RUN DATE 11/29/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0309 LOC 001 SUNNYSIDE CITYWIDE REG NY NY

REGNY NY SALES REGISTER PAGE 1 - 1 SHP SENIOR HEALTH PARTNERS BILL WEEK ENDING 11/30/12

			5 .	ипер кедіріеі			BILL WEEK EN	DING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217439	11/23/12	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		56.96	I	
217440	11/23/12	000082	SENIOR HEALTH PARTNERS	BANKS, ANASTAZJ	16.00		228.00	I	
217441	11/23/12	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	16.00		228.00	I	
217442	11/23/12	000082	SENIOR HEALTH PARTNERS	CARRILLO, MARIA	20.00		285.00	I	
217443	11/23/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	35.00		498.75	I	
217444	11/02/12	000082	SENIOR HEALTH PARTNERS	CUEVA, RAFAELA	204.00		2,904.96	I	
217445	11/23/12	000082	SENIOR HEALTH PARTNERS	DEJESUS, YSABEL	17.00		242.08	I	
217446	11/23/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	32.00		456.00	I	
217447	11/23/12	000082	SENIOR HEALTH PARTNERS	GOODWIN, CLYDE	50.00		712.00	I	
217448	11/23/12	000082	SENIOR HEALTH PARTNERS	GRAFSTEIN, LILL	4.00		800.00	I	
217449	11/23/12	000082	SENIOR HEALTH PARTNERS	GUTIERREZ, LUCI	5.00		71.20	I	
217450	11/23/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	33.00		469.92	I	
217451	11/02/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	19.00		270.75	I	
217452	11/23/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	135.00		1,922.40	I	
217453	11/23/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	26.00		370.50	I	
217454	11/23/12	000082	SENIOR HEALTH PARTNERS	MALDONADO, VICE	4.00		800.00	I	
217455	11/23/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	75.50		1,075.12	I	
217456	11/16/12	000082	SENIOR HEALTH PARTNERS	PERALTA, ANTONI	64.00		911.36	I	
217457	11/23/12	000082	SENIOR HEALTH PARTNERS	RAMOS, EFRAIN	16.00		228.00	I	
217458	11/23/12	000082	SENIOR HEALTH PARTNERS	RIVERA, BRIGIDA	18.50		263.63	I	
217459	11/23/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	12.00		170.88	I	
217460	11/16/12	000082	SENIOR HEALTH PARTNERS	ROSA, CARMEN	25.00		356.25	I	
217461	11/23/12	000082	SENIOR HEALTH PARTNERS	ROSADO, CARMEN	48.00		683.52	I	
217462	11/23/12	000082	SENIOR HEALTH PARTNERS	RUIZ, MIRTA	18.00		3,600.00	I	
217463	11/23/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	25.00		356.25	I	
217464	11/23/12	000082	SENIOR HEALTH PARTNERS	SIMON, LUPE	4.00		57.00	I	
217465	11/23/12	000082	SENIOR HEALTH PARTNERS	SOTO, AGRIPINA	20.00		285.00	I	
217466	11/23/12	000082	SENIOR HEALTH PARTNERS	TORRES, JOSE	12.00		170.88	I	
217467	11/23/12	000082	SENIOR HEALTH PARTNERS	TORRES, MONSERR	4.00		56.96	I	
217468	11/23/12	000082	SENIOR HEALTH PARTNERS	VASQUEZ, CORNEL	4.00		57.00	I	
217469	11/23/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	8.00		113.92	I	
			SENIOR HEALTH PARTNERS	CUSTOMER	974.00	0.00	18,702.29		
						0.00	18,702.29		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	_ 	2
DALLED OIG	NH # 0302	100 001		SALES REGISTER			BILL WEEK EN		11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217470	11/23/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	48.00		699.84	I	
217471	11/16/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96	I	
217472	11/23/12	000008	VISITING NURSE SERVICE	ACOSTA, ALBERTO	25.00		364.50	I	
217473	11/23/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	23.00		335.34	I	
217474	11/09/12	000008	VISITING NURSE SERVICE	ADAMES, RICARDO	15.00		218.70	I	
217475	11/23/12	000008	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I	
217476	11/23/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM	68.00		991.45	I	
217477	11/16/12	000008	VISITING NURSE SERVICE		1.00		174.96	I	
217478	11/23/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	7.00		1,064.34	I	
				CUSTOMER	234.00	0.00	4,534.39		
				CATEGORY	234.00	0.00	4,534.39		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 3 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217479 11/23/12	000008 VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00	656.10 I
		CATEGORY	45.00 0.00	656.10

