	08/22/12 IL # 0295		IYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 SHP SENIOR HI BILL WEEK ENI	- EALTH DING	1 PARTNERS 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP	SURPLUS
206367 206368 206369 206370 206371 206372 206373 206374 206375 206376 206377 206378 206380 206381 206382 206383 206383	8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12	000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA BANKS, ANASTAZJ BROOKS, NATALIE COLON, RAYMUNDA GHILIOTTY, FLOR GRAFSTEIN, LILL GUTIERREZ, LUCI HARIDIN, KHAMAT HARIDIN, RAMDIA HERNANDEZ, FRAN LEPORE, CLAIRE MOROCHO, MANUEL RODRIGUEZ, MARI SIERRA, MIRIAM SIMON, LUPE TORRESCAMPOS, J VASQUEZ, CORNEL VIDOT-LINARES, WOO, LUZ	4.00 40.00 18.00 35.00 32.00 7.00 21.00 33.00 135.00 28.00 6.00 76.00 20.00 25.00 8.00 40.00		57.00 570.00 256.50 498.75 456.00 1,400.00 299.25 470.25 1,923.75 399.00 85.50 1,083.00 285.00 356.25 114.00 570.00 114.00		
206385	8/17/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	12.00		171.00	I	
206386	8/17/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	4.00		57.00	I 	
				CUSTOMER			9,508.25		
				CATEGORY	576.00		9,508.25		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITY	ZM I DE	REG NY NY			PAGE 1 VCP CHOICE L	- HCSA	2
BALLS OIGN	ш н одуу	100 001	DOMNIBIDE CIT		ALES REGISTER			BILL WEEK EN		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206387	8/17/12	000008	VISITING NURSE	SERVICE	ABINANTI, IRENE	56.00		816.48	I	
206388	8/17/12	800000	VISITING NURSE	SERVICE	ABREU, ANA	12.00		174.96	I	
206389	8/17/12	000008	VISITING NURSE	SERVICE	ADAMES, OLGA	25.00		364.50	I	
206390	8/17/12	000008	VISITING NURSE	SERVICE	ADAMES, RICARDO	30.00		437.40	I	
206391	8/17/12	000008	VISITING NURSE	SERVICE	ADAMS, MYRIAM	68.50		998.73	I	
206392	8/03/12	000008	VISITING NURSE	SERVICE	ADUN, JEANETTE	1.00		14.58	I	
206393	8/17/12	800000	VISITING NURSE	SERVICE	ADUN, JEANETTE	55.25		805.55	I	
					CUSTOMER	247.75	0.00	3,612.20		
					CATEGORY	247.75	0.00	3,612.20		

				REG NY NY 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
206394	8/17/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	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			PAGE 1 - ADU ADULT	4
DILLED GIAN	_	200 001		SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206395	8/17/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	5
SALES JRN	IL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			\$	SALES REGISTER	-		BILL WEEK END	ING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206396	8/10/12	000008	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I	
206397	8/17/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I	
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 6	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	O/WEMC	WALLS (LT
			5	SALES REGISTER			BILL WEEK END	ING 8	/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP S	URPLUS
206398	8/17/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	35.00		510.30	I	
				CATEGORY	35.00	0.00	510.30		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206399	8/17/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	29.00		422.82 I	
206400	8/17/12	800000	VISITING NURSE SERVICE	ALVARADO, DORA	20.00		291.60 I	
				CUSTOMER	49.00	0.00	714.42	
				COSTOMER	49.00	0.00	714.42	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	8	
SALES JRN	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE	ADULT		
				SALES REGISTER			BILL WEEK EN	DING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
206401	8/17/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48	I		
				CATEGORY	56.00	0.00	816.48			

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	9
DALLS OIL	L # 0255	ПОС 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206402	8/17/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	10.00		145.80 I	
206403	8/17/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	25.25		368.15 I	
206404	8/17/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	71.00		1,035.18 I	
206405	8/17/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	46.00		670.69 I	
206406	8/17/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24 I	
				CUSTOMER	180.25	0.00	2,628.06	
				CATEGORY	180.25	0.00	2,628.06	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	10 W/O WALLS (LT
BALLS OICH	ш н 0293	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206407 206408	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	21.25 60.75		309.83 I 885.74 I	
				CUSTOMER	82.00	0.00	1,195.57	
				CATEGORY	82.00	0.00	1,195.57	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUL	11 T
0111111	2 11 0250	200 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206409	8/17/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	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 - ADU ADULT	12
SALES UKN	ш # 0295	100 001		SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206410	7/06/12	800000	VISITING NURSE SERVICE	ARENA, LEE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 VCP CHOICE LH BILL WEEK END	CSA	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPL	
206411	8/17/12	800000	VISITING NURSE SERVICE	ARGENTINA, CESS	7.75		113.00	I	
				 CATEGORY	7.75	0.00	113.00		

SALES JRNL # 0295 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT	ENDING 8/24	1/12
	T TYP SURP	LUS
206412 8/17/12 000008 VISITING NURSE SERVICE ARIAS, EVALINA 15.75 229.64	1 I	
CATEGORY 15.75 0.00 229.64		

RUN DATE C	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	15
SALES JRNI	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			S	A L E S R E G I S T E R			BILL WEEK ENDIN	IG 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS
206413	8/17/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

RUN DATE 08 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	16 G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	8/17/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		23.00 12.00		335.34 I 174.96 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	.7
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206416	8/17/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	49.00		714.42	I	
206417	8/17/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	10.75		156.74	I	
				CUSTOMER	59.75	0.00	871.16		
				CATEGORY	59.75	0.00	871.16		

			NYSIDE CITYWIDE				PAGE 1 -	
SALES JRN	NL # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206418	8/17/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE	220				19
SALES JRN	IL # 0295	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206419	6/15/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	20
SALES JRN	rL # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTED	R		BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206420	8/17/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	1
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/	O WALLS (LT
			5	SALES REGISTE	?		BILL WEEK END	ING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
206421	8/17/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	29.75		433.76	I	
206422	8/17/12	000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	45.00		656.10	I	
206423	8/17/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I	
206424	8/17/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	42.00		612.36	I	
				CUSTOMER	161.75	0.00	2,358.32		
				CATEGORY	161.75	0.00	2,358.32		

			TYSIDE CITYWIDE	DEG NW NW			PAGE 1		22
SALES JRN	ш # 0295	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206425	8/17/12	000008	VISITING NURSE SERVICE	BECERRA, FELIPE	15.25		222.35	I	
206426	8/17/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	150.75		2,197.94	I	
206427	8/17/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I	
				CUSTOMER	169.00	0.00	2,464.03		
				CATEGORY	169.00	0.00	2,464.03		

ı	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	23
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
ı				5	SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
	INVOICE#	DAME	CIICE NO	GIGHOMED NAME	DECEDENCE	HOUD	TAX AMT	AMOTINE EN	D GIIDDI IIG
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	IAX AMI	AMOUNT TY	P SURPLUS
	206428	8/10/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	5.00		72.90 I	
ı									
1					CATEGORY	5.00	0.00	72.90	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206429	8/17/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	25
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206430	8/17/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	26 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206431	8/17/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206432	8/17/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN	08/22/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		28
SALES URN	ш # 0295	TOC 001		ALES REGISTER			BILL WEEK ENI		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206433	7/20/12	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60	I	
206434	7/27/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60	I	
206435	8/03/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	10.00		145.80	I	
206436	8/03/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	12.00		174.96	I	
206437	8/10/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60	I	
206438	8/17/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	21.25		309.83	I	
				CUSTOMER	103.25	0.00	1,505.39		
				CATEGORY	103.25	0.00	1,505.39		

RUN DATE 08/22/12 SALES JRNL # 0295		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 2	9
SALES URNL # 0295	LOC UUI		ALES REGISTER			BILL WEEK END	ING	8/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206439 8/17/12 206440 8/10/12 206441 8/17/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BOCANEGRA, GLAD BONILLA, ESPERA BONILLA, ESPERA	16.00 6.75 47.50		233.28 98.42 692.55	I I I	
			CUSTOMER	70.25	0.00	1,024.25		
			CATEGORY	70.25	0.00	1,024.25		

ı	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30	
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A	
ı					SALES REGISTER			BILL WEEK ENDING	8/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
	206442	8/17/12	000008	VISITING NURSE SERVICE	BONILLA, LYDIA	8.00		116.64 I		
					CATEGORY	8.00	0.00	116.64		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALI	LS (LT
			i	SALES REGISTER			BILL WEEK ENDING 8/24	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
206443	8/17/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	19.00		277.02 I	
1				CATEGORY	19.00	0.00	277.02	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 AMH ADULT MEN BILL WEEK ENI	ITAL	32 HEALTH 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206444 206445	7/27/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	BORSARI, ANTOIN BORSARI, ANTOIN	2.00 4.00		29.16 58.32	I	
				CUSTOMER	6.00	0.00	87.48		
				CATEGORY	6.00	0.00	87.48		

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	ALES REGISTER			BILL WEEK ENDING	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206446	8/17/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE					34
SALES JRN	IL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	· ·
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
006445	0 /1 5 /1 0						07.40	
206447	8/17/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 -	
SALES	JRNL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20644	8 8/17/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	54.00		787.32 I	
				CATEGORY	54.00	0.00	 787.32	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
SALES JRN	IL # 0295	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206449	8/17/12	000008	VISITING NURSE SERVICE	BRACERO, HELEN	83.50		1,217.43 I	
				CATEGORY	83.50	0.00	1,217.43	

RUN DATE (08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	37
SALES JRNI	և # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206450	8/17/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22 I	
				 CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	38	
	SALES JRN	L # 0295	LOC 001		REG NY NY			ADU ADULT	0.404.410	
				S	SALES REGISTER			BILL WEEK ENDING	8/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	206451	8/17/12	800000	VISITING NURSE SERVICE	BURITICA, INES	8.50		123.93 I		
					CATEGORY	8.50	0.00	123.93		

ı	RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				S	SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	206452	8/17/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 4	0
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W	/O WALLS LT
			Ş	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206453	8/17/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
							DILL WILK LINDING	3 0/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
206454	8/17/12	800000	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE				-	12
SALES JRN	IL # 0295	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/24/12
				SALES KEGISIEK			BILL WEEK ENDING	0/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206455	8/17/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN	,	SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS.	43 A
	"			ALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206456	8/17/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	42.50		619.65 I	
				CATEGORY	42.50	0.00	619.65	

RU	IN DATE C	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SP	ALES JRNI	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADU	
				2	SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
20	06457	8/17/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
					CATEGORY	63.00	0.00	918.54	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 45	
SALES JRN	L # 0295	LOC 001		REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING 8/24/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	3
206458	8/17/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48	I	
				CATEGORY	56.00	0.00	816.48		-
				CATEGORI	50.00	0.00	310.40		

RUN DATI	E 08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	46
SALES J	RNL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE:	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206459	8/17/12	000008	VISITING NURSE SERVICE	CANO, ADELINA	43.50		634.23 I	
1				CATEGORY	43.50	0.00	634.23	

			YSIDE CITYWIDE				PAGE 1 -	47
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0.404.410
			2	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206460	8/17/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RU	UN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 4	8
SI	ALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	8/24/12
IN	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	06461	8/17/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI		49	_
DALLO OIGN	L # 0255	100 001		SALES REGISTER			BILL WEEK EN		8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
206462	8/17/12	000008	VISITING NURSE SERVICE		84.00		1,224.72	I		
206463 206464	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	30.00 21.25		437.40 309.83	I I		
				CUSTOMER	135.25	0.00	1,971.95			
				COSTOMER	133.23	0.00	1,9/1.95			
				CATEGORY	135.25	0.00	1,971.95			

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	50
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	Т
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206465	8/17/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	42.00		612.36 I	
1				CATEGORY	42.00	0.00	612.36	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206466	8/17/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	 816.48	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	52
SALES URN	ь # 0295	LOC UUI		SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206467	8/17/12	800000	VISITING NURSE SERVICE	CARUSO, GIUSEPP	15.00		218.70 I	
1				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 53 CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 8	3/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
206468	8/17/12	000008	VISITING NURSE SERVICE	CATALLI, ALICE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			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
206469	8/17/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	55	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	~ 0/04/10	
			2	SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS	
206470	8/17/12	800000	VISITING NURSE SERVICE	CELENTANO, ANGE	5.75		83.84 I		
				CATEGORY	5.75	0.00	83.84		

