WALLS (LT
				SALES REGISTER	ζ.		BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203256	6/29/12	000008	VISITING NURSE SERVICE		6.00		87.48	I	
203257	7/20/12	000008	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36	I 	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE 07/	/25/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 268
SALES JRNL #	# 0291 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
		\$	SALES REGISTER			BILL WEEK ENDI	ING 7/27/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TOUNT T	TYP SURPLUS
203258 7/	/20/12 000008	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40	I
203259 7/	/20/12 000008	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70	I
			CUSTOMER	45.00	0.00	656.10	
			CATERCODY	45.00			
			CATEGORY	45.00	0.00	656.10	

			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
203260	7/20/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	70
SALES JR	NL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203261	7/20/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				- 271 MEW/O WALLS (LT	г
DIII.	DO OTAN	L 0271	100 001		SALES REGISTER			BILL WEEK ENDI		
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
203	262	7/20/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	34.00		495.72	I	
					CATEGORY	34.00	0.00	495.72		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	272	
SALES JRN	ъ # 0291	LOC 001		REG NY NY			VCP CHOICE LHCS.		
			5	SALES REGISTER			BILL WEEK ENDIN	G 7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
203263	7/20/12	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	8.00		116.64 I		
				GA WINGODY	0.00		116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 27	13
SALES UKN	H 0291	LOC 001		SALES REGISTER	2		BILL WEEK END	ING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203264	7/20/12	000008	VISITING NURSE SERVICE	STAFILIAS, EVAN	56.00		816.48	I	
203265	7/20/12	800000	VISITING NURSE SERVICE	STALZER, STEPHA	6.25		91.13	I	
203266	7/20/12	800000	VISITING NURSE SERVICE	STALZER, STEPHA	4.00		58.32	I	
203267	7/20/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	56.00		816.48	I	
				CUSTOMER	122.25	0.00	1,782.41		
				CATEGORY	122.25	0.00	1,782.41		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 HOA HOSPICE ADULT	· · =
	_	200 001		SALES REGISTE	R		BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203268	7/20/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 275 ADU ADULT	
5111111	2 11 0271	200 001		SALES REGISTER			BILL WEEK ENDING 7/27/12	?
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
203269	7/20/12	800000	VISITING NURSE SERVICE	STENOS, MOSHOUL	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	-

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	276 SA
				SALES REGISTER			BILL WEEK ENDIN	IG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203270 203271	7/20/12 7/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00 36.00		291.60 I 524.88 I	· · · ·
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	//O WALLS (LT
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203272	7/20/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 2' HCSA	78
				SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203273 203274	7/20/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TABOADA, DIMAS TABOADA, ELIZAB	20.00 55.50		291.60 809.19	I I	
	.,,			CUSTOMER	75.50	0.00	1,100.79		
				CATEGORY	75.50	0.00	1,100.79		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 279 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
203275 203276	7/20/12 7/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	56.00 17.00		816.48 I 247.86 I
				CUSTOMER	73.00	0.00	1,064.34
				 CATEGORY	73.00	0.00	1,064.34

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 28	30
DILLES GIAN	L 02)I	100 001		SALES REGISTER			BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203277	7/20/12	000008	VISITING NURSE SERVICE	TAVERAS, BERNAR	12.00		174.96	I	
203278 203279	7/20/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00 42.75		291.60 623.30	I	
203280	7/20/12	000008	VISITING NURSE SERVICE	,	35.00		510.30	Ī	
				CUSTOMER	109.75	0.00	1,600.16		
				CATEGORY	109.75	0.00	1,600.16		

	TE 07/25/12 · JRNL # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 281 ADU ADULT	
SALES	UKNU # 0231	100 001		SALES REGISTER				27/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
203281	7/20/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DAT	E 07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	282
SALES J	RNL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203282	7/20/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	26.00		379.08 I	
				CATEGORY	26.00	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 ADU ADULT	- 28	33
DILLE GIAV.	L 0251	100 001		-	EGISTE	R		BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203283 203284	7/13/12 7/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	/		12.00 80.75		174.96 1,177.34	I I	
					CUSTOMER	92.75	0.00	1,352.30		
					 CATEGORY	92.75	0.00	1,352.30		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	34
SALES JRN	ъ # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203285	7/20/12	000008	VISITING NURSE SERVICE	TORRES, EMELINA	36.00		524.88	I	
203286	7/20/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	83.50		1,217.44	I	
				CUSTOMER	119.50	0.00	1,742.32		
				CATEGORY	119.50	0.00	1,742.32		