		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	SA	4	
T1770 T G T	2.55	G11GE 110		SALES REGISTER	a		BILL WEEK ENDI		11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	'YP	SURPLUS	
217480	11/23/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	35.00		510.30	I		
217481	11/09/12	000008	VISITING NURSE SERVICE	,	4.00		58.32	I		
217482	11/23/12	000008	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I		
				CUSTOMER	59.00	0.00	860.22			
				CATEGORY	59.00	0.00	860.22			

RUN DATE 11/29/1	2 - SUP SUNI	NYSIDE CITYWIDE			P	PAGE 1 -	5
SALES JRNL # 030	9 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY		L	TC NURSING HOM	EW/O WALLS (LT
		S	SALES REGISTER		В	BILL WEEK ENDIN	G 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217483 11/23/1	2 000008	VISITING NURSE SERVICE	ALEKSANDORVA, S	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE	11/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	6	
SALES JF	RNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	.CSA		
			2	S A L E S R E G I S T E R			BILL WEEK END	ING	11/30/12	
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
217484	11/23/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	7.75		113.00	I		
217485	11/23/12	000008	VISITING NURSE SERVICE	ALMANZAR, REMIG	4.00		58.32	I		
217486	11/23/12	000008	VISITING NURSE SERVICE	•	5.00		72.90	I		
				CUSTOMER	16.75	0.00	244.22			
				CATEGORY	16.75	0.00	244.22			

RUN DATE 11/29/12 SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			SALES REGISTER			BILL WEEK EN	DING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217487 11/16/12 217488 11/23/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 6.00		87.48 87.48	I	
			CUSTOMER	12.00	0.00	174.96		
			CATEGORY	12.00	0.00	174.96		

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	8 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217489 11/23/12	800000	VISITING NURSE SERVICE	ALVAREZ, DALILA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/29/12 -	SUP SUNNYSIDE CITYWIDE			PAGE 1 – 9	
SALES JRNL # 0309	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		HOA HOSPICE ADULT	
	S	ALES REGISTER		BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS	
217490 11/23/12	000008 VISITING NURSE SERVICE	ALVAREZ, NAZARE	48.00	699.84 I	
		CATEGORY	48.00 0.00	699.84	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
		S	ALES REGISTER			BILL WEEK ENDI	NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
217491 11/23/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	20.00		291.60	I
217492 11/23/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	82.00		1,195.57	I
217493 11/23/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	54.00		787.32	I
217494 11/23/12	000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	24.00		349.92	I
			CUSTOMER	180.00	0.00	2,624.41	
			CATEGORY	180.00	0.00	2,624.41	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 11 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217495 11/23/12 217496 11/23/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	19.75 60.00	287.96 I 874.80 I
		CUSTOMER	79.75 0.00	1,162.76
		CATEGORY	79.75 0.00	1,162.76

RUN DATE 11/29/12						PAGE 1 - 12	
SALES JRNL # 0309	DOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 1	1/30/12
			NEGISIEK			BILL WEEK ENDING I	1/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217497 11/23/12	8 000008	VISITING NURSE SERVICE	AOUN, ODETTE	18.00		262.44 I	
217498 11/23/12	2 000008	VISITING NURSE SERVICE	ARGENTINA, CESS	4.00		58.32 I	
217499 11/23/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	42.75		623.30 I	
			CUSTOMER	64.75	0.00	944.06	
			CATEGORY	64.75	0.00	944.06	