			YSIDE CITYWIDE				PAGE 1 -	56
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
206471	8/17/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	34.25		499.38 I	
206472	8/17/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	23.25		338.99 I	
				CUSTOMER	57.50	0.00	838.37	
				CODIONER	37.30	0.00	030.37	
				CATEGORY	57.50	0.00	838.37	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	57
SALES OWN.	H WZJJ	100 001		SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206473	8/17/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	58
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/O WALLS LT
			\$	SALES REGISTER			BILL WEEK ENDI	NG 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206474	8/17/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	1.00		14.58	I
				CATEGORY	1.00	0.00	14.58	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	59
SALES JRN	IL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206475	8/17/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	0
	SALES JRN	L # 0295	LOC 001		REG NY NY			LAD NURSING HOME W	,
					SALES REGISTER			BILL WEEK ENDING	8/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	206476	8/17/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
ı									
					CATEGORY	20.00	0.00	291.60	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S A	ALES REGISTER			BILL WEEK ENDING	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206477	8/17/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	67.00		976.86 I	
				CATEGORY	67.00	0.00	976.86	

RUN DATE SALES JRN			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
206478	8/17/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	34.75		506.66 I	
				CATEGORY	34.75	0.00	506.66	

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	63
SALES JR	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			5	SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206479	8/17/12	800000	VISITING NURSE SERVICE	CHINGA, CELESTE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 - 64	
SALES JRN	IL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 8/	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
206480 206481	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CHINGA, CELESTE CHRISTOPHER, AS	10.00 9.00		145.80 I 131.22 I	
				CUSTOMER	19.00	0.00	277.02	
				CATEGORY	19.00	0.00	277.02	

			YSIDE CITYWIDE				PAGE 1 - 6	55
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206482	8/17/12	000008	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20 I	
206483	8/17/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	31.00		451.98 I	
				CUSTOMER	71.00	0.00	1,035.18	
				CODICIENT	, 00	0.00	1,000.10	
				CATEGORY	71.00	0.00	1,035.18	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206484	8/17/12	000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	95.50		1,392.39 I	
				CATEGORY	95.50	0.00	1,392.39	

	08/22/12 - IL # 0295		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDIN	67 G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206485	8/17/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	68
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDI	NG 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206486	8/17/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I
206487	8/17/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	9.00		131.22	I
206488	8/17/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I
206489	8/17/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	20.00		291.60	I
				CUSTOMER	91.00	0.00	1,326.78	
				CATEGORY	91.00	0.00	1,326.78	

ı	RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 69	
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	8/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	206490	8/17/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
					CATEGORY	168.00	0.00	2,449.44	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	70
SALES JRI	NL # 0295	LOC 001		REG NY NY			LTC NURSING HOME	•
			\$	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206491	8/17/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	71
SALES JRN	rL # 0295	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206492	8/17/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RI	UN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 7:	2
Si	ALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	8/24/12
II	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	06493	8/17/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	44.00		641.52 I	
					CATEGORY	44.00	0.00	641.52	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	73 G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206494	8/17/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	29.50		430.11 I	
				CATEGORY	29.50	0.00	430.11	

			YSIDE CITYWIDE				11102	- 7	'4
SALES JRNI	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGI	ISTER		HOA HOSPICE A	_	8/24/12
			, and a second s	SALES REGI	. SIEK		BILL WEEK ENI	JING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	E HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206495	8/17/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02	I	
				CATE	EGORY 19.00	0.00	277.02		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 7 HCSA	75
				SALES REGISTER			BILL WEEK EN	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206496	7/27/12	800000	VISITING NURSE SERVICE	·	8.00		116.64	I	
206497	8/03/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CRAWFORD, CARME CRAWFORD, CARME	8.00 49.00		116.64 714.42	I	
200150	0/1//12	000000	VIBILING NORSE BERVICE						
				CUSTOMER	65.00	0.00	947.70		
				CATEGORY	65.00	0.00	947.70		

RUN DATE (08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 7	76
SALES JRNI	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME V	N/O WALLS LT
			S	BALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206499	8/17/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	33.75		492.08 I	
				CATEGORY	33.75	0.00	492.08	

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	77	
SALES JR	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	4	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206500	8/17/12	000008	VISITING NURSE SERVICE	CRUZ, JUANA	4.00		58.32 I		
				CATEGORY	4.00	0.00	 58.32		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 78	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O	WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING 8/	/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
206501	8/17/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE				PAGE 1 -	- 79
SALES JRNI	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDI	ING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	TYP SURPLUS
206502	8/10/12	000008	VISITING NURSE SERVICE	DABROWSKI, ALEK	3.00		43.74	I
206503	8/17/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	9.00		131.22	I
				CUSTOMER	12.00	0.00	174.96	
				GA EELGODA	10.00		174.06	
1				CATEGORY	12.00	0.00	174.96	

RUN DATE 08/22/1 SALES JRNL # 029		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK ENI	HOMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
206504 8/17/1 206505 8/17/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.00 56.00		291.60 816.48	I I
			CUSTOMER	76.00	0.00	1,108.08	
			CATEGORY	76.00	0.00	1,108.08	

RUN DATE 08/22/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 8	31
SALES JRNL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
		\$	SALES REGISTER			BILL WEEK ENI	DING	8/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206506 8/17/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	30.00		437.40	I	
206507 8/17/12	000008	VISITING NURSE SERVICE	DEBAZALAR, ANTO	18.00		262.44	I	
206508 8/10/12	000008	VISITING NURSE SERVICE	DEJESUS, FELIX	5.00		72.90	I	
206509 8/17/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	24.00		349.92	I	
			 CUSTOMER	77.00	0.00	1,122.66		
			COSTOMER	77.00	0.00	1,122.00		
			CATEGORY	77.00	0.00	1,122.66		

RUN DATE	08/22/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	82
SALES JE	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE‡	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206510	8/17/12	000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04 I	
				CATEGORY	38.00	0.00	 554.04	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 83
SALES OIGN	ш # 0255	100 001		ALES REGISTER	2		BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
206511	8/10/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	6.00		87.48	I
206512	8/17/12	800000	VISITING NURSE SERVICE	DELOSSANTOS, MA	30.00		437.40	I
206513	8/10/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I
206514	8/17/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	24.00		349.92	I
206515	8/17/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	28.00		408.24	I
206516	8/17/12	800000	VISITING NURSE SERVICE	DEROMAN, MARIA	20.00		291.60	I
				CUSTOMER	128.00	0.00	1,866.24	
				CATEGORY	128.00	0.00	1,866.24	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	84 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206517	8/17/12	800000	VISITING NURSE SERVICE	DESIMONE, ANGEL	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	85
SALES UKN	ш # 0293	LOC UUI		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206518 206519	8/17/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, :=	9.00 49.25		131.22 I 718.08 I	
				CUSTOMER	58.25	0.00	849.30	
				CATEGORY	58.25	0.00	849.30	

ı	RUN DATE 0	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86	
ı	SALES JRNL	# 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT	
ı					SALES REGISTER			BILL WEEK ENDIN	G 8/24/12	
ı			~~							
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı	206520	0 /17 /10	000000	VICINING NUDGE GEDVIGE	מודון קמדת	42.00		(10.26 т		
ı	206520	8/17/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	42.00		612.36 I		
ı										
ı					CATEGORY	42 00	0 00	612 36		
l					CATEGORY	42.00	0.00	612.36		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		87
DALLS OIL	H 0273	100 001		ALES REGISTER	3		BILL WEEK EN		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206521	8/17/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	28.00		408.24	I	
206522	8/17/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	52.00		758.16	I	
206523	8/17/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	70.00		1,020.60	I	
206524	8/17/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	42.00		612.36	I	
206525	8/17/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
				CUSTOMER	212.00	0.00	3,090.96		
				CATEGORY	212.00	0.00	3,090.96		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206526	8/17/12	800000	VISITING NURSE SERVICE	DUNNING, JENNIF	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	8/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	206527	8/17/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	90
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	J.
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
TATTOTOTOT	DAME	CITCE NO	CHOMOMED NAME	DEFEDENCE	HOHDG	max avm	AMOTINE ENT	a ampa iia
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206528	8/17/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	91
SALES OWN	L # 0273	100 001		SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206529	8/17/12	000008	VISITING NURSE SERVICE	EDELMAN, MILDRE	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

			YSIDE CITYWIDE				PAGE 1 - 92	2
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	8/24/12
								,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206530	8/17/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	93
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		0 /0 / /1 0
				SALES REC	J I S T E R		BILL WEEK EN	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	NCE HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206531	8/17/12	800000	VISITING NURSE SERVICE	ENG, PO	KING 20.00		291.60	I	
				CA	ATEGORY 20.00	0.00	291.60		

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	4
SALES JR	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206532	8/17/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JRN	L # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206533	8/17/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

	08/22/12 - IL # 0295		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	96 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206534	8/17/12	800000	VISITING NURSE SERVICE	E ESPIN, CESAR	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 97 VCP CHOICE LHCSA	
SALES UKN	ш # 0293	LOC 001		SALES REGISTER			BILL WEEK ENDING 8/24/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
206535 206536	8/17/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ESPINAL, JOSE EVERETT, SHIRLE	3.00 21.00		43.74 I 306.18 I	
				CUSTOMER	24.00	0.00	349.92	-
				CATEGORY	24.00	0.00	349.92	-

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	98
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206537	8/17/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	99	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	7	
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206538	8/17/12	000008	VISITING NURSE SERVICE	FAMBIATOU, PARA	2.00		29.16 I		
				CATEGORY	2.00	0.00	29.16		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUI	
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
206539	8/17/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	20.25		295.25 I	
				CATEGORY	20.25	0.00	295.25	

RUN DATE 0	8/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	101
SALES JRNL	# 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	IG 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206540	8/17/12	800000	VISITING NURSE SERVICE	FAROUGIAS, ANGE	3.00		43.74 I	
206541	8/17/12	800000	VISITING NURSE SERVICE	FAROUGIAS, EFTH	20.00		291.60 I	
206542	8/17/12	800000	VISITING NURSE SERVICE	FAY, JULIA	20.00		291.60 I	
206543	8/17/12	800000	VISITING NURSE SERVICE	FEENEY, JOHN	4.00		58.32 I	
				CUSTOMER	47.00	0.00	685.26	
				CATEGORY	47.00	0.00	685.26	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	02
SALES JRN	L # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206544	8/17/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	03
SALES JRN	IL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206545	8/17/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	08/22/12 -	- SUP SUNN	IYSIDE CITYWIDE				PAGE 1 - 104	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 8/	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
206546	8/17/12	000008	VISITING NURSE SERVICE	FERRARA, ANNA	19.25		280.67 I	
				CATEGORY	19.25	0.00	280.67	

			YSIDE CITYWIDE				PAGE 1 - 105	
SALES JRNI	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206547	8/17/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 106	
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRA	AM
			S	SALES REGISTER			BILL WEEK ENDING 8/24/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
206548	8/17/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	11.75		171.32 I	
				CATEGORY	11.75	0.00	171.32	-

	TE 08/22/12 JRNL # 0295		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 10 ADU ADULT BILL WEEK ENDING	7 8/24/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206549	8/17/12	800000	VISITING NURSE SERVICE	FISHER, MYRA	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.08	
SALES JRN	L # 0295	LOC 001		REG NY NY			LTC NURSING HOMEW		
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206550	8/17/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	52.50		765.45 I		
				CATEGORY	52.50	0.00	765.45		

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 10 CCL CONGREGATE CAR BILL WEEK ENDING	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206551	8/17/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 08/22/12 SALES JRNL # 0295			REG NY NY			PAGE 1 VCP CHOICE LE	- 110 HCSA	
		\$	SALES REGISTER			BILL WEEK ENI	DING	8/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206552 8/17/12 206553 8/17/12 206554 8/17/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FOLLETTO, ROSIN FONG, ALEFINA FONTEBOA, GUILL	35.00 12.00 33.75		510.30 174.96 492.08	I I I	
			CUSTOMER	80.75	0.00	1,177.34		
			CATEGORY	80.75	0.00	1,177.34		