RUN DATI	E 07/25/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	85
SALES J	RNL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203287	7/20/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 07/25/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0291 LOC 001 SUNNYSIDE CITYWIDE REG NY NY			PAGE 1 - 286 ADU ADULT	
SALES REGIST	E R		BILL WEEK ENDING 7/27/1	2
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
203288 7/20/12 000008 VISITING NURSE SERVICE TOUMA, MATTA	35.00		510.30 I	
CATEGORY	35.00	0.00	510.30	_

RUN DATE 07	7/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	37
SALES JRNL	# 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGISTER			BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203289	7/13/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	12.00		174.96	I	
203290	7/20/12	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	16.00		233.28	I	
203291	7/20/12	800000	VISITING NURSE SERVICE	TRUONG, TINH	20.00		291.60	I	
203292	7/20/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	48.00		699.84	I	
				CUSTOMER	96.00	0.00	1,399.68		
				CATEGORY	96.00	0.00	1,399.68		

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY BALES 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
203293	7/20/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 2	39
	- "			ALES REGISTER			BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203294 203295	7/20/12 7/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	59.25 7.00		863.87 1,224.72	I I	
				CUSTOMER	66.25	0.00	2,088.59		
				CATEGORY	66.25	0.00	2,088.59		

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	290
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203296	7/20/12	800000	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	91
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203297	7/20/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

	07/25/12 - NL # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203298	7/20/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 293	}
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
			5	SALES REGISTER	}		BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203299	7/13/12	000008	VISITING NURSE SERVICE	VAROL, ELMAS	2.00		29.16 I	
203300	7/20/12	800000	VISITING NURSE SERVICE	VAROL, ELMAS	5.50		80.20 I	
203301	7/20/12	800000	VISITING NURSE SERVICE	VAROL, MUSTAFA	6.00		87.48 I	
				CUSTOMER	13.50	0.00	196.84	
				CATEGORY	13.50	0.00	196.84	

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	294
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203302	7/20/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

			YSIDE CITYWIDE				11102	- 29	
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING I		•
			2	SALES REGISTER			BILL WEEK EN	JING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203303	7/13/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	5.00		72.90	I	
203304	7/20/12	800000	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	24.00		349.92	I	
203305	7/13/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	3.00		43.74	I	
203306	7/20/12	000008	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	18.00		262.44	I	
203307	7/13/12	000008	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	4.00		58.32	I	
203308	7/20/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	39.25		572.27	I	
				CUSTOMER	93.25	0.00	1,359.59		
				CATEGORY	93.25	0.00	1,359.59		

RUN DATE	07/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2:	96
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203309	7/20/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 29	7
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDING	7/27/12
								.,,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203310	7/06/12	000008	VISITING NURSE SERVICE	VELOZ, EMILIO	6.00		87.48 I	
203311	7/20/12	800000	VISITING NURSE SERVICE	VELOZ, EMILIO	9.00		131.22 I	
				CUSTOMER	15.00	0.00	218.70	
				CATECODY	15 00	0.00	210 70	
	, ,			· · · · · · · · · · · · · · · · · · ·		0.00		

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEN BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203312	7/20/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	50.00		729.00 I	
				CATEGORY	50.00	0.00	729.00	

	07/25/12 - JL # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 299 ADU ADULT	e
Brilles ord	VE 0251	100 001		SALES REGISTER				7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203313	7/20/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

ı	RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 300	
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				:	SALES REGISTER			BILL WEEK ENDING 7/	27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
	203314	7/20/12	000008	VISITING NURSE SERVICE	VERAS, JUANA	32.00		466.56 I	
					CATEGORY	32.00	0.00	 466.56	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30)1
SALES JRN	ъ # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
000015	T /00 /10				00 00		001 60 -	
203315	7/20/12	000008	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CAERGODY		0.00	201 60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (07/25/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 30)2	
SALES JRNI	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LE	ICSA		
			S	SALES	REGISTER	_		BILL WEEK ENI	DING	7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R.	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
203316	7/20/12	000008	VISITING NURSE SERVICE	VI	LLAPOL, ANNA	34.25		499.37	I		
1					CATEGORY	34.25	0.00	499.37			