RUN DATE 11/29/12 SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	13 NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217500 11/23/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	16.00		233.28	[
			CATEGORY	16.00	0.00	233.28	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK END	OING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217501 11/23/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	48.00		699.84	I
217502 11/16/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	14.00		204.12	I
217503 11/23/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	10.75		156.74	I
			CUSTOMER	72.75	0.00	1,060.70	
			CATEGORY	72.75	0.00	1,060.70	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 VCP CHOICE I BILL WEEK EN	HCSA	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217504 11/23/12	800000	VISITING NURSE SERVICE	BADILLO, JOVITA	4.00		58.32	I	
			CATEGORY	4.00	0.00	58.32		

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				- 16 HOMEW/O WALLS (LT
STEEDS STATE III SSSS	200 001		SALES REGISTER				DING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217505 11/23/12 217506 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		30.00 40.00		437.40 583.20	I
21/500 11/23/12	000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	40.00		303.20	
			CUSTOMER	70.00	0.00	1,020.60	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE 11/29	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	_	17
SALES JRNL # 0	309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		11 /00 /10
		:	SALES REGISTER			BILL WEEK END	DING	11/30/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217507 11/23	/12 000008	VISITING NURSE SERVICE	BARDEANU, VICTO	26.00		379.08	I	
			CATEGORY	26.00	0.00	379.08		

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDI	NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
217508 11/23/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	24.00		349.92	Ι
217509 11/02/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	7.00		102.06	Ι
217510 11/09/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	7.00		102.06	Γ
217511 11/23/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	40.50		590.50	I
			CUSTOMER	78.50	0.00	1,144.54	
			CATEGORY	78.50	0.00	1,144.54	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 19 VCP CHOICE LHCSA BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217512 11/23/12 217513 11/23/12 217514 11/23/12 217515 11/23/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BAZAN, VICTORIA BECERRA, FELIPE BELLOROFONTE, M BERENBLIT, SARA	7.00 56.00 147.00 6.00		102.06 I 816.48 I 2,143.26 I 87.48 I	
			CUSTOMER	216.00	0.00	3,149.28	
			CATEGORY	216.00	0.00	3,149.28	

ı	RUN DATE 11/	29/12 - SUP	SUNNYSIDE CITY	YWIDE				PAGE 1	- 2	10	
ı	SALES JRNL #	0309 LOC	001 SUNNYSII	DE CITYWIDE R	REG NY NY			LTC NURSING F	HOMEW/	O WALLS (LT	
ı				SAL	LES REGISTER			BILL WEEK END	DING	11/30/12	
ı											
ı	INVOICE# D	ATE CUST	NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
ı											
ı	217516 11/	23/12 0000	08 VISITING	NURSE SERVICE	BETHUNE, HARRYD	32.50		473.85	I		
ı											
ı											
ı					CATEGORY	32.50	0.00	473.85			

RUN DATE 11/	/29/12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	21
SALES JRNL #	# 0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A.
		S	SALES REGISTER			BILL WEEK ENDING	G 11/30/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
217517 11/	/23/12 000008	VISITING NURSE SERVICE	BHATT, JYOTI	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 11/29/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 22	
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING 11	1/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
217518 11/23/12	000008	VISITING NURSE SERVICE	BHAWNANI, BISHU	24.00		349.92 I	
			CATEGORY	24.00	0.00	349.92	

RUN DATE 11/29/12 - SUP SUNN SALES JRNL # 0309 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- :	23
	S	ALES REGISTER			BILL WEEK ENI	DING	11/30/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217519 11/23/12 000008 217520 11/23/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BHULLA, JIWAN BIANCO HOPKINS,	10.00		145.80 291.60	I I	
		CUSTOMER	30.00	0.00	437.40		
		CATEGORY	30.00	0.00	437.40		