			YSIDE CITYWIDE				PAGE 1 - 1	
SALES JRN	L # 0295	LOC 001		REG NY NY			LTC NURSING HOMEV	•
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206555	8/17/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L12
SALES JRN	rL # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206556	8/17/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

	08/22/12 - JL # 0295			REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206557	8/17/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	6.00		87.48 I	
				CATEGORY	6.00	0.00		

	E 08/22/12 RNL # 0295			REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
206558	8/17/12	800000	VISITING NURSE SERVICE	FULGENCIO, SECU	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	CW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
206559	8/17/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	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 LHCSA	 *
DILLES GIAV	L 0255	100 001		SALES REGIST	ER		BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206560	8/17/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	7
SALES JRN	ъ # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206561	8/10/12	000008	VISITING NURSE SERVICE	GALARZA, JOSE	7.00		102.06 I	
206562	8/17/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	35.75		521.24 I	
				CUSTOMER	42.75	0.00	623.30	
				COSTONER	42.75	0.00	023.30	
				CATEGORY	42.75	0.00	623.30	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	118	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
006560	0 /1 5 /1 0						101 00 -		
206563	8/17/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22 I		
							121 00		
				CATEGORY	9.00	0.00	131.22		

			YSIDE CITYWIDE	556 197			PAGE 1 -	
SALES JRN	L # 0295	TOC 001		REGNY NY SALES REGISTER			BILL WEEK ENDI	MEW/O WALLS (LT NG 8/24/12
							5111 NEEK 21151	1.0 0,21,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
006564	0 /1 5 /1 0	000000		G1110 DE1111111	40.00		502.00	_
206564	8/17/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	40.00		583.20	<u>_</u>
206565	8/17/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	15.75		229.64	I
206566	8/17/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	29.50		430.11	I
				====				
				CUSTOMER	85.25	0.00	1,242.95	
				CATEGORY		0.00	1 242 05	
1				CATEGORY	85.25	0.00	1,242.95	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	120
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206567	8/17/12	000008	VISITING NURSE SERVICE	GARCIA-VARGAS,	3.00		43.74 I	
206568	8/17/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	46.50		677.97 I	
				CUSTOMER	49.50	0.00	721.71	
				CATEGORY	49.50	0.00	721.71	

RUN	DATE 08/22	2/12 - SUP	SUNNY	SIDE CITYWIDE				PAGE	1 - 12	21
SALE	S JRNL # (0295 LOC	001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSIN	HOMEW/	O WALLS (LT
					SALES REGIS	TER		BILL WEEK	ENDING	8/24/12
INVO	ICE# DAT	re cus'	T NO	CUSTOMER NAME	REFERENCE	HOUR	S TAX A	MT AMOUN	TYP	SURPLUS
2065	69 8/1	7/12 000	800	VISITING NURSE SERVICE	GIORGIO, WIL	LIA 48.7	'5	710.7	3 I	
					CATEGO	RY 48.7	'5 0.	00 710.7	3	

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	122
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206570	8/17/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	52.00		758.16 I	
				CATEGORY	52.00	0.00	758.16	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 123	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			Ş	SALES REGISTER			BILL WEEK ENDING 8/24/1	L2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
206571	8/17/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE (SALES JRNI		SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 LTC NURSING F BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206572 206573	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	35.00 28.00		510.30 408.24	I I	
				CUSTOMER	63.00	0.00	918.54		
				CATEGORY	63.00	0.00	918.54		

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 125	5
SALES JRN	ъ # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206574	8/17/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 126 ADU ADULT BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206575	8/17/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.27
SALES JRN	ъ # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206576	8/17/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

	08/22/12 - NL # 0295			REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206577	8/17/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELBA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 129 ADU ADULT	
SALES OWN.	L # 0255	100 001		SALES REGISTER				/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
206578	8/17/12	800000	VISITING NURSE SERVICE	GONZALEZ, NITZA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 130	
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
006550	0 /1 5 /1 0	00000		G01177770111111 11	01 00		206 10 -	
206579	8/17/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
206580	8/10/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	18.00		262.44 I	
206581	8/17/12	000008	VISITING NURSE SERVICE	,	24.00		349.92 I	
206582	8/17/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	39.75		579.56 I	
				CUSTOMER	81.75	0.00	1,191.92	
				CATEGORY	81.75	0.00	1,191.92	

			YSIDE CITYWIDE	DEC NY NY			PAGE 1 -	132
SALES JRN	L # U295	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206583 206584	8/03/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	3.00 47.75		43.74 696.20	I I
				CUSTOMER	50.75	0.00	739.94	
				CATEGORY	50.75	0.00	739.94	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	133
SALES JRI	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	S ADULT POPUL
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206585	8/17/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE				PAGE 1	- 13	34
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK ENI	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206586	8/17/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I	
206587	8/17/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	82.00		1,195.56	I	
				CUSTOMER	166.00	0.00	2,420.28		
				CATEGORY	166.00	0.00	2,420.28		

RUN	DATE 08/22/12	2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 1	135
SALE	S JRNL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			Š	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2065	88 8/17/12	000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

			YSIDE CITYWIDE					.36
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206589	8/17/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	16.00		233.28 I	
206590	8/17/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	25.00		364.50 I	
				CUSTOMER	41.00	0.00	597.78	
				COSTOMER	41.00	0.00	597.70	
				CATEGORY	41.00	0.00	597.78	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 13	7
			S	BALES REGISTER			BILL WEEK END	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206591 206592	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00 25.25		816.48 368.15	I	
200592	0/1//12	000008	VISITING NURSE SERVICE	HERNANDEZ, MARI	25.25		300.13		
				CUSTOMER	81.25	0.00	1,184.63		
				CATEGORY	81.25	0.00	1,184.63		

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.38
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206593	8/17/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	
			i	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206594	8/17/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 140	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
				SALES REGISTER			BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206595	8/17/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 141	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206596	8/17/12	000008	VISITING NURSE SERVICE	HERRERA, HORACI	32.50		473.85 I	
							450 05	
				CATEGORY	32.50	0.00	473.85	

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	42
SALES JRI	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206597	8/17/12	800000	VISITING NURSE SERVICE	HIGUERA, MARGAR	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE S 2	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
206598	8/17/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	144
SALES JRN	L # 0295	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDING	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
206599	8/17/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	5
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W	/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206600	8/17/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	25.00		364.50 I	
					05.00		264 50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 146
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				AIDS ADULT POPUL
			i	SALES REGISTER			BILL WEEK ENI	OING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
206601	8/03/12	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	2.00		29.16	I
206602	8/17/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10	I
				CUSTOMER	47.00	0.00	685.26	
				COSTONER	47.00	0.00	005.20	
				CATEGORY	47.00	0.00	685.26	

			YSIDE CITYWIDE				PAGE 1 - 1	.47
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/24/12
			· ·	SALES REGISIER			BILL MEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206603	8/17/12	000008	VISITING NURSE SERVICE	INSERRA, CATHER	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	48
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206604	8/17/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 149	9
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	8/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	206605	8/17/12	800000	VISITING NURSE SERVICE	JACSO, ERZSEBET	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 150	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING 8	/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
206606	8/17/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 15	51
SALES UKN	ш # 0295	LOC UUI		ALES REGISTER			BILL WEEK END		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206607	7/27/12	000008	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90	I	
206608	8/10/12	000008	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90	I	
206609	8/17/12	800000	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90	I	
206610	8/17/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	8.00		116.64	I	
206611	8/17/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	73.00		1,064.34	I	
206612	8/17/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I	
				CUSTOMER	120.00	0.00	1,749.60		
				CATEGORY	120.00	0.00	1,749.60		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	52
SALES JRN	IL # 0295	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206613	8/17/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	53
ı	SALES JRN	L # 0295	LOC 001		REG NY NY			LTC NURSING HOMEW	
ı				:	SALES REGISTER			BILL WEEK ENDING	8/24/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	206614	8/17/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	30.00		437.40 I	
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	154
SALES JRN	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	ı
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206615	8/17/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

RUN DATE 08/22/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - :	155
SALES JRNL # 0295	LOC 001		REG NY NY			ADU ADULT	
		S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206616 8/10/12	000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	16.00		233.28 I	
206617 8/17/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00		291.60 I	
			OHOMON D	26.00			
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 08/22/12 SALES JRNL # 0295		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	56 /O WALLS (LT 8/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206618 8/10/12 206619 8/17/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	5.00 33.00		72.90 I 481.14 I	
			CUSTOMER	38.00	0.00	554.04	
			CATEGORY	38.00	0.00	554.04	

RUN DATE 08/22/12	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 15	7
SALES JRNL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			ADU ADULT		
		5	SALES R	EGIST	E R		BILL WEEK EN	DING	8/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206620 8/17/12	800000	VISITING NURSE SERVICE	KAUR,		13.00		189.54	I	
206621 8/17/12	000008	VISITING NURSE SERVICE	KAUR,	SHARAN	40.00		583.20	I	
				CUSTOMER	53.00	0.00	772.74		
				CATEGORY	53.00	0.00	772.74		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 158 HOA HOSPICE ADULT	
			2	SALES REGISTER			BILL WEEK ENDING 8	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
206622	8/17/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	59
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206623	8/17/12	000008	VISITING NURSE SERVICE	KILIMLIAN, PEPR	48.00		699.84	I	
206624	8/17/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48	I	
				CUSTOMER	104.00	0.00	1,516.32		
				CATEGORY	104.00	0.00	1,516.32		

			YSIDE CITYWIDE	DDG 1997			PAGE 1 - 160	
SALES JRNI	L # U295	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206625	8/17/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	61
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206626	8/17/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.62
	_ "			SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206627	8/17/12	800000	VISITING NURSE SERVICE	,	8.00		116.64 I	
206628 206629	8/03/12	000008	VISITING NURSE SERVICE	,	3.00 9.00		43.74 I 131.22 I	
200029	8/17/12	800000	VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 1	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 163
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
206630	8/17/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	12.00		174.96 I
206631	8/17/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	9.00		131.22 I
				CUSTOMER	21.00	0.00	306.18
				CATEGORY	21.00	0.00	306.18

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L64
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206632	8/17/12	000008	VISITING NURSE SERVICE	LEIBOWITZ, AARO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 16 ADU ADULT	5
DILLED GIAN	2 11 0270	200 001		ALES REGISTER				8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206633	8/17/12	800000	VISITING NURSE SERVICE	LENDOIRO, JUAN	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

			YSIDE CITYWIDE				11102	- 16	6
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		0.404.410
			2	SALES REGISTER			BILL WEEK END	ING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206634	8/17/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48	I	
206635	8/10/12	800000	VISITING NURSE SERVICE	LIGARDO, SOL M	6.00		87.48	I	
206636	8/17/12	800000	VISITING NURSE SERVICE	LIGARDO, SOL M	29.75		433.76	I	
206637	8/17/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	67.75		987.80	I	
206638	8/17/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	19.25		280.67	I	
				CUSTOMER	178.75	0.00	2,606.19		
				CATEGORY	178.75	0.00	2,606.19		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 167	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
			5	SALES REGISTER			BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206639	8/17/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 08/22/12 SALES JRNL # 0295		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
206640 8/17/12 206641 8/17/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	56.00 42.00		816.48 612.36	I I
			CUSTOMER	98.00	0.00	1,428.84	
			CATEGORY	98.00	0.00	1,428.84	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	169
SALES JRN	և # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206642	8/17/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	64.25		936.77 I	
				CATEGORY	64.25	0.00	936.77	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	170
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206643	8/17/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -	171
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206644	8/17/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	30.50		444.69	I
206645	8/17/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	12.00		174.96	I
				CUSTOMER	42.50	0.00	619.65	
				CATEGORY	42.50	0.00	619.65	

			YSIDE CITYWIDE				PAGE 1 - 1	172
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEV	•
			S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206646	8/17/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

	E 08/22/12 RNL # 0295		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 17 HOA HOSPICE ADULT	73
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206647	8/17/12	800000	VISITING NURSE SERVICE	LOPEZ, RAFAEL	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