RU	N DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	3
SA	LES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	7/27/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	3317	7/20/12	000008	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
						4 00			
					CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 3 ADU ADULT BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203318	7/20/12	800000	VISITING NURSE SERVICE	VITERI, NELLY	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	305
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			5	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203319	7/20/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 306 VCP CHOICE LHCSA BILL WEEK ENDING 7	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
203320	7/20/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	

ı	RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30)7
ı	SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
					SALES REGISTER			BILL WEEK ENDING	7/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	203321	7/20/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWII	DE REG NY	NY			PAGE 1 VCP CHOICE L	- 3(08
Brilles orde	12 0271	100 001	SOMMISIBE CITIVIE	-	REGISTE	R		BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203322	7/13/12	000008	VISITING NURSE SEF	RVICE VO	LASTRO, JOHN	3.00		43.74	I	
203323	6/15/12	000008	VISITING NURSE SEF	RVICE WE	INHAUS, SUSAN	25.00		364.50	I	
203324	6/22/12	800000	VISITING NURSE SEF	RVICE WE	INHAUS, SUSAN	25.00		364.50	I	
203325	6/29/12	800000	VISITING NURSE SEF	RVICE WE	INHAUS, SUSAN	25.00		364.50	I	
203326	7/06/12	800000	VISITING NURSE SEF	RVICE WE	INHAUS, SUSAN	24.00		349.92	I	
203327	7/20/12	800000	VISITING NURSE SEF	RVICE WE	INHAUS, SUSAN	31.00		451.98	I	
203328	7/20/12	800000	VISITING NURSE SEF	RVICE YA	GHDJIAN, SIRA	15.75		229.64	I	
					CUSTOMER	148.75	0.00	2,168.78		
					CATEGORY	148.75	0.00	2,168.78		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - PED PEDIATRIC	309
				SALES REGIS	STER		BILL WEEK ENDI	NG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
203329	7/20/12	800000	VISITING NURSE SERVICE	YANEZ, ANGEI	INA 20.00		291.60	I
				CATEGO	ORY 20.00	0.00	291.60	

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	310
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203330	7/20/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

			YSIDE CITYWIDE					311
SALES JRN	L # 0291	LOC 001		REG NY NY			AMH ADULT MENTA	
				SALES REGISTER			BILL WEEK ENDIN	NG 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
203331	7/20/12	800000	VISITING NURSE SERVICE	ZELLE, EVE	9.00		131.22	Ī
				CATEGORY	9.00	0.00	131.22	

RUN DATE 07/25/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 312 SALES JRNL # 0291 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 7/27/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 290.40 I 203332 7/20/12 000010 573.54 I 203333 7/20/12 000010 203334 7/20/12 000010 I 203335 7/13/12 000010 203336 7/20/12 000010 203337 7/20/12 000010 203338 7/20/12 000010 203339 7/20/12 000010 203340 7/20/12 000010 203341 7/20/12 000010 203342 7/20/12 000010 203343 7/20/12 000010 203344 7/20/12 000010 203345 7/20/12 000010 203346 7/20/12 000010 203347 7/20/12 000010 203348 7/20/12 000010 203349 6/22/12 000010 203350 7/20/12 000010 203351 7/20/12 000010 203352 7/20/12 000010 203353 7/20/12 000010 203354 7/20/12 000010 203355 7/20/12 000010 203356 7/20/12 000010 203357 7/20/12 000010 203358 7/20/12 000010 203359 7/20/12 000010 203360 7/20/12 000010 203361 7/20/12 000010 203362 4/06/12 000010 203363 7/20/12 000010 203364 7/20/12 000010 203365 7/20/12 000010 203366 7/20/12 000010 203367 7/20/12 000010 203368 7/20/12 000010 203369 7/20/12 000010 203370 7/20/12 000010 203371 000010 7/20/12 203372 7/20/12 000010 GUILDNET 203373 7/13/12 000010 203374 7/20/12 000010 203375 7/20/12 000010 203376 7/20/12 000010 203377 7/20/12 000010 203378 7/20/12 000010 203379 7/06/12 000010 7/20/12 000010 GUILDNET 203380