RUN DATE 11/29/12 - S	SUP SUNNY	SIDE CITYWIDE				PAGE 1	- 2	4
SALES JRNL # 0309 L	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
		SALE	S REGISTER			BILL WEEK EN	DING	11/30/12
INVOICE# DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217521 11/23/12 0	300008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	32.00		466.56	I	
			CATEGORY	32.00	0.00	466.56		

RUN DATE 11 SALES JRNL		UNNYSIDE CITYWIDE 01 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		25
011220 01412			SALES REGISTER			BILL WEEK EN		11/30/12
INVOICE#	DATE CUST 1	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217522 11	/23/12 000008	8 VISITING NURSE SERVICE	BLUNNIE, ELIZAB	16.00		233.28	I	
	/23/12 000008		BOCANEGREA, MAR	18.00		262.44	I	
217524 11	./23/12 000008	8 VISITING NURSE SERVICE	BOJORQUEZDECHA,	29.75		433.76	I	
			CUSTOMER	63.75	0.00	929.48		
			CATEGORY	63.75	0.00	929.48		

RUN DAT	E 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	26	
SALES J	RNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK E	NDING	11/30/12	
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
217525	11/23/12	000008	VISITING NURSE SERVICE	BONILLA, ESPERA	14.00		204.12	I		
								_		
				CATEGORY	14.00	0.00	204.12			

RUN DATE 11,	/29/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRNL ‡	# 0309 LOC 001		REG NY NY			VCP CHOICE LHCS	
		S	ALES REGISTER			BILL WEEK ENDIN	IG 11/30/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217526 11/	/23/12 000008	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60	<u>.</u> -
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/29/12 SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 28 LTC NURSING HOMEW/O BILL WEEK ENDING 11	,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
217527 11/23/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 -	-	29
SALES JRI	NL # 0309	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK END	ING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ΓΥΡ	SURPLUS
217528	11/23/12	800000	VISITING NURSE SERVICE	BORGES, MARINA	2.75		40.10	I	
				CATEGORY	2.75	0.00	40.10		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE:	R		PAGE 1 - VCP CHOICE LHCS. BILL WEEK ENDIN	A
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217529 11/23/12	000008 VISITING NURSE SERVI	CE BORYSEWICZ, MAR	8.00		116.64 I	
		 CATEGORY	8.00	0.00	116.64	

R	UN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3	1
S	SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/	O WALLS (LT
				5	SALES REGISTER			BILL WEEK END	ING	11/30/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
2	17530	11/23/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	29.00		422.82	I	
					CATEGORY	29.00	0.00	422.82		

RUN DATE 11/29/12								32
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
		S	SALES REGISTER			BILL WEEK EN	DING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217531 11/23/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	60.00		874.80	I	
217532 11/23/12	000008	VISITING NURSE SERVICE	BRACERO, HELEN	81.75		1,191.92	I	
217533 11/23/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22	I	
217534 11/23/12	000008	VISITING NURSE SERVICE	BURITICA, INES	25.00		364.50	I	
217535 11/23/12	000008	VISITING NURSE SERVICE	BURNS, MARGARET	55.50		809.19	I	
			CUSTOMER	231.25	0.00	3,371.63		
			3021011211		0.00	2,3,1.03		
			CATEGORY	231.25	0.00	3,371.63		

RUN DATE 1	1/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRNL	# 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	3 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217536 1	1/23/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 11/29/						PAGE 1 -	5 2
SALES JRNL # 03	09 LOC 001		REG NY NY	D.		VCP CHOICE LHO	
			SALES REGISTE	ĸ		BILL WEEK ENDI	ING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
217537 11/23/	12 000008	VISITING NURSE SERVICE	CABA, PURA	8.00		116.64	I
217538 11/23/	12 000008	VISITING NURSE SERVICE	CAIPO, MATILDE	36.00		524.89	I
			CUSTOMER	44.00	0.00	641.53	
			CATEGORY	44.00	0.00	641.53	