	08/22/12 - NL # 0295		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 174 ADU ADULT	ł
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206648	8/17/12	800000	VISITING NURSE SERVICE	LOZADA, LAURA	3.75		54.68 I	
				CATEGORY	3.75	0.00	54.68	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDI	CARE PROGRAM
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206649 206650 206651	8/17/12 8/17/12 8/17/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00 25.00 24.50		291.60 364.50 357.22	I I I
				CUSTOMER	69.50	0.00	1,013.32	
				CATEGORY	69.50	0.00	1,013.32	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 17	76
Bridde Grav	1 11 0255	100 001		SALES REGISTER			BILL WEEK EN		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206652	8/17/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72	I	
206653 206654	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	20.00		291.60 874.80	I	
200031	0/1//12	000000	VIBITING NORSE BERVICE						
				CUSTOMER	109.00	0.00	2,391.12		
				CATEGORY	109.00	0.00	2,391.12		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 177	
SALES JRI	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206655	8/17/12	000008	VISITING NURSE SERVICE	MANOS, VASILIKE	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	78
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206656	8/17/12	800000	VISITING NURSE SERVICE	MARINO, ANN	18.00		262.44 I	
				CATEGORY	18.00	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 17 VCP CHOICE LHCSA	'9
SALES OWN	II # 0273	ПОС 001		SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206657 206658	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	49.50 18.25		721.71 I 266.09 I	
				CUSTOMER	67.75	0.00	987.80	
				CATEGORY	 67.75	0.00	 987.80	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 180)
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206659	8/17/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.50		634.23 I	
				CATEGORY	43.50	0.00	634.23	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206660 206661 206662	8/17/12 8/17/12 8/17/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTE, JOSE MARTIN, ELAUCAD MARTINEZ, CAMIL	7.25 12.00 15.00		105.71 I 174.96 I 218.70 I	
				CUSTOMER	34.25	0.00	499.37	
				CATEGORY	34.25	0.00	499.37	

RUN DATE (08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	182
SALES JRNI	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			5	SALES REGISTEF	?		BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206663	8/17/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	65.00		947.70 I	
				 CATEGORY	65.00	0.00	 947.70	

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 183
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
				SALES REGISTER			BILL WEEK END	ING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
206664	8/17/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	29.75		433.76	I
206665	8/17/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	31.00		451.98	I
206666	8/17/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	40.00		663.39	I
206667	8/17/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	44.25		645.17	I
				CUSTOMER	145.00	0.00	2,194.30	
				CATEGORY	145.00	0.00	2,194.30	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 18	4
SALES UKNI	1 # 0293	TOC 001		SALES REGISTER			BILL WEEK ENI	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	8/17/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	63.00 168.00		918.54 2,449.44	I I	
				CUSTOMER	231.00	0.00	3,367.98		
				CATEGORY	231.00	0.00	3,367.98		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 185	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 8/24/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
206670	8/17/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	186
SALES JRN	L # 0295	LOC 001		REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206671	8/17/12	800000	VISITING NURSE SERVICE	MCKAY, DOROTHY	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	.87
	_ 0230	200 001		SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206672 206673	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE		21.75 25.25		317.12 I 368.15 I	
200073	0/1//12	000008	VISITING NURSE SERVICE	MEJIA, MARINA			300.15 1	
				CUSTOMER	47.00	0.00	685.27	
				CATEGORY	47.00	0.00	 685.27	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 188	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (L	Τ
			Ş	SALES REGISTER			BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206674	8/17/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	23.00		335.34 I	
				CATEGORY	23.00	0.00	335.34	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADULT	- 18	9	
			:	SALES REGISTER			BILL WEEK END	ING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS	
206675 206676	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	35.00 6.00		510.30 87.48	I T		
	7, -1,			CUSTOMER	41.00	0.00	597.78			
				CATEGORY	41.00	0.00	597.78			

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	90
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206677	8/17/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	91
SALES JRN	ı∟ # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206678	8/17/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	44.00		641.52 I	
				CATEGORY	44.00	0.00	641.52	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 19 ADU ADULT	2
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206679	8/17/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	22.00		320.76 I	
				CATEGORY	22.00	0.00	320.76	

ı	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	193	
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME		
ı				:	SALES REGISTER			BILL WEEK ENDING	8/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	206680	8/17/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	27.50		400.95 I		
					CATEGORY	27.50	0.00	400.95		

			YSIDE CITYWIDE				PAGE 1 -	194
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	IG 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206681	8/17/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	20.00		291.60	- -
206682	8/17/12	800000	VISITING NURSE SERVICE	MILEO, MARY	36.00		524.88	- -
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

	08/22/12 NL # 0295	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 195 ADU ADULT BILL WEEK ENDING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
206683	8/17/12	800000	VISITING NURSE SERVICE	MIRANDA, LUIS	19.75		287.96 I
				CATEGORY	19.75	0.00	 287.96

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC: BILL WEEK ENDII	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206684	8/17/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	6.00		87.48	Ι
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 197 ADU ADULT	7
Brilling Grav	L 0255	100 001		SALES REGISTER				8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206685 206686	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 9.00		43.74 I 131.22 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 198	3
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206687	8/17/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

ı	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.99	
ı	SALES JRN	L # 0295	LOC 001		REG NY NY			LTC NURSING HOMEW		
ı				\$	SALES REGISTER			BILL WEEK ENDING	8/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	206688	8/17/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	42.00		612.36 I		
					CATEGORY	42.00	0.00	612.36		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	200	
SALES JRN	L # 0295	LOC 001		REG NY NY			ADU ADULT		
			2	SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206689	8/17/12	800000	VISITING NURSE SERVICE	MOSTEIRIN, MART	9.00		131.22 I		
				CATEGORY	9.00	0.00	131.22		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	01
SALES JRN	L # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206690	8/17/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN	DATE 0	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	202
SAL	ES JRNL	# 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	
				2	SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206	691	8/17/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	19.00		277.02 I	
					CATEGORY	19.00	0.00	277.02	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 203	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206692	8/17/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	,
206693	8/17/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	49.00		714.42 I	
				CATEGORY	49.00	0.00		

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE C BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206694 206695	8/03/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 55.00		131.22 I 801.90 I	
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

	08/22/12 - L # 0295		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	06	
011220 0141	_	200 001		SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206696	8/17/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	20.00		291.60 I		
				CATEGORY	20.00	0.00	291.60		

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	L # 0295	LOC 001		REG NY NY			LTC NURSING HOMEV	
			S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206697	8/17/12	800000	VISITING NURSE SERVICE	NOBLIN, ELOISE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 20)8
	2 11 0250	200 001		SALES REGISTER			BILL WEEK END		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206698 206699	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NUZIALE, CONCET OCHOA, LUIS	48.50 43.00		707.13 626.94	I	
200099	0/1//12	000008	VISITING NORSE SERVICE	OCHOA, LUIS	43.00		020.94		
				CUSTOMER	91.50	0.00	1,334.07		
				CATEGORY	91.50	0.00	1,334.07		

			YSIDE CITYWIDE				PAGE 1 - 2	209
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	II D		ADU ADULT	8/24/12
				SALES REGIST	Ł K		BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206700	8/17/12	800000	VISITING NURSE SERVICE	OERTEL, JESSICA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

	08/22/12 - L # 0295			REG NY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206701	8/17/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	54.00		787.32 I	
				CATEGORY	54.00	0.00	 787.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 211 ADU ADULT BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206702	8/17/12	000008	VISITING NURSE SERVICE	ORNANO, BOLIVAR	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
			\$	SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206703 206704	8/17/12 8/17/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		22.00 15.00		320.76 I 218.70 I	
	,			CUSTOMER	37.00	0.00	539.46	
				CATEGORY	37.00	0.00	539.46	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY S A L E S R E			PAGE 1 ADU ADULT BILL WEEK ENI	- 213 DING 8	3/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	NCE HOUR	S TAX AMT	TAMOUNT	TYP S	SURPLUS
206705	8/17/12	800000	VISITING NURSE SERVICE	PAOLONI	, MARY 15.0	0	218.70	I	
							210.70		
				C	ATEGORY 15.0	0.00	218.70		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	14
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206706	7/06/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 215	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 8	3/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
206707	8/17/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	16
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206708	8/17/12	000008	VISITING NURSE SERVICE	PAPOUTSIS, MARY	9.00		131.22 I	
206709	8/17/12	000008	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74 I	
206710	8/17/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	55.25		805.56 I	
				CUSTOMER	67.25	0.00	980.52	
				CATEGORY	67.25	0.00	980.52	

RUN DATE (SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	- 217 ING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
206711 206712	8/17/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PARTAGAS, ANA PASTORE, ANTONI	15.00 3.00		218.70 43.74	I I
				CUSTOMER	18.00	0.00	262.44	
				CATEGORY	18.00	0.00	262.44	

RUN DATE 08 SALES JRNL			REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
206714 8	3/17/12 000008 3/17/12 000008 3/17/12 000008	8 VISITING NURSE SERVICE	PENAGOS, MARIA PEREZ MONSER, C PEREZ, GLADYS	20.00 49.00 35.25		291.60 714.42 513.95	I I I
			CUSTOMER	104.25	0.00	1,519.97	
			CATEGORY	104.25	0.00	1,519.97	

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 219	
SALES JRI	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	BALES REGISTER			BILL WEEK ENDING 8/24	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
206716	8/17/12	000008	VISITING NURSE SERVICE	PEREZ, JOAQUIN	29.75		433.76 I	
				CATEGORY	29.75	0.00	433.76	

RUN DATE SALES JRN	08/22/12	PAGE 1 - 220 VCP CHOICE LHCSA							
511225 014	02/0	LOC 001	SUNNYSIDE CITYWIDI	_	STER		BILL WEEK EN		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206717	8/10/12	000008	VISITING NURSE SERV	VICE PHILIPPS,	MARY 8.00		116.64	I	
206718	8/17/12	000008	VISITING NURSE SERV	VICE PHILIPPS,	MARY 48.00		699.84	I	
206719	8/03/12	000008	VISITING NURSE SERV	VICE PLACIDO, G	ENARO 5.00		72.90	I	
206720	8/10/12	000008	VISITING NURSE SERV	VICE PLACIDO, G	ENARO 6.00		87.48	I	
206721	8/17/12	000008	VISITING NURSE SERV	VICE PLACIDO, G	ENARO 33.00		481.14	I	
206722	8/17/12	000008	VISITING NURSE SERV	VICE PLACIDO, M	ERCED 42.00		612.36	I	
206723	8/17/12	800000	VISITING NURSE SERV	VICE POGGI, EME	RITA 35.25		513.95	I	
				CUST	OMER 177.25	0.00	2,584.31		
				CATE	GORY 177.25	0.00	2,584.31		

RUN DATE 0 SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	8/17/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	POLANCO, BRIGID POLANCO, JUAN	8.00 3.75		116.64 54.68	I I
				CUSTOMER	11.75	0.00	171.32	
				CATEGORY	11.75	0.00	 171.32	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 222	2
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C) WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206726	8/17/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 223 ADU ADULT	
			S	SALES REGISTER				3/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
206727	8/17/12	000008	VISITING NURSE SERVICE	PRIMUS, CATHERI	5.50		80.20 I	
				CATEGORY	5.50	0.00	80.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 22 HCSA	24
Briefs ord	11 11 0255	100 001		SALES REGISTER			BILL WEEK EN		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206728 206729	8/03/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PUISELLO, CIRA PUISELLO, CIRA	4.00 71.25		58.32 1,038.83	I I	
				CUSTOMER	75.25	0.00	1,097.15		
				CATEGORY	75.25	0.00	1,097.15		