			YSIDE CITYWIDE	REG NY NY SALES REGIS			PAGE 2	- 33	13
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		
				SALES REGIS	TER		BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203381	7/20/12	000010	GUILDNET	PINILLA, VIC	TOR 30.00		435.60	I	
203382	7/20/12	000010	GUILDNET	PROANO, ALIC	IA 18.00		279.36	I	
203383	7/20/12	000010	GUILDNET	PROANO, BRUN	28.00		434.56	I	
203384	7/20/12	000010	GUILDNET	PRYCE, CLYDI	A 10.00		145.20	I	
203385	7/20/12	000010	GUILDNET	RAMOS, ARGEN	rin 3.75		54.45	I	
203386	7/20/12	000010	GUILDNET	RAMOS, ESTHE	R 17.75		257.73	I	
203387	7/20/12	000010	GUILDNET	RESTULA, VIN	CEN 20.00		290.40	I	
203388	7/20/12	000010	GUILDNET	RIVAS, GERTR	JDI 8.00		116.16	I	
203389	7/20/12	000010	GUILDNET	RODRIGUEZ, F.	ABI 28.00		406.56	I	
203390	7/20/12	000010	GUILDNET	RODRIGUEZ, H	DLG 54.00		784.08	I	
203391	7/20/12	000010	GUILDNET	ROJAS, ANGEL	15.00		232.80	I	
203392	7/20/12	000010	GUILDNET	ROJAS, HAYDE	E 20.00		310.40	I	
203393	7/20/12	000010	GUILDNET	RUBIANO, MAR	IA 14.00		203.28	I	
203394	7/20/12	000010	GUILDNET	SALJANIN, DI	LJA 60.50		878.46	I	
203395	7/20/12	000010	GUILDNET	SHELTON, AGU	EDA 35.00		508.20	I	
203396	7/13/12	000010	GUILDNET	SOMRAJ, UMIL	LA 24.00		348.48	I	
203397	7/20/12	000010	GUILDNET	VILLACRES, L	JZ 8.00		116.16	I	
203398	7/20/12	000010	GUILDNET	VLAHOS, MARI	E 56.00		813.12	I	
203399	7/20/12	000010	GUILDNET	WEISZ, KLARA	8.00		116.16	I	
203400	7/20/12	000010	GUILDNET	WEST, BALDWI	N 16.00		232.32	I	
203401	7/20/12	000010	GUILDNET	WHITE, GLORI	A 4.00		58.08	I	
203402	7/20/12	000010	GUILDNET	WHITLEY, MYR	NA 16.00		232.32	I	
203403	7/20/12	000010	GUILDNET	YI, CARLOS	20.00		290.40	I	
203404	7/20/12	000010	GUILDNET	YIANTSELIS,	VIR 7.00		1,321.04	I	
203405	7/20/12	000010	GUILDNET	ZARE, GLORIA	44.50		646.14	I	
203406	7/20/12	000010	GUILDNET	ZUMAETA, FAN	NY 64.00		929.28	I	
				PINILLA, VIC PROANO, ALIC PROANO, BRUN PRYCE, CLYDI. RAMOS, ARGEN RAMOS, ESTHE RESTULA, VIN RIVAS, GERTR RODRIGUEZ, H ROJAS, ANGEL ROJAS, ANGEL ROJAS, HAYDE RUBIANO, MAR SALJANIN, DI SHELTON, AGU SOMRAJ, UMIL VILLACRES, L VLAHOS, MARI WEISZ, KLARA WEST, BALDWI WHITE, GLORI WHITLEY, MYR YI, CARLOS YIANTSELIS, ZARE, GLORIA ZUMAETA, FAN.	ER 2,372.25	0.00	38,881.07		
				CATEGO:	2,372.25	0.00	38,881.07		