RUN DATE 11/29/12 SALES JRNL # 0309	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 3	35
SALES UNID # 0309	100 001		SALES REGISTER			BILL WEEK END	ING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217539 11/02/12 217540 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CALABRO, JOSEPH CALABRO, JOSEPH	10.00 70.00		145.80 1,020.60	I	
			CUSTOMER	80.00	0.00	1,166.40		
			CATEGORY	80.00	0.00	1,166.40		

RUN DATE 11/29/12						PAGE 1		36
SALES JRNL # 0309	LOC 001		REG NY NY S A L E S R E G I S T E R			VCP CHOICE LE		11/30/12
			SALES REGISIER			DILL MEEV FINI	JING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217541 11/23/12	000008	VISITING NURSE SERVICE	- · · · · · · · · · · · · · · · · · · ·	51.50		750.87	I	
217542 11/23/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48	Τ	
			CUSTOMER	107.50	0.00	1,567.35		
						_,		
			CATEGORY	107.50	0.00	1,567.35		

ı	RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	37
ı	SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HON	MEW/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDIN	NG 11/30/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	217543	11/23/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36	
ı									
ı									
ı					CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -	38
SALI	ES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVO	DICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2175	544 11/23/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	82.25		1,199.21 I	
				CATEGORY	82.25	0.00	1,199.21	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 39	
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			:	SALES REGISTER			BILL WEEK ENDING 11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217545	11/23/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	29.00		422.82 I	
							400.00	
				CATEGORY	29.00	0.00	422.82	

RUN DATE 11/29/12 - SALES JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	40
"		\$	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217546 11/23/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	82.00		1,195.57 I	
217547 11/02/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	1.00		14.58 I	
217548 11/23/12	000008	VISITING NURSE SERVICE	CARELA-REYES, M	25.00		364.50 I	
217549 11/23/12	800000	VISITING NURSE SERVICE	CARLOS, JULIA	19.75		287.96 I	
			CUSTOMER	127.75	0.00	1,862.61	
			CATEGORY	127.75	0.00	1,862.61	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			PAGE 1 HOA HOSPICE A BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217550 11/16/12 217551 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CARRALERO, ROSA CARRALERO, ROSA	6.00 42.00		87.48 612.36	I I
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
SALES JRNL # 0309	LOC 001		REG NY NY			LAD NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217552 11/23/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	55.75		812.84 I	
			CATEGORY	55.75	0.00	 812.84	

RUN DATE 11/29/12 - SUP SALES JRNL # 0309 LOC		NY		PAGE 1 - ADU ADULT	43
BILLES STATE II SSSS LOC		REGISTER		BILL WEEK ENDING	11/30/12
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217553 11/23/12 0000	008 VISITING NURSE SERVICE CA	ASTANEDA, JOSE 9.00		131.22 I	
		CATEGORY 9.00	0.00	131.22	

RUN DATE 11/29/12 - SALES JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	44
BALLS CITYL # 0309	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217554 11/23/12 217555 11/23/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CEBALLOS, CLEME CERNILLI, MARIA	20.00		291.60 3 306.18 3	• •
217556 11/23/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	29.50		430.11	
			CUSTOMER	70.50	0.00	1,027.89	
			CATEGORY	70.50	0.00	1,027.89	

	DATE 11/29/12 - S JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOM BILL WEEK ENDING	
INVO	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
21755	57 11/23/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN I	DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	46
SALE	3 JRNL # 0309	LOC 001		REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	11/30/12
INVO	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
2175	58 11/23/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	18.00		262.44	I	
				CATEGORY	18.00	0.00	262.44		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			- 47 HOME W/O WALLS LT DING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS T	AX AMT AMOUNT	TYP SURPLUS
217559 11/16/12	000008 VISITING NURSE SERVICE	CHARLES, JOSE	20.00	291.60	I
		CATEGORY	20.00	0.00 291.60	