SALES JRNL # 0295 LOC 001 SUNNYSIDE CITYWIDE REG NY NY				
BIELD GIALD 0295 EGC GOT BONNIBLE CITIVIDE REG NT NT			CCL CONGREGATE C	ARE PROGRAM
SALES REGIST	E R		BILL WEEK ENDING	8/24/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206730 8/17/12 000008 VISITING NURSE SERVICE PULLIZA, DIANNE	£ 41.75		608.72 I	
CATEGORY	41.75	0.00	608.72	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	226
SALES UKN	ш # 0293	HOC 001		SALES REGISTER			BILL WEEK ENDING	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206731	8/17/12	800000	VISITING NURSE SERVICE	QUATTROCCHI, FI	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	27
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206732	8/17/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	28
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				Ş	SALES REGISTER			BILL WEEK ENDING	8/24/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	206733	8/17/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	35.00		510.30 I	
ı									
ı									
ı					CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	229
511225 0141	.2 0233	200 001		SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206734 206735	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAHMAN, SYEDA RAJA, HANIFA	9.00 28.50		131.22 I 415.53 I	
200733	0/1//12	000008	VISITING NURSE SERVICE	RAUA, HANIFA	20.50		415.55 1	
				CUSTOMER	37.50	0.00	546.75	
				CATEGORY	37.50	0.00	 546.75	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 230	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PE	DIATRIC
			:	SALES REGISTER			BILL WEEK ENDING 8/	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
206736	8/17/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

1	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	31
5	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	8/24/12
:	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
:	206737	8/17/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
					CATEGORY	43.00	0.00	626.94	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 232	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
			S	SALES REGISTER			BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206738	8/17/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN	08/22/12 L # 0295	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
	- "			LES REGISTER			BILL WEEK ENDI	· · -
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
206739	8/17/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I
206740	8/17/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	20.00		291.60	I
206741	7/27/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I
206742	8/10/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I
206743	8/17/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I
206744	8/17/12	800000	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60	I
206745	8/17/12	000008	VISITING NURSE SERVICE	RICCA, MARIE	20.00		291.60	I
206746	8/17/12	800000	VISITING NURSE SERVICE	RICE, SYDNEY	8.00		116.64	I
				CUSTOMER	89.00	0.00	1,297.62	
				CATEGORY	89.00	0.00	1,297.62	

			YSIDE CITYWIDE	550 351				-	- 23	34	
SALES JRNI	L # U295	LOC 001	SUNNYSIDE CITYWIDE S	REGNY 1 SALES RI	NY EGISTER			ADU ADULT BILL WEEK EN	DING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
206747	8/17/12	800000	VISITING NURSE SERVICE	RIVADI	ENEIRA, OL	21.00		306.18	I		
					CATEGORY	21.00	0.00	306.18			

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	235
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206748	8/17/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 23	36
Brilles orde	11 11 0255	100 001		SALES REGISTER			BILL WEEK ENI		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206749 206750	8/17/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	RIVERA, CARMEN RIVERA, CARMEN	6.00 6.00		87.48 87.48	I I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

- 1				YSIDE CITYWIDE				-	237
5	SALES JRNI	և # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 /0 / /1 0
				:	SALES REGISTER			BILL WEEK ENDING	8/24/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	206751	8/17/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	6.00		87.48 I	
					CATEGORY	6.00	0.00	87.48	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	238
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206752	8/17/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 239	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	S (LT
			S	ALES REGISTER			BILL WEEK ENDING 8/24/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
206753	8/17/12	000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 24 ADU ADULT	
				SALES REGISTER				8/24/12
INVOICE#	DATE		CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206754	8/17/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

ı	RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 241	
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	2
				:	SALES REGISTER			BILL WEEK ENDING 8/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	206755	8/17/12	800000	VISITING NURSE SERVICE	RIVERA, WANDA	35.75		521.24 I	
					CATEGORY	35.75	0.00	521.24	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 242 ADU ADULT BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206756	8/17/12	800000	VISITING NURSE SERVICE	ROBERTI, THERES	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 243	
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206757	8/17/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 244 ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 8/	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
206758	8/17/12	800000	VISITING NURSE SERVICE	RODORIGO, XIMEN	1.50		21.87 I	
				CATEGORY	1.50	0.00	21.87	

			YSIDE CITYWIDE				PAGE 1		15
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		0 /04 /10
			:	SALES REGISTER			BILL WEEK END	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206759	8/17/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	27.50		400.95	I	
206760	8/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	36.00		524.88	I	
				CHICEOMED		0.00	925.83		
				CUSTOMER	63.50	0.00	945.83		
				CATEGORY	63.50	0.00	925.83		

RUN DATE (08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	46
SALES JRNI	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			5	SALES REGISTE	R		BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206761	8/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				 CATEGORY	84.00	0.00	1,224.72	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 247	7
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206762	8/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	14.75		215.06 I	
				CATEGORY	14.75	0.00	215.06	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 248	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			Ş	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206763	8/17/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	43.25		630.59 I	
1				CATEGORY	43.25	0.00	630.59	

ı	RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	49
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/24/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	206764	8/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	38.50		561.33 I	
ı									
ı									
ı					CATEGORY	38.50	0.00	561.33	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 250 ADU ADULT BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206765	8/17/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	52.50		765.45 I	
				CATEGORY	52.50	0.00	765.45	

			YSIDE CITYWIDE				PAGE 1 - :	
SALES JRN	L # 0295	LOC 001		REG NY NY			LTC NURSING HOME	
			S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206766	8/17/12	000008	VISITING NURSE SERVICE	ROLON, JUANITA	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

			YSIDE CITYWIDE	DEG NY NY			PAGE 1 -	
SALES OF	RNL # 0295	LOC UUI	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS. BILL WEEK ENDING	
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206767	8/17/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	53
SALES JRN	rL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206768	8/17/12	800000	VISITING NURSE SERVICE	ROMO, FLOR	56.00		816.48 I	
				CATEGORY	56.00	0.00	 816.48	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	254
SALES JRN	L # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206769	8/17/12	800000	VISITING NURSE SERVICE	ROQUE, GLORIA	14.50		211.41 I	
				CATEGORY	14.50	0.00	 211.41	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - 255 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206770	8/17/12	800000	VISITING NURSE SERVICE	ROSA, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	56
				S A L E S R E G I S T E R			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206771	8/17/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1	- 257	
SALES JRN	ъ # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			5	SALES REGISTER	3		BILL WEEK END	ING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
206772	8/17/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
206773	8/17/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	24.00		349.92	I	
206774	8/17/12	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	13.50		196.83	I	
206775	8/17/12	000008	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.00		364.50	I	
206776	8/17/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26	I	
				CUSTOMER	125.50	0.00	1,829.79		
				CATEGORY	125.50	0.00	1,829.79		

RUN DATE SALES JRN			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	-, ,	
206777	8/17/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	65.25		951.35 I		
				CATEGORY	65.25	0.00	951.35		

- 1	RUN DATE (SALES JRNI				REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
	206778	8/17/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	34.00		495.72 I	
					CATEGORY	34.00	0.00	495.72	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	260	
SALES JRN	և # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			\$	SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206779	8/17/12	800000	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70 I		
				CATEGORY	15.00	0.00	218.70		

			YSIDE CITYWIDE				PAGE 1	- 26	1
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	TNC	8/24/12
				SALES REGISIER			DILL MEEV FIND	ING	0/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
006800	0 /02 /10	000000		G111DT11 W1DT1	11 00		160 20	_	
206780 206781	8/03/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	11.00 77.00		160.38 1,122.66	Τ Τ	
200781	0/1//12	000008	VISITING NORSE SERVICE	SALIADIN, MARIA			1,122.00		
				CUSTOMER	88.00	0.00	1,283.04		
				CATECORY	 88 NN	0.00	1 283 04		
				CATEGORY	88.00	0.00	1,283.04		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	262
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206782	8/17/12	000008	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				PAGE 1	- 26	53
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			:	SALES REGISTER			BILL WEEK ENI	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206783	8/17/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	15.75		229.64	I	
206784	8/17/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	48.75		710.78	I	
				CUSTOMER	64.50	0.00	940.42		
				CATEGORY	64.50	0.00	940.42		

RUN DA	TE 08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 264	
SALES	JRNL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 8	1/24/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
206785	8/17/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 265	·)
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206786	8/17/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

RUN DATE O SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 266 DING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.50 55.00		123.93 801.91	I
				CUSTOMER	63.50	0.00	925.84	
				CATEGORY	63.50	0.00	925.84	

RUN DATE SALES JRN	,		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 26	7
SALES UKN	ш # 0295	100 001		SALES REGISTER			BILL WEEK END		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206789	8/17/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	30.00		437.40	I	
206790	8/17/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	56.00		816.48	I	
206791	8/17/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	53.25		776.39	I	
206792	8/17/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	35.00		510.30	I	
				CUSTOMER	174.25	0.00	2,540.57		
				CATEGORY	174.25	0.00	2,540.57		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 268	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 8/2	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUE	RPLUS
206793	8/17/12	800000	VISITING NURSE SERVICE	SHEOBALACK, SEE	41.00		597.78 I	
				CATEGORY	41.00	0.00	 597.78	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206794	8/17/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80 I	
				CATEGORY	10.00	0.00		

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	L # 0295	LOC 001		REG NY NY			LTC NURSING HOMEV	•
			S	ALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206795	8/17/12	000008	VISITING NURSE SERVICE	SILLS, JAMES	41.50		605.08 I	
				CATEGORY	41.50	0.00	605.08	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
BALLS OIL	L # 0255	HOC 001		ALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206796 206797	8/17/12 8/17/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SINGH, BADREE SINGH, JAMOONIE	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 (08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 272	
SALES JRNI	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROG	3RAM
			5	SALES REGISTER			BILL WEEK ENDING 8/24/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	JUS
206798	8/17/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

ı	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 273	
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
ı				S	SALES REGISTER			BILL WEEK ENDING 8/24/12	
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
ı	006700	0 /1 5 /1 0	000000		G0DT3	20.00		425 40 -	
ı	206799	8/17/12	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
ı									
ı					CATEGORY	30.00	0.00	437.40	
ı					CALEGORI	30.00	0.00	43/.4U	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 274	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 8/24/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
206800	8/17/12	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 275
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK END	OING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
206801	8/17/12	000008	VISITING NURSE SERVICE	STAFILIAS, EVAN	56.00		816.48	I
206802	8/17/12	000008	VISITING NURSE SERVICE	STALZER, STEPHA	20.00		291.60	I
206803	8/17/12	000008	VISITING NURSE SERVICE	STAMATIADES, ME	6.00		87.48	I
206804	8/17/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	54.50		794.61	I
				CUSTOMER	136.50	0.00	1,990.17	
				CATEGORY	136.50	0.00	1,990.17	

	08/22/12 - NL # 0295		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 HOA HOSPICE ADULT BILL WEEK ENDING	7
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206805	8/17/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

S A L E S R E G I S T E R BILL WEEK ENDING INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP		BILL WEEK ENDING 8/24/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP		
	NVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX	AMT AMOUNT TYP SURPLUS
206806 8/17/12 000008 VISITING NURSE SERVICE STENOS, MOSHOUL 14.50 211.41 I	06806 8/17/12 000008 VISITING NURSE SERVICE STENOS, MOSHOUL 14.50	211.41 I
CATEGORY 14.50 0.00 211.41	14 FO	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 27	78
Brilling Grav	1 0255	100 001		SALES REGISTER			BILL WEEK ENI		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206807	8/17/12	000008	VISITING NURSE SERVICE	STERGIOU, GLORI	20.00		291.60	I	
206808	7/06/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	4.00		58.32	Т	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 279 ADU ADULT	
	- 11 0233	200 001		SALES REGISTER				/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
206809	8/17/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	28.00		408.24 I	
				 CATEGORY	28.00	0.00	408.24	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	30
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206810	8/17/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

		08/22/12 - L # 0295	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	281 G 8/24/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
20	6811	8/17/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	25.00		364.50 I	
					CATEGORY	25.00	0.00	364.50	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 282	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206812	8/17/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	29.25		426.47 I	
				CATEGORY	29.25	0.00	426.47	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 283 ADU ADULT BILL WEEK ENDING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
206813	8/17/12	800000	VISITING NURSE SERVICE	SYED, GHULAM	11.50		167.67 I
				CATEGORY	11.50	0.00	 167.67