RUN DATE	07/25/12	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1	- 31	4
SALES JRN	IL # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FI	RST	
				SALES REGISTER	2		BILL WEEK END	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203407	7/20/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
203408	7/20/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
203409	7/20/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	42.00		708.96	I	
203410	7/20/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
203411	7/20/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
203412	7/20/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
203413	7/20/12	000122	HEALTH FIRST	CHARITAR, RAMKA	28.00		472.64	I	
203414	7/20/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	I	
203415	7/20/12	000122	HEALTH FIRST	DORNELLAS, STEL	12.00		202.56	I	
203416	7/20/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	31.00		523.28	I	
203417	7/20/12	000122	HEALTH FIRST	ESTEVES, JOSE	36.00		607.68	I	
203418	7/20/12	000122	HEALTH FIRST	FERGERSON, TINA	12.00		202.56	I	
203419	5/25/12	000122	HEALTH FIRST	FERRERA, FRANCI	18.00		303.84	I	
203420	7/13/12	000122	HEALTH FIRST	FONTANES, PEDRO	56.00		945.28	I	
203421	7/20/12	000122	HEALTH FIRST	FRANCISCO, RICH	55.00		928.40	I	
203422	7/20/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
203423	7/20/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
203424	7/20/12	000122	HEALTH FIRST	HERRING, CHARLE	8.00		135.04	I	
203425	7/20/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
203426	7/20/12	000122	HEALTH FIRST	LARA, TOMASA	4.00		67.52	I	
203427	7/20/12	000122	HEALTH FIRST	LAZALA, GLADYS	49.00		827.12	I	
203428	7/20/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	66.00		1,114.08	I	
203429	6/29/12	000122	HEALTH FIRST	MACARENA, SAHAR	96.00		1,620.48	I	
203430	7/20/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
203431	7/20/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
203432	7/20/12	000122	HEALTH FIRST	RUIZ JR. SAMUEL	17.00		286.96	I	
203433	7/20/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	Ī	
203434	7/20/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	I	
203435	7/20/12	000122	HEALTH FIRST	SPIVEY, PATRICI	20.00		337.60	I	
203436	7/20/12	000122	HEALTH FIRST	ST ROMAINE, CLA	40.00		675.20	I	
203437	7/20/12	000122	HEALTH FIRST	VASOUEZ OLGA	15.00		253.20	T	
203438	6/15/12	000122	HEALTH FIRST	VEGA, GLORIA	80.00		1.350.40	T	
203439	7/20/12	000122	HEALTH FIRST	WILLIAMS, RODNE	6.00		101.28	Ī	
	.,20,22	300122							
				CUSTOMER	1,134.00	0.00	19,141.92		
				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, MACARENA, SAHAR MARTIN, ARIANA RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA VASQUEZ, OLGA VEGA, GLORIA WILLIAMS, RODNE CUSTOMER	1,134.00	0.00	19,141.92		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L 1				PAGE 1	- 3	15
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE REG	G NY NY			NHP NEIGHBORE	HOOD I	HEALTH
			SALI	ES REGISTEF	?		BILL WEEK ENI	DING	7/27/12
INVOICE#	DATE	CHIST NO	CUSTOMER NAME	DEEEDENCE	HULLDG	ጥለሄ ለΜጥ	∧ M∩I INT	TVD	SURPLUS
INVOICEM	DAIL	CODI NO	CODIONEIC NAME	KEI EKEIVCE	110010	IAZ AIII	APOONI	111	DOKT HOD
203440	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S AHMED, UMARA	54.00		911.52	I	
203441	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S AKHTER, SELINA	45.00		759.60	I	
203442	7/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S ARDITTO, PATRIC	36.00		607.68	I	
203443	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S CHUKWUJIORAH, T	50.00		844.00	I	
203444	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S DARWISH, NADIA	42.00		708.96	I	
203445	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S DIAZ, CARMEN	28.00		472.64	I	
203446	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S FERNANDEZ, MARI	12.00		202.56	I	
203447	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
203448	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S HAMPTON, PRISCI	33.00		557.04	I	
203449	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S JONES, CYNTHIA	36.00		607.68	I	
203450	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S KHALIL, RASHAN	29.00		489.52	I	
203451	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S KHAN, FARUQUE	84.00		1,417.92	I	
203452	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S KROLL, KATHERIN	39.00		658.32	I	
203453	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S MORALES FERNAD	42.00		708.96	I	
203454	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S MOSKOWITZ, RONA	35.00		590.80	I	
203455	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S OCASIO, VIRGINI	2.00		33.76	I	
203456	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S RODRIGUEZ, JESS	20.00		337.60	I	
203457	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S RODRIGUEZ, MARI	20.00		337.60	I	
203458	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S SALVATO, MARY	56.00		945.28	I	
203459	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S SHEPPARD, ERMA	70.00		1,181.60	I	
203460	7/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S WELLS, WYNORIA	16.00		270.08	I	
203461	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S WILSON, SHERYL	26.00		438.88	I	
			NEIGHBORHOOD HEALTH PROVIDER:	CUSTOMER	845.00	0.00	14,263.60		
				CATEGORY	845.00	0.00	14,263.60		