RUN DATE 11/29/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	48
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	ALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217560 11/23/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	60.00		874.80 I	
			CATEGORY	60.00	0.00	874.80	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	49
SALES JR	NL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
01.5561	11 /00 /10						100 01 -	
217561	11/23/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	
1				CALEGORY	∠0.00	0.00	408.24	

RUN DATE 11/29/12 SALES JRNL # 0309	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		50
Bridge Grand III 6563	200 001		SALES REGISTER			BILL WEEK ENI		11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217562 11/23/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	18.00		262.44	I	
217563 11/23/12	000008	VISITING NURSE SERVICE	, -	40.00		583.20	I	
217564 11/23/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	26.25		382.74		
			CUSTOMER	84.25	0.00	1,228.38		
			CATEGORY	84.25	0.00	1,228.38		

RUN DATE 11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDI	NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
INVOICE# DATE	CODI NO	COSTOMER NAME	KEPEKENCE	1100105	IAA AMI	AMOUNT	IF SURFIUS
217565 11/23/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48	I
			,				
			CATEGORY	6.00	0.00	87.48	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 52
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENI	DING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217566 11/23/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	16.00		233.28	I
217567 11/23/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	16.00		233.28	I
217568 11/23/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I
			CUSTOMER	74.00	0.00	1,078.92	
			CATEGORY	74.00	0.00	1,078.92	

RUN DATE	E 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 53
SALES JE	RNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 11/30/12
INVOICE	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217569	11/23/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I
				CATEGORY	168.00	0.00	2,449.44

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 54 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217570 11/23/12	000008 VISITING NURSE SERVICE	CORREA, MARGARI	24.00	349.92 I
		CATEGORY	24.00 0.00	349.92

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	55
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
		:	SALES REGISTER			BILL WEEK ENDI	NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
217571 11/23/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	16.00		233.28	I
			CATEGORY	16.00	0.00	233.28	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 56
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENI	DING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217572 11/09/12	000008	VISITING NURSE SERVICE	COSTA, ARSENE	14.00		204.12	I
217573 11/16/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	8.00		116.64	I
217574 11/23/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	54.00		787.32	I
			CUSTOMER	76.00	0.00	1,108.08	
			CATEGORY	76.00	0.00	1,108.08	

			YSIDE CITYWIDE					PAGE 1	- 5	57	
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			HOA HOSPICE	-		
			:	SALES R	EGISTER			BILL WEEK EN	JING	11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
217575	11/23/12	000008	VISITING NURSE SERVICE	COX,	PETRA	20.00		291.60	I		
					CATEGORY	20.00	0.00	291.60			

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		58
DALLO OIW.	ш т 0309	10C 001		SALES REGISTER			BILL WEEK EN		11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	11/16/12 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · · · · · · · · · · · · · · · · ·	5.00 66.75		72.90 973.22	I	
				CUSTOMER	71.75	0.00	1,046.12		
				CATEGORY	71.75	0.00	1,046.12		

RUN DATE 11/29/12 -	SUP SUNNYSIDE CITYWIDE			PAGE 1 – 59
SALES JRNL # 0309	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LAD NURSING HOME W/O WALLS LT
		SALES REGISTER		BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217578 11/23/12	000008 VISITING NURSE SERVICE	CRUZ, HECTOR	32.75	477.50 I
		CATEGORY	32.75 0.00	477.50

	- SUP SUNNYSIDE CITYWIDE					PAGE 1	- 60
SALES JRNL # 0309	LOC 001 SUNNYSIDE CITYW		NY			VCP CHOICE LH	
		SALES R	EGISTER			BILL WEEK END	ING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217579 11/23/12	000008 VISITING NURSE S	RVICE CRUZ	, JUANA	16.00		233.28	I
217580 11/23/12	000008 VISITING NURSE S	RVICE CRUZ	, LIDIA	25.00		364.50	I
			CUSTOMER	41.00	0.00	597.78	
			CATECODY	41 00		 E07 70	
			, LIDIA	25.00	0.00	364.50	I