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
	- "			SALES REGISTER			BILL WEEK ENDII	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206814	8/03/12	000008	VISITING NURSE SERVICE	TABOADA, DIMAS	4.00		58.32	I
206815	8/17/12	800000	VISITING NURSE SERVICE		16.75		244.22	I
206816	8/17/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	55.75		812.84	I
				CUSTOMER	76.50	0.00	1,115.38	
				CATEGORY	76.50	0.00	1,115.38	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	P		PAGE 1 - LTC NURSING HO BILL WEEK END	OMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
INVOICE#	DAIE	COST NO	COSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNT	TIP SURPLUS
206817	8/17/12	000008	VISITING NURSE SERVICE	TADDEO, LENA	56.00		816.48	I
206818	8/17/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	24.00		349.92	I
				CUSTOMER	80.00	0.00	1,166.40	
				CATEGORY	80.00	0.00	1,166.40	

RUN DATE 0 SALES JRNL	- ,	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		6 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206820 206821	8/17/12 8/17/12 8/17/12 8/17/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TAVERAS, BERNAR TEJADA, BALDOME TEJADA, BALDOME TERZIAN, ASDGHI	12.00 4.00 16.00 42.00		174.96 58.32 233.28 612.36	I I I	
				CUSTOMER	74.00	0.00	1,078.92		
				CATEGORY	74.00	0.00	1,078.92		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	287
	2 11 0250	200 001		SALES REGISTER			BILL WEEK ENDIN	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206823 206824	8/10/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		5.00 25.00		72.90 I 364.50 I	
200024	0/1//12	000008	VISITING NURSE SERVICE	TOLENTINO, PASC			304.30 1	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	288
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			\$	SALES REGISTER			BILL WEEK ENDIN	NG 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206825	8/17/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	24.25		353.57	Ι
206826	8/17/12	800000	VISITING NURSE SERVICE	TORO, PURA	84.00		1,224.72	[
206827	8/17/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	40.00		583.20	[
206828	8/17/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	84.00		1,224.72	[
				CUSTOMER	232.25	0.00	3,386.21	
				CATEGORY	232.25	0.00	3,386.21	

RUN DATE 08/22/12 - SUP SUNN SALES JRNL # 0295 LOC 001		EG NY NY ES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206829 8/17/12 000008	VISITING NURSE SERVICE	TOUMA, MATTA	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 - 2 VCP CHOICE LHCSA	90
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206830 206831	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TRUONG, TINH	20.00 16.00		291.60 I 233.28 I	
206832	8/17/12	000008	VISITING NURSE SERVICE	TSOLISOS, FOTIN	56.00		816.48 I	
				CUSTOMER	92.00	0.00	1,341.36	
				CATEGORY	92.00	0.00	1,341.36	

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	91
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206833	8/17/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 29 ICSA)2
			S	BALES REGISTER			BILL WEEK ENI	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206834 206835	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	63.00 7.00		918.54 1,224.72	I	
200033	0/1//12	000000	VIBITING NORDE BERVICE	OGORDOTAN, RARA					
				CUSTOMER	70.00	0.00	2,143.26		
				CATEGORY	70.00	0.00	2,143.26		

RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 293	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206836	8/17/12	000008	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	94
SALES JRN	L # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206837	8/17/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 295	
ı	SALES JRN	ъ # 0295	LOC 001		REG NY NY			LTC NURSING HOMEW/O WALLS (L	T
ı				i	SALES REGISTER			BILL WEEK ENDING 8/24/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	206838	8/17/12	800000	VISITING NURSE SERVICE	VAROL, ELMAS	5.00		72.90 I	
					CATEGORY	5.00	0.00	72.90	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	296
SALES JRN	ı∟ # 0295	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206839	8/17/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	97
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			2	SALES REGISTER			BILL WEEK EN	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206840	8/17/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	29.00		422.82	I	
206841	8/17/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	18.00		262.44	I	
206842	8/17/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20	I	
				CUSTOMER	87.00	0.00	1,268.46		
				CATEGORY	87.00	0.00	1,268.46		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	298	
SALES JRN	ъ # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206843	8/17/12	000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	15.00		218.70 I		
				CATEGORY	15.00	0.00	218.70		

١	RUN DATE	08/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	299
١	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	8/24/12
١									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١									
١	206844	8/17/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	49.00		714.42 I	
١									
ı									
ı					CATEGORY	49.00	0.00	714.42	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	300
				SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206845	8/17/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	8.00		116.64 I	
				GA WINGODY			116.64	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	IG 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206846	8/17/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	36.75		535.82	-
				CATEGORY	36.75	0.00	535.82	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUL	
	- "			SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206847	8/17/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	03
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206848	8/17/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

ı	RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	304
ı	SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	ARE PROGRAM
ı				Ş	SALES REGISTER			BILL WEEK ENDING	8/24/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	206849	8/17/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	3.00		43.74 I	
ı									
ı									
ı					CATEGORY	3.00	0.00	43.74	

- 1				YSIDE CITYWIDE					305
	SALES JRN	L # 0295	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEV	•
								DILL WEEK ENDING	0/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	206850	8/17/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	28.00		408.24 I	
ı					CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 306 VCP CHOICE LHCSA BILL WEEK ENDING 8/2	24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
206851	8/17/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	66.50		969.57 I	
				CATEGORY	66.50	0.00	969.57	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	307
	_ "			GALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206852 206853	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	VIVAR, AARON VLAHOS, MARIE	17.75 20.00		258.80 I 291.60 I	
				CUSTOMER	37.75	0.00	550.40	
				CATEGORY	37.75	0.00	550.40	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 30	18
Brilles orde	0233	100 001		SALES REGISTER			BILL WEEK ENI		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206854 206855	8/17/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	VOLASTRO, JOHN WEINHAUS, SUSAN	3.00 20.00		43.74 291.60	I I	
				CUSTOMER	23.00	0.00	335.34		
				CATEGORY	23.00	0.00	335.34		

RUN	DATE 0	8/22/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	309
SALE	ES JRNL	# 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				5	SALES REGISTER			BILL WEEK ENDI	NG 8/24/12
INVO	DICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
2068	356	8/17/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	10.00		145.80	I
					CATEGORY	10.00	0.00	145.80	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	310	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206857	8/17/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	15.75		229.64 I		
				CATEGORY	15.75	0.00	229.64		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PED PEDIATRIC	311
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDI	NG 8/24/12 YP SURPLUS
206858	8/17/12	000008	VISITING NURSE SERVICE		11.00	IAA ANI	160.38	
	,							
				CATEGORY	11.00	0.00	160.38	

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 312	
SALES JR	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206859	8/17/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			TYSIDE CITYWIDE	556 197			PAGE 1 -	
SALES JRN	IL # 0295	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206860	8/17/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	19.25		280.67 I	
				CATEGORY	19.25	0.00		

	E 08/22/12 RNL # 0295		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 31 ADU ADULT	
				SALES REGISTER				8/24/12
INVOICE		CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206861	8/17/12	800000	VISITING NURSE SERVICE	ZAVALA OBANDO,	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	E 08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	315
SALES JE	RNL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	
			:	SALES REGISTER			BILL WEEK ENDING	8/24/12
INVOICE‡	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206862	8/17/12	800000	VISITING NURSE SERVICE	ZELLE, EVE	9.75		142.16 I	
				CATEGORY	9.75	0.00	142.16	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 316	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
				SALES REGISTER			BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206863	8/17/12	000008	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE 08/22/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 317 SALES JRNL # 0295 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 8/24/12 ACREND, CLAIRE 24.00 348.48
ALI, AMRUNISSA 20.00 290.40
ALSTON, ZULINE 55.00 813.12
AMABILE, ANTOIN 7.00 1,321.04
BEGUM, JAMILA FILOR 52.00 7,55.04
BEGUM, JAMILA 72.00 1,045.44
BUCARO, CONCETT 45.00 653.40
CARSWELL, LUELL 70.00 1,016.40
CEPEDA, TUMASA 30.00 435.60
COLAVITTI, JEAN 56.00 813.12
COLEMAN, REGINA 39.00 566.28
DIAZ, ALICIA 45.00 653.40
DIAZ, CARMEN 30.00 435.60
DONOSO, MARGARE 23.00 333.96
EARLINGTON, ALE 41.00 595.32
ECKMAN, LOIS 7.00 1,321.04
ESCOBAR, DOMING 30.00 435.60
ESPINOZA, MARIA 45.00 653.40
ESPINOZA, MARIA 45.00 754.88

FELICIANO, JOAN 36.00 551.76

FERNARA, ANN 26.00 580.80
ESPINOZA, MARIA 45.00 653.40
ESPINOZA, MARIA 45.00 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ACERNO, CLAIRE 24.00 206864 348.48 8/17/12 000010 GUILDNET I 206865 8/17/12 000010 GUILDNET I 8/17/12 206866 000010 GUILDNET 206867 8/17/12 000010 GUILDNET 206868 GUILDNET 8/17/12 000010 GUILDNET 206869 8/17/12 000010 206870 8/17/12 000010 GUILDNET 206871 8/17/12 000010 GUILDNET 206872 8/17/12 000010 GUILDNET 206873 8/17/12 000010 GUILDNET GUILDNET 206874 7/27/12 000010 206875 8/17/12 000010 GUILDNET 206876 8/17/12 000010 GUILDNET 206877 8/17/12 000010 GUILDNET 206878 8/17/12 000010 GUILDNET 206879 8/17/12 000010 GUILDNET 206880 8/10/12 000010 GUILDNET 206881 8/17/12 000010 GUILDNET 206882 8/17/12 000010 GUILDNET 206883 8/17/12 000010 GUILDNET 206884 8/10/12 GUILDNET 000010 206885 GUILDNET 8/17/12 000010 206886 8/17/12 000010 GUILDNET 206887 8/17/12 000010 GUILDNET 206888 8/17/12 000010 GUILDNET 206889 8/17/12 000010 GUILDNET 206890 8/17/12 000010 GUILDNET 206891 8/17/12 000010 GUILDNET 206892 8/10/12 000010 GUILDNET 206893 8/17/12 000010 GUILDNET 206894 8/17/12 000010 GUILDNET 206895 8/17/12 000010 GUILDNET 206896 8/17/12 000010 GUILDNET 206897 8/17/12 000010 GUILDNET 206898 8/17/12 000010 GUILDNET 206899 8/17/12 000010 GUILDNET 206900 8/17/12 000010 GUILDNET 206901 8/17/12 000010 GUILDNET 206902 000010 GUILDNET 8/17/12 206903 000010 GUILDNET 8/17/12 206904 8/17/12 000010 GUILDNET 206905 GUILDNET 8/17/12 000010 206906 8/03/12 000010 GUILDNET 206907 8/03/12 000010 GUILDNET 206908 8/17/12 000010 GUILDNET 206909 8/10/12 000010 GUILDNET 206910 8/17/12 000010 GUILDNET 206911 8/17/12 000010 GUILDNET 8/17/12 000010 GUILDNET 206912