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7/27/12
SURPLUS

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED H	- 31 EALTH	L7
Bridde Grav	1 1 0251	100 001	SOUNTEDE CITIVIDE	SALES REGISTER			BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203472	7/20/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	I	
203473	7/20/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	49.00		840.84	I	
203474	7/20/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	12.00		205.92	I	
203475	7/20/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
203476	7/06/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	20.00		343.20	I	
				CUSTOMER	207.00	0.00	3,552.12		
				CATEGORY	207.00	0.00	3,552.12		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM H	- 31	L8
Brilles Grav	1 0251	100 001	SOMNIBIDE CITIVIDE	SALES REGISTER			BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203477	7/20/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	24.75		346.50	I	
203478	7/20/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
203479	7/20/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
203480	7/20/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
203481	7/20/12	000114	EMBLEM HEALTH	HENRIQUEZ, TERE	20.00		280.00	I	
203482	7/20/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
203483	7/20/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
203484	7/20/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
203485	7/20/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	60.00		840.00	I	
203486	7/20/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	55.25		773.50	I	
				CUSTOMER	425.00	0.00	5,957.50		
				CATEGORY	425.00	0.00	5,957.50		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE RE S A L	G NY NY ES REGISTEI	2		PAGE 1 HIP HEALTH IN BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203487 203488 203489 203490 203491 203492	7/20/12 7/20/12 7/20/12 7/13/12 7/20/12 7/20/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE DE JESUS, TIBUR LOYOLA, MARIA ORR, LOUISE PARADISE, ANITA WILLIAMS, DIANE	16.00 54.00 12.00 45.00 14.00 20.00		270.08 911.52 202.56 759.60 236.32 337.60	I I I I I	
				CUSTOMER	161.00	0.00	2,717.68		
				CATEGORY	161.00	0.00	2,717.68		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 MPH METROPLUS HEA	
DILLES STAN	02)1	100 001	COMMICION CITIVIDE	REG NY NY SALES REGISTER			BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203493	7/20/12	000130	METROPLUS HEALTH	ANDERSON, BETH	12.00		205.80 I	
203494	7/20/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20 I	
203495	7/20/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	15.00		257.25 I	
203496	7/20/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	42.00		720.30 I	
203497	7/20/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50 I	
203498	7/20/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	132.00		2,263.80 I	
203499	7/20/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	8.00		137.20 I	
203500	7/20/12	000130	METROPLUS HEALTH	ESPINOSA, MONIC	56.00		960.40 I	
203501	7/20/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25 I	
203502	7/20/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	32.00		548.80 I	
203503	7/20/12	000130	METROPLUS HEALTH	OSORIO, ELVIA	15.00		257.25 I	
203504	7/13/12	000130	METROPLUS HEALTH	PERSAD, USHA	81.00		1,389.15 I	
203505	7/20/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA RAMPERSAID, ALI	56.00		960.40 I	
203506	7/20/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	24.00		411.60 I	
203507	7/13/12	000130	METROPLUS HEALTH	RYALS, CHARLES	54.00		926.10 I	
203508	7/20/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	12.00		205.80 I	
203509	7/20/12	000130	METROPLUS HEALTH		28.00		480.20 I	
203510	7/20/12	000130	METROPLUS HEALTH	VALLE, BLASINA	32.00		548.80 I	
				CUSTOMER	772.00	0.00	13,239.80	
				CATEGORY	772.00	0.00	13,239.80	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE O BILL WEEK END		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203511 203512 203513	7/20/12 7/20/12 7/20/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 42.00 60.00		842.80 722.40 1,032.00	I I I	
					CUSTOMER	151.00	0.00	2,597.20		
					CATEGORY	151.00	0.00	2,597.20		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - HCP HEALTHCARE P BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203514 203515 203516	7/20/12 7/20/12 7/06/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 20.00 20.00		1,063.44 I 337.60 I 337.60 I	
				CUSTOMER	103.00	0.00	1,738.64	
				CATEGORY	103.00	0.00	1,738.64	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1	- 32	23
	- "			SALES	REGISTE	R		BILL WEEK EN		7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203517	6/15/12	000132	AMERIGROUP	DE	ENNISON, KELVI	150.00		2,530.50	I	
203518	7/20/12	000132	AMERIGROUP	ES	SPERSON, CLAUD	16.00		269.92	I	
203519	7/20/12	000132	AMERIGROUP	FE	ERNANDEZ, NORK	42.00		708.54	I	
203520	7/20/12	000132	AMERIGROUP	GU	JERRA, LORRAIN	60.00		1,012.20	I	
203521	7/20/12	000132	AMERIGROUP	HA	ARDING, EDNA	30.00		506.10	I	
203522	7/20/12	000132	AMERIGROUP	PR	RUITT, JOHNNY	8.00		135.04	I	
203523	7/20/12	000132	AMERIGROUP	WA	ALTERS, BYRON	25.00		421.75	I	
203524	7/13/12	000132	AMERIGROUP	YC	OUNG, KALEILE	36.00		607.32	I 	
					CUSTOMER	367.00	0.00	6,191.37		
					 CATEGORY	367.00	0.00	6,191.37		