RUN DATE 11/29/12 SALES JRNL # 0309	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 61 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217581 11/23/12 217582 11/23/12	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE	,	23.00 56.00		335.34 I 816.48 I
		CUSTOMER	79.00	0.00	1,151.82
		CATEGORY	79.00	0.00	1,151.82

RUN DATE 11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRNL # 0309	LOC 001		REG NY NY			VCP CHOICE LHCS	
		:	SALES REGISTER			BILL WEEK ENDIN	NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217583 11/23/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	29.75		433.76	Ī.
			CATEGORY	29.75	0.00	433.76	

RUN DATE 11/2	9/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	63
SALES JRNL #	0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217584 11/2	3/12 000008	VISITING NURSE SERVICE	DE LA HOZ, RUTH	7.50		109.35 I	
			CATEGORY	7.50	0.00	109.35	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	0 1
SALES UNIL # 0309	HOC 001		SALES REGISTER			BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217585 11/23/12 217586 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	DEBAZALAR, ANTO DEJESUS, FELIX	30.00 18.50		437.40 269.73	I I
			CUSTOMER	48.50	0.00	707.13	
			CATEGORY	48.50	0.00	707.13	

RUN DATE 11/29/12 - SALES JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 65 LTC NURSING HOMEW/O W	ALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING 11/	30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
217587 11/23/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04 I	
			CATEGORY	38.00	0.00	554.04	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
		S	SALES REGISTER			BILL WEEK ENDIN	IG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217588 11/23/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	24.00		349.92	- -
217589 11/16/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	16.00		233.28	<u>.</u>
217590 11/23/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	<u>-</u> -
217591 11/23/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	27.75		404.60	. -
			CUSTOMER	87.75	0.00	1,279.40	
			CATEGORY	87.75	0.00	1,279.40	

			SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT	0.
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
217592	11/23/12	000008	VISITING NURSE SERVICE	DERAMIREZ, MERC	7.75		113.00	I
				CATEGORY	 7 75		113 00	
	SALES JRI	SALES JRNL # 0309 INVOICE# DATE	SALES JRNL # 0309 LOC 001 INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0309 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	SALES JRNL # 0309 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 217592 11/23/12 000008 VISITING NURSE SERVICE DERAMIREZ, MERC 7.75	SALES JRNL # 0309 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 217592 11/23/12 000008 VISITING NURSE SERVICE DERAMIREZ, MERC 7.75	SALES JRNL # 0309 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REG ISTER INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TO SALES REGISTER 217592 11/23/12 000008 VISITING NURSE SERVICE DERAMIREZ, MERC 7.75 113.00

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
SALES UNIL # 0309	HOC 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
217593 11/23/12 217594 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	DEY, KRISHNA DEZUMARAN, REBE	2.25 40.75		32.81 594.14	I I
			CUSTOMER	43.00	0.00	626.95	
			CATEGORY	43.00	0.00	626.95	

RUN DATE 11/29/	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	69
SALES JRNL # 03	09 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/O WALLS LT
		5	SALES REGISTER			BILL WEEK ENDI	NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
217595 11/23/	12 000008	VISITING NURSE SERVICE	DIAZ, HILDA	35.75		521.24	I
			CATEGORY	35.75	0.00	521.24	