RUN DATE	08/22/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 2	- 31	8
SALES JRN	IL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		
				REG NY NY SALES REGISTEF	}		BILL WEEK END		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206913	8/17/12	000010	GUILDNET	PENA, WALESKA	56.00		813.12	I	
206914	8/17/12	000010	GUILDNET	PEREZ, MARIA	30.00		435.60	I	
206915	8/17/12	000010	GUILDNET	PINILLA, VICTOR	35.75		589.57	I	
206916	8/17/12	000010	GUILDNET	PROANO, ALICIA	18.00		279.36	I	
206917	8/17/12	000010	GUILDNET	PROANO, BRUNO	28.00		434.56	I	
206918	8/17/12	000010	GUILDNET	PRYCE, CLYDIA	10.00		145.20	I	
206919	7/13/12	000010	GUILDNET	RAMOS, ARGENTIN	44.00		638.88	I	
206920	8/17/12	000010	GUILDNET	RAMOS, ESTHER	17.50		254.10	I	
206921	8/17/12	000010	GUILDNET	RESTULA, VINCEN	20.00		290.40	I	
206922	8/17/12	000010	GUILDNET	RIVAS, GERTRUDI	24.00		348.48	I	
206923	8/17/12	000010	GUILDNET	RODRIGUEZ, FABI	28.00		406.56	I	
206924	7/27/12	000010	GUILDNET	RODRIGUEZ, HOLG	9.00		130.68	I	
206925	8/17/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		914.76	I	
206926	8/17/12	000010	GUILDNET	ROJAS, ANGEL	15.00		232.80	I	
206927	8/17/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		310.40	I	
206928	8/17/12	000010	GUILDNET	RUBIANO, MARIA	20.00		290.40	I	
206929	8/17/12	000010	GUILDNET	SALJANIN, DILJA	59.50		863.94	I	
206930	8/17/12	000010	GUILDNET	SANCHEZ, ELIZAB	43.00		624.36	I	
206931	8/17/12	000010	GUILDNET	SHELTON, AGUEDA	42.00		609.84	I	
206932	8/17/12	000010	GUILDNET	SOMRAJ, UMILLA	15.00		217.80	I	
206933	8/03/12	000010	GUILDNET	SOTIRIOU, CHRIS	4.00		58.08	I	
206934	8/17/12	000010	GUILDNET	TROISI, DELIA	47.75		693.33	I	
206935	8/17/12	000010	GUILDNET	VILLACRES, LUZ	8.00		116.16	I	
206936	8/17/12	000010	GUILDNET	VILLACRES, LUZ	8.00		116.16	I	
206937	8/17/12	000010	GUILDNET	VLAHOS, MARIE	64.00		929.28	I	
206938	8/17/12	000010	GUILDNET	WEISZ, KLARA	4.00		58.08	I	
206939	8/10/12	000010	GUILDNET	WEST, BALDWIN	20.00		290.40	I	
206940	6/29/12	000010	GUILDNET	WHITE, GLORIA	6.00		87.12	I	
206941	8/03/12	000010	GUILDNET	WHITE, GLORIA	20.00		290.40	I	
206942	8/10/12	000010	GUILDNET	WHITLEY, MYRNA	24.00		348.48	I	
206943	8/17/12	000010	GUILDNET	YI, CARLOS	24.00		348.48	I	
206944	8/17/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,321.04	I	
206945	8/17/12	000010	GUILDNET	ZARE, GLORIA	40.00		580.80	I	
206946	8/17/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		929.28	I	
				CUSTOMER	2,712.00	0.00	43,884.72		
				PENA, WALESKA PEREZ, MARIA PINILLA, VICTOR PROANO, ALICIA PROANO, BRUNO PRYCE, CLYDIA RAMOS, ARGENTIN RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, HOLG RODRIGUEZ, HOLG RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA SOTIRIOU, CHRIS TROISI, DELIA VILLACRES, LUZ VILLA	2,712.00	0.00	43,884.72		

			YSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E			PAGE 1 -	- 31	L9
SALES JRN	IL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIR	RST	
				SALES REGISTE:	R		BILL WEEK END	ING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ΓΥΡ	SURPLUS
								_	
206947	8/17/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
206948	8/17/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
206949	8/17/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	40.00		675.20	I	
206950	8/17/12	000122	HEALTH FIRST	CARMONA, LUZ	32.00		540.16	I	
206951	8/17/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
206952	8/17/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
206953	8/17/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
206954	8/10/12	000122	HEALTH FIRST	CORTES DE GALIN	48.00		810.24	I	
206955	7/27/12	000122	HEALTH FIRST	DORNELLAS, STEL	4.00		67.52	I	
206956	8/10/12	000122	HEALTH FIRST	DORNELLAS, STEL	10.00		168.80	I	
206957	8/17/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	12.00		202.56	I	
206958	8/17/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96	I	
206959	8/17/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
206960	8/17/12	000122	HEALTH FIRST	FONTANES, PEDRO	49.00		827.12	I	
206961	8/17/12	000122	HEALTH FIRST	FRANCISCO, RICH	53.00		894.64	I	
206962	8/10/12	000122	HEALTH FIRST	FRIAS, BARBARA	16.00		270.08	I	
206963	8/10/12	000122	HEALTH FIRST	HENRY, BRENDA	4.00		67.52	I	
206964	8/17/12	000122	HEALTH FIRST	HERRING, CHARLE	12.00		202.56	I	
206965	8/17/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
206966	8/10/12	000122	HEALTH FIRST	LARA, TOMASA	56.00		945.28	I	
206967	8/17/12	000122	HEALTH FIRST	LAZALA, GLADYS	46.00		776.48	I	
206968	8/17/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ.	66.00		1.114.08	I	
206969	8/17/12	000122	HEALTH FIRST	MACARENA, SAHAR	10.00		168.80	I	
206970	8/17/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
206971	8/17/12	000122	HEALTH FIRST	RODRIGHEZ, MARG	20.00		337.60	I	
206972	8/17/12	000122	HEALTH FIRST	SALAZAR LUZ MA	56 00		945 28	Ī	
206973	8/17/12	000122	HEALTH FIRST	SALHIJANA YOLAN	40.00		675.20	Ī	
206974	8/17/12	000122	HEALTH FIRST	SPIVEY PATRICI	20.00		337 60	Ī	
206975	8/17/12	000122	HEALTH FIRST	ST ROMAINE CLA	53 00		894 64	Ī	
206976	8/17/12	000122	HEALTH FIRST	SIRIFI. GERTRID	20.00		337 60	Ī	
206977	8/17/12	000122	HEALTH FIRST	VASOUEZ OLGA	20.00		337.60	I	
206978	8/17/12	000122	HEALTH FIRST	VECA CLORIA	40.00		675 20	Ī	
200770	0/1//12	000122	HEALIII LIKOI	VEGA, GLOKIA				_	
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE 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 SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA	1,047.00	0.00	17,673.36		
				CATEGORY	1,047.00	0.00	17,673.36 17,673.36		

RUN DATE SALES JRN	08/22/12 - IL # 0295	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY	.	PAGE 1 NHP NEIGHBORE	- 32 HOOD H	20 HEALTH 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME				TYP	SURPLUS
11110101	21112							20112 202
206979	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI NEIGHBORHOOD HEALTH PROVI	DERS AHMED, UMARA	48.00	810.24	I	
206980	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS AKHTER, SELINA	45.00	759.60	I	
206981	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS ARDITTO, PATRIC	24.00	405.12	I	
206982	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS CHUKWUJIORAH, T	50.00	844.00	I	
206983	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS DIAZ, CARMEN	22.00	371.36	I	
206984	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS FERNANDEZ, MARI	12.00	202.56	I	
206985	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS FLORES, MARITZA	70.00	1,181.60	I	
206986	7/27/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS HAMPTON, PRISCI	52.00	877.76	I	
206987	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS JONES, CYNTHIA	27.00	455.76	I	
206988	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS KHALIL, RASHAN	29.00	489.52	I	
206989	8/17/12	000120	NEIGHBORNOOD HEREIN INOVI	DERS KHAN, FARUQUE	83.00	1,401.04	I	
206990	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS KROLL, KATHERIN	35.00	590.80	I	
206991	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS MORALES HERNAD	42.00	708.96	I	
206992	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS MOSKOWITZ, RONA	36.00	607.68	I	
206993	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS RODRIGUEZ, JESS	20.00	337.60	I	
206994	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS RODRIGUEZ, MARI	20.00	337.60	I	
206995	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS SALVATO, MARY	48.00	810.24	I	
206996	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS SHEPPARD, ERMA	68.00	1,147.84	I	
206997	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS WELLS, WYNORIA	12.00	202.56	I	
206998	8/17/12	000120	NEIGHBORHOOD HEALTH PROVI	•	38.00 	641.44	I	
				CUSTOMER		13,183.28		
					781.00	13,183.28		

	UN DATE 08/22/12 - SUP SUNNYSIDE CITYWIDE REG NY NY PAGE 1 - 321 ALES JRNL # 0295 LOC 001 SUNNYSIDE CITYWIDE REG NY NY FID NY CATHOLIC/FIDELIS										
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				- /			
				SALES REGISTER			BILL WEEK EN	DING	8/24/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS		
206999	8/17/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	46.00		776.02	I			
207000	8/17/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.45	I			
207001	7/13/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	5.00		84.35	I			
207002	8/17/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.00		404.88	I			
207003	8/17/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I			
207004	8/17/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,062.81	I			
207005	8/10/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	32.00		539.84	I			
207006	8/17/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	13.00		219.31	I			
207007	8/17/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	31.00		522.97	I			
207008	8/17/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	63.00		1,062.81	I			
				CUSTOMER	396.00	0.00	6,680.52				
				CATEGORY	396.00	0.00	6,680.52				

RUN DATE 08/22/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 322 SALES JRNL # 0295 LOC 001 SUNNYSIDE CITYWIDE REG NY NY UHC UNITED HEALTH									
SALES URN	ш # 0295	LOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK EN		8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP	SURPLUS
207009	8/17/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	I	
207010	8/17/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	49.00		840.84	I	
207011	8/17/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	12.00		205.92	I	
207012	8/17/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
207013	8/17/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
				CUSTOMER	215.00	0.00	3,689.40		
				CATEGORY	215.00	0.00	3,689.40		

	UN DATE 08/22/12 - SUP SUNNYSIDE CITYWIDE REG NY NY PAGE 1 - 323 ALES JRNL # 0295 LOC 001 SUNNYSIDE CITYWIDE REG NY NY EHP EMBLEM HEALTH									
SALES OWN	H 0275	HOC 001	SOUNTSIDE CITIWIDE	SALES REGISTER			BILL WEEK EN		8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
207014	8/17/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	10.50		147.00	I		
207015	8/17/12	000114	EMBLEM HEALTH	COPE, WILLIE	78.00		1,092.00	I		
207016	8/17/12	000114	EMBLEM HEALTH	COPELAND, ELISE	38.25		545.06	I		
207017	8/17/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I		
207018	8/17/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	63.00		882.00	I		
207019	8/17/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	28.00		392.00	I		
207020	8/17/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I		
207021	8/17/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I		
207022	8/17/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	51.75		724.50	I		
207023	8/03/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	64.00		896.00	I		
				CUSTOMER	449.50	0.00	6,302.56			
				CATEGORY	449.50	0.00	6,302.56			

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E		2		PAGE 1 HIP HEALTH I BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207024 207025 207026 207027 207028 207029 207030	8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12 8/17/12	000136 000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE DE JESUS, TIBUR LOYOLA, MARIA ORR, LOUISE SHAH, HANSIKABE WILLIAMS, DIANE	16.00 20.00 45.00 40.00 34.00 5.00 20.00		270.08 337.60 759.60 675.20 573.92 84.40 337.60	I I I I I	
				CUSTOMER	180.00	0.00	3,038.40		
				CATEGORY	180.00	0.00	3,038.40		

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	25
SALES JRN	ъ # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY REGISTER			MPH METROPLU	S HEAI	TH.
				SALES	REGISTER	}		BILL WEEK EN	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207031	8/17/12	000130	WEED ODI IIG. HEAT MI	7. 1.7	DEDCOM DEMM	20.00		F14 F0	-	
		000130	METROPLUS HEALTH		DERSON, BETH	30.00		514.50	I	
207032	8/17/12	000130	METROPLUS HEALTH		IAS, NORA			1,166.20	I	
207033	8/17/12	000130	METROPLUS HEALTH		DOYA, MONICA			171.50	Ι	
207034	8/17/12	000130	METROPLUS HEALTH		RDERO, ROSEND			1,200.50	I	
207035	8/17/12	000130	METROPLUS HEALTH	DA	VIS, ANGIE	83.00		1,423.45	I	
207036	8/17/12	000130	METROPLUS HEALTH	DU	RHAM, CYNTHIA	20.00		343.00	I	
207037	8/17/12	000130	METROPLUS HEALTH	GA	LAS, TERESA	35.00		600.25	I	
207038	8/17/12	000130	METROPLUS HEALTH	MU	RDOCK, GERTRU	40.00		686.00	I	
207039	8/17/12	000130	METROPLUS HEALTH		ORIO, ELVIA			102.90	I	
207040	8/17/12	000130	METROPLUS HEALTH		RSAD, USHA			1,029.00	Т	
207041	8/17/12	000130	METROPLUS HEALTH		MPERSAID, ALI			651.70	T	
207042	8/10/12	000130	METROPLUS HEALTH	PV	ALS, CHARLES	47.00		806.05	T	
207042	8/17/12	000130	METROPLOS HEALTH		NTORO, MATTHE			514.50	± T	
207043	8/17/12								± +	
		000130	METROPLUS HEALTH		UMON, NUK-FNU			480.20	Τ_	
207045	8/10/12	000130	METROPLUS HEALTH	VA	LLE, BLASINA	55.00		943.25	I	
					CUSTOMER	620.00	0.00	10,633.00		
					COSTOMER	020.00	0.00	10,633.00		
					CATEGORY	620.00	0.00	10,633.00		
1								.,		