RUN DATE	07/25/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 3	24	
SALES JRN	L # 0291	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCS VNSNY CH	OICE	SELECTHEALTH	
				SALES R	EGISTER			BILL WEEK EN	DING	7/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	CRENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
203525	7/20/12	000170	VNSNY CHOICE SELECTH	EALTH CLMS KARAS	SSAVIDES, A	28.00		480.48	I		
					CATEGORY	28.00	0.00	480.48			
1					CHIEGOLI	20.00	0.00	400.40			

	07/25/12 - JL # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NV NV			PAGE 1 PAR PRIVATE	- 32	25
SALES OR	ND # 0271	HOC 001	S A L E				BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203526 203527 203528 203529 203530 203531 203532 203533 203534 203535 203536	7/20/12 7/20/12 7/13/12 7/20/12 7/20/12 7/20/12 7/20/12 7/06/12 7/13/12 7/13/12	000002 000002 000002 000002 000002 000002 000002 000002 000002	SUNNYSIDE COMMUNITY SERVICES	CAGAN, RUMANDO CAIALA, SALLY EDELMAN, MILDRE KOZHUSHICO, ROZ MARTIN, RUTH MONTELIONE, CAL ORTIZ, EDUARDO TEODORU, MIRELL TEODORU, MIRELL THEODARIS, ARIS	10.00 4.00 8.00 7.00 8.00 8.00 8.00		58.00 36.25 145.00 58.00 116.00 101.50 116.00 116.00 58.00	I I I I I I I I	
				CUSTOMER	69.50	0.00	1,007.75		
203537	7/20/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
203538	7/20/12	000049	ELIZABETH SETON PEDIATRIC CTR	MORSHELINA, NAS	15.00		206.85	I	
203539	7/20/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	112.50	0.00	1,648.60		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 CAS CHILDREN BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203540 203541 203542 203543 203544 203545 203546	7/20/12 7/13/12 7/13/12 7/20/12 7/20/12 7/06/12 7/20/12	000088 000088 000088 000088 000088 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN VARGAS, JOHN	25.00 6.00 6.00 19.75 12.50 3.00 12.00		387.50 93.00 93.00 306.13 193.75 46.50 186.00	I I I I I I	
				CUSTOMER	84.25	0.00	1,305.88		
				CATEGORY	84.25	0.00	1,305.88		

	07/25/12 - L # 0291		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 327 PAR PRIVATE
				SALES REGISTER			BILL WEEK ENDING 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
203547	7/20/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I
				CATEGORY	20.00	0.00	310.00