RUN DATE 08/ SALES JRNL #	22/12 - SUP SUNN 0295 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE O BILL WEEK END		6 8/24/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207047 8/	17/12 000124 17/12 000124 17/12 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 42.00 59.00		842.80 722.40 1,014.80	I I I	
				CUSTOMER	150.00	0.00	2,580.00		
				CATEGORY	150.00	0.00	2,580.00		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 AMG AMERIGRO	- 32	27
	_ "				REGISTER			BILL WEEK EN	-	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207049	8/17/12	000132	AMERIGROUP	DEN	NISON, KELVI	28.00		472.64	I	
207050	8/17/12	000132	AMERIGROUP	ESP	ERSON, CLAUD	16.00		270.08	I	
207051	8/17/12	000132	AMERIGROUP	FER	NANDEZ, NORK	42.00		708.96	I	
207052	8/17/12	000132	AMERIGROUP	GUE	RRA, LORRAIN	60.00		1,012.80	I	
207053	8/17/12	000132	AMERIGROUP	HAR	RDING, EDNA	30.00		506.40	I	
207054	8/17/12	000132	AMERIGROUP	PRU	JITT, JOHNNY	8.00		135.04	I	
207055	8/17/12	000132	AMERIGROUP	WAL	TERS, BYRON	25.00		422.00	I	
207056	8/17/12	000132	AMERIGROUP	YOU	NG, KALEILE	18.00		303.84	I.	
					CUSTOMER	227.00	0.00	3,831.76		
					CATEGORY	227.00	0.00	3,831.76		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 HCP HEALTHCARE PA BILL WEEK ENDING	28 RTNERS 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207057 207058 207059	8/17/12 8/17/12 8/17/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	27.00 16.00 16.00		455.76 I 270.08 I 270.08 I	
				CUSTOMER	59.00	0.00	995.92	
				CATEGORY	59.00	0.00	995.92	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 329
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ICS INDEPEND	ENCE CARE SYSTEMS
			S	A L E S R E G I S T E R			BILL WEEK EN	DING 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
207060	8/17/12	000172	INDEPENDENCE CARE SYSTEM	IS HAWKINS S, MA	49.75		791.03	I
207061	8/17/12	000172	INDEPENDENCE CARE SYSTEM	IS RUIZ JR, SAMUEL	25.00		397.50	I
				CUSTOMER	74.75	0.00	1,188.53	
				CATEGORY	74.75	0.00	1,188.53	

RUN DATE	08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	330
SALES JRI	NL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCS VNSNY CHOIC	E SELECTHEALTH
				SALES REGISTER	?		BILL WEEK ENDIN	G 8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207062	8/17/12	000170	VNSNY CHOICE SELECTH	HEALTH CLMS KARASSAVIDES, A	35.00		600.60 I	
				CATEGORY	35.00	0.00	600.60	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG	NY NY			PAGE 1 PAR PRIVATE	- 33	31
SALES UKN	111 # 0293	LOC 001	SUNNISIDE CITIWIDE	SALE				BILL WEEK EN	DING	8/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207063	8/17/12	000002	SUNNYSIDE COMMUNITY	SERVICES	CAGAN, RUMANDO	4.00		58.00	I	
207064	8/17/12	000002	SUNNYSIDE COMMUNITY	SERVICES	DURAN, CARMEN	16.00		232.00	I	
207065	8/17/12	000002	SUNNYSIDE COMMUNITY	SERVICES	HENRIQUEZ, TERE	12.00		174.00	I	
207066	8/17/12	000002	SUNNYSIDE COMMUNITY	SERVICES	MARTIN, RUTH	8.00		116.00	I	
207067	8/17/12	000002	SUNNYSIDE COMMUNITY	SERVICES	MONTELIONE, CAL	8.00		116.00	I	
207068	8/17/12	000002	SUNNYSIDE COMMUNITY	SERVICES	RICKS, WALTER	8.00		116.00	I	
207069	8/17/12	000002	SUNNYSIDE COMMUNITY	SERVICES	TEODORU, MIRELL	8.00		116.00	I	
					CUSTOMER	64.00	0.00	928.00		
					CATEGORY	64.00	0.00	928.00		

RUN DATE	E 08/22/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 332	
SALES JE	RNL # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ICS INDEPENDENCE CARE SYSTEMS	
			S A	LES REGISTER			BILL WEEK ENDING 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
207070	7/13/12	000006	INDEPENDENCE CARE SYSTEMS	HAWKINS S, MA	10.00		145.00 I	
				CATEGORY	10.00	0.00	145.00	

RUN DATE 08/22/12 - SUP SI		NTV NTV		PAGE 1 - 3:	33
SALES JRNL # 0295 LOC 0	001 SUNNYSIDE CITYWIDE REG 1 S A L E 1			PAR PRIVATE BILL WEEK ENDING	8/24/12
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TYP	SURPLUS
207071 8/17/12 00004	0 DUISIN, CHRISTINE	DUISIN, XENIA	20.00	310.00 I	
207072 8/17/12 00004	9 DOMINICAN SISTERS FAM HLTH SVC	MORSHELINA, NAS	30.00	435.00 I	
207073 8/17/12 00007	8 MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00	124.00 I	
				 00	
		CATEGORY	58.00 0.	00 869.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE 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
207074 207075 207076 207077 207078 207079 207080	8/17/12 8/10/12 5/25/12 8/10/12 8/17/12 8/17/12 8/17/12	000088 000088 000088 000088 000088 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI GIL, MARANGELI SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN	20.00 6.00 2.00 6.00 27.00 13.50		310.00 93.00 31.00 93.00 418.51 209.25 209.25	I I I I I	
				CUSTOMER	88.00	0.00	1,364.01		
				CATEGORY	88.00	0.00	1,364.01		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY S A L E S	NY R E G I S T E	R		PAGE 1 - PAR PRIVATE BILL WEEK ENDIN	335 IG 8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	I	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
207081	8/17/12	000098	MILDRED PANSE	P	ANSE, MILDRED	20.00		310.00		
					CATEGORY	20.00	0.00	310.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 ELD ELDERSERVEHEA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207082 207083 207084	8/10/12 7/06/12 8/17/12	000101 000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY BLACK, DOROTHY	5.00 4.00 15.50		71.25 I 57.00 I 220.88 I	
				CUSTOMER	24.50	0.00	349.13	
				CATEGORY	24.50	0.00	349.13	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 PAR PRIVATE BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207085	8/17/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	24.00		378.00 I	
				CATEGORY	24.00	0.00	378.00	

			YSIDE CITYWIDE	220				11102	- 33	
SALES JRN	L # 0295	LOC 001	SUNNYSIDE CITYWIDE	REG I				CCM COMPREHEI BILL WEEK ENI		CARE MGMT 8/24/12
				за п в	S KEGISIEK	<u>.</u>		DITT MEEV EN	JING	0/24/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207086	7/27/12	000150	COMPREHENSIVE CARE MAN	NAGEMENT	BONES, ANA	4.00		56.40	I	
207087	8/17/12	000150	COMPREHENSIVE CARE MAN	NAGEMENT	BONES, ANA	18.00		253.80	I	
207088	8/17/12	000150	COMPREHENSIVE CARE MAN	NAGEMENT	GARCIA, MARIA	40.00		564.00	I	
207089	8/17/12	000150	COMPREHENSIVE CARE MAN	NAGEMENT	MELAMED, ESTER	16.00		225.60	I	
207090	8/17/12	000150	COMPREHENSIVE CARE MAN	NAGEMENT	PULLIAM, WILLIE	30.00		423.00	I	
207091	8/17/12	000150	COMPREHENSIVE CARE MAN	NAGEMENT	ROSARIO, CELEST	30.00		423.00	I	
					CUSTOMER	138.00	0.00	1,945.80		
					CATEGORY	138.00	0.00	1,945.80		

									PAGE 1 - 339 PAR PRIVATE		
				SALES	S REGISTER			BILL WEEK EN	DING	8/24/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
207092	8/17/12	000155	ROSEMARY JIBAJA		JIBAJA, ROSEMAR	168.00		2,676.00	I		
207093	8/17/12	000167	AMY L. WELTMAN		LUSKIND, FRANCE	6.66		1,268.64	I		
207094	8/17/12	000177	MR. BRUCE J. TUCCI		TUCCI, DOROTHY	10.75		166.63	I		
207095	8/17/12	000179	DOROTHY TABICKMAN		TABICKMAN, DORT	12.00		186.00	I		
207096	8/17/12	000181	EDELMAN, MILDRED		EDELMAN, MILDRE	22.00		359.00	I		
207097	8/17/12	000183	STEPHEN EDEL		EDEL, CANDACE	80.00		1,264.00	I		
207098 207099	8/10/12 8/17/12	002215 002215	KEITH SALMON KEITH SALMON		LAWRANCE, LILLA LAWRANCE, LILLA	4.00 20.00		62.00 322.00	I I		
					CUSTOMER	24.00	0.00	384.00			
207100	8/17/12	003108	NIGRO, CATHERINE		NIGRO, CATHERIN	20.00		310.00	I		
207101	8/17/12	003743	VICTOR NICASSIO		NICASSIO, VICTO	9.00		139.50	I		
207102	8/17/12	004784	CAMILLERI, JOSEPH		CAMILLERI, JOSE	15.00		202.50	I		
207103	8/17/12	007630	MAUREEN MAIORANA		MAIORANA, MAURE	8.00		130.00	I		
207104	8/17/12	007631	MICHAEL MAIRANO		MAIORANA, MICHE	12.00		195.00	I		
207105	8/17/12	007883	ABBAMONTE, RUTH		ABBAMONTE, RUTH	4.00		68.00	I		
207106	8/17/12	009498	LOUIS LE NOACH		LENOACH, LOUIS	9.00		148.50	I		
207107	8/17/12	009566	ELIZABETH CERNY		CERNY, ELIZABET	9.00		139.50	I		
207108	8/17/12	009605	OLGA OBYMAKO		OBYMAKO, OLGA	6.00		93.00	I		
207109	8/17/12	009752	PETER CAPORASO		CAPORASO, VINCE	24.00		408.00	I		
207110	8/17/12	009854	HELEN TAYLOR		HERNANDEZ, FRAN	2.00		31.00	I		
207111	8/17/12	010269	ANGELINA MARASA		MARASA, ANGELIN	9.00		139.50	I		
207112	8/17/12	010529	STEPHEN WEISS		WEISS, STELLA	6.00		102.00	I		
207113	8/17/12	010530	DANA SITILDES		ANSELMI, PETER	25.25		400.39	I		
207114	8/17/12	010677	ALZHEIMER'S ASSOCIATI	ON	MONTELIONE, CAL	8.00		124.00	I		
207115	8/17/12	010887	FREDERICK RUECKHER		RUECKHER, PATRI	12.00		186.00	I		

RUN DATE 08/22/11 SALES JRNL # 029	PAGE 2 - 340 PAR PRIVATE							
SALES URNL # U29	5 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	2		BILL WEEK EN	DING	8/24/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207116 8/17/1:	010929	NORMA SCHORR	SCHORR, NORMA	6.00		93.00	I	
207117 8/17/1:	010952	ARISTA THEOHARIS	THEOHARIS, ARIS	30.00		465.00	I	
207118 8/17/1:	011016	MICHAEL SIANO	SIANO, ANDREW	5.00		77.50	I	
207119 8/17/1:	011027	SALVATORE DINARO	DINARO, SALVATO	11.50		178.25	I	
207120 8/17/12	011060	ROBIN WARREN CHARLES	WARREN, CYNTHIA	165.00		2,629.50	I	
207121 8/17/12	011125	JANICE MCGUIRE	MCGUIRE, HELEN	8.00		136.00	I	
			CATEGORY	727.16	0.00	12,700.41		
			LOCATION 2	22,200.16	0.00	341,968.38		
			COMPANY 2	22,200.16	0.00	341,968.38		

RUN DATE 08/22/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 341
SALES JRNL # 0295 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

CALES JRNL # 0295 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 8/24/12

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

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