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 ELD ELDERSERVEHEA BILL WEEK ENDING	28 LTH 7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203548 203549 203550	7/13/12 7/20/12 7/20/12	000101 000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BEAN, ELMIRA BLACK, DOROTHY	25.00 25.00 19.00		356.25 I 356.25 I 270.76 I	
				CUSTOMER	69.00	0.00	983.26	
				CATEGORY	69.00	0.00	983.26	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 PAR PRIVATE BILL WEEK ENDING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
203551	7/20/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	20.00		316.00 I	
				CATEGORY	20.00	0.00	316.00	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 CCM COMPREHE BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203552 203553 203554	7/20/12 7/20/12 7/20/12	000150 000150 000150	COMPREHENSIVE CARE M COMPREHENSIVE CARE M COMPREHENSIVE CARE M	IANAGEMENT	BONES, ANA PULLIAM, WILLIE ROSARIO, CELEST	16.00 24.00 25.00		225.60 338.40 352.50	I I I	
					CUSTOMER	65.00	0.00	916.50		
					CATEGORY	65.00	0.00	916.50		

RUN DATE SALES JRN		- SUP SUNN	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 1 PAR PRIVATE	- 33	31
	"		SALE		8		BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203555	7/20/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.01	I	
203556	7/20/12	000167	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
203557 203558	7/13/12 7/20/12	000175 000175	ROBERT MURAYAMA GREENBAUM ROBERT MURAYAMA GREENBAUM	GREENBAUM, MASA GREENBAUM, MASA	7.00 6.50		108.50 100.75	I I	
				CUSTOMER	13.50	0.00	209.25		
203559	7/20/12	000177	MR. BRUCE J. TUCCI	TUCCI, DOROTHY	20.00		310.00	I	
203560	7/20/12	002215	KEITH SALMON	LAWRANCE, LILLA	15.75		249.75	I	
203561	7/20/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
203562	7/20/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	10.00		155.00	I	
203563	7/20/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	20.00		270.00	I	
203564	7/20/12	006337	STEPHEN EDEL	EDEL, CANDACE	80.75		1,275.63	I	
203565	7/20/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
203566	7/20/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	10.50		170.63	I	
203567	7/20/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
203568	7/20/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	6.00		97.50	I	
203569	7/20/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	25.00		387.50	I	
203570	7/20/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
203571	6/29/12	009752	PETER CAPORASO	CAPORASO, VINCE	12.00		204.00	I	
203572	7/20/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
203573 203574	7/06/12 7/20/12	010375 010375	DOMINICA IRAOLA DOMINICA IRAOLA	IRAOLA, LILIAN IRAOLA, LILIAN	3.00 12.00		48.75 195.00	I I	
				CUSTOMER	15.00	0.00	243.75		
203575 203576	7/06/12 7/20/12	010377 010377	DOMINICA IRAOLA DOMINICA IRAOLA	IRAOLA, ANTONIO IRAOLA, ANTONIO	3.00 12.00		48.75 195.00	I I	
				CUSTOMER	15.00	0.00	243.75		
203577	7/20/12	010530	DANA SITILDES	ANSELMI, PETER	23.75		374.13	I	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 2 PAR PRIVATE	- 33	32
SALES UKN	L # 0291	TOC 001		S REGISTE	R		BILL WEEK EN	DING	7/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
203578	7/20/12	010677	ALZHEIMER'S ASSOCIATION	MONTELIONE, CAL	8.00		124.00	I	
203579	7/20/12	010735	MIGUEL ONATE	ONATE, MIGUEL	6.00		93.00	I	
203580	7/20/12	010753	GARY KUCHMEISTER	KUCHMEISTER, JO	56.00		892.00	I	
203581	7/20/12	010773	ALZHEIMER'S ASSOCIATION	MCQUAIL, MAUREE	16.00		248.00	I	
203582	7/20/12	010828	DEIRDRE DANIELS	DANIELS, DEIRDR	8.00		136.00	I	
203583	7/20/12	010887	FREDERICK RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
203584	7/20/12	010929	NORMA SCHORR	SCHORR, NORMA	6.00		93.00	I	
203585	7/20/12	010952	ARISTA THEOHARIS	THEOHARIS, ARIS	24.00		372.00	I	
				CATECODY -	625.25	0.00	11 000 40		
				CATEGORY -	025.25	0.00	11,089.40		
				LOCATION	22,527.25	0.00	348,527.36		
				COMPANY	22,527.25	0.00	348,527.36		

RUN DATE 07/25/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 333
SALES JRNL # 0291 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER

BILL WEEK ENDING 7/27/12

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

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