RUN DATE 1	1/29/12 -	SUP SUNN	YSIDE CITYWIDE						PAGE 1	-	70
SALES JRNL	# 0309	LOC 001	SUNNYSIDE CITYW		-	ΛY			VCP CHOICE L		
				S A	ALES RI	EGIST	E R		BILL WEEK EN	DING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217596 1	1/23/12	000008	VISITING NURSE S	SERVICE	DIAZ,	MARIA	28.00		408.24	I	
217597 1	1/23/12	800000	VISITING NURSE S	SERVICE	DIAZ,	OLGA	52.00		758.16	I	
217598 1	1/23/12	800000	VISITING NURSE S	SERVICE	DIAZ,	ROSA	42.00		612.36	I	
						CUSTOMER	122.00	0.00	1,778.76		
						CATEGORY	122.00	0.00	1,778.76		

RUN DATE 11/29/12							71
SALES JRNL # 0309	LOC 001		REG NY NY			ADU ADULT	11/20/10
		2	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217599 11/23/12	000008	VISITING NURSE SERVICE	DICKINSON, ELSA	1.00		14.58 I	
			CATEGORY	1.00	0.00	14.58	

RUN DATE 11/29/12		YSIDE CITYWIDE				PAGE 1 -	72
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	
		2	SALES REGISTER			BILL WEEK ENDIN	G 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217600 11/23/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	54.00		787.32 I	
217601 11/23/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	38.50		561.34 I	
217602 11/23/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60 I	
				110 50		1 640 06	
			CUSTOMER	112.50	0.00	1,640.26	
			CATEGORY	112.50	0.00	1,640.26	

RUN DATE 11/2	29/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	73
SALES JRNL #	0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
		S	SALES REGISTER			BILL WEEK ENDING	3 11/30/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
217603 11/2	23/12 000008	VISITING NURSE SERVICE	DUTAN, SELINDA	26.00		379.08 I	
			CATEGORY	26.00	0.00	379.08	

RUN DATE 11/29/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 74
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		\$	SALES REGISTER			BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217604 11/23/12	000008	VISITING NURSE SERVICE	DUVERGE, MARIA	9.00		131.22 I
			CATEGORY	9.00	0.00	131.22

RUN DATE 11/29/12 -						PAGE	1 –	75
SALES JRNL # 0309	LOC 001		REG NY NY			VCP CHOICE		
		S A I	LES REGISTER			BILL WEEK E	NDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217605 11/23/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	43.00		626.94	I	
			CATEGORY	43.00	0.00	626.94		

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
217606 11/23/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	13.75		200.48	I
			CATEGORY	13.75	0.00	200.48	

RUN DATE	11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	77
SALES JR	NL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			5	SALES REGISTER			BILL WEEK ENDIN	IG 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217607	11/23/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 11/29/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 78	
SALES JRNL # 0309 LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			CCL CONGREGATE CARE	PROGRAM
	S A L E	S REGISTER			BILL WEEK ENDING 11	/30/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
217608 11/23/12 000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
		CATEGORY	20.00	0.00	291.60	
		CALEGORI	20.00	0.00	291.00	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79	
SALES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	\$A	
			Ş	SALES REGISTER			BILL WEEK ENDIN	IG 11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
015600					0.4.00		242 22 -		
217609	11/23/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	24.00		349.92 I		
				CA EECODY	24 00	0.00	240.02		
				CATEGORY	24.00	0.00	349.92		

RUN DATE 11/29/12						PAGE 1 -	80
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	11/30/12
			SALES REGISIER			BILL MEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
015610 11 /02 /10	000000		70777 G7077	FF F0		000 10 -	
217610 11/23/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	55.50		809.19 I	
217611 11/23/12	000008	VISITING NURSE SERVICE	ESPINAL, JOSE	8.50		123.94 I	
217612 11/23/12	800000	VISITING NURSE SERVICE	ETTIN, RUTH	20.00		291.60 I	
						1 004 52	
			CUSTOMER	84.00	0.00	1,224.73	
			CATEGORY	84.00	0.00	1,224.73	

RUN DATE 11/29/12	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	81
SALES JRNL # 0309	O LOC 001		REG NY NY			VCP CHOICE LHCS	
		:	SALES REGISTER			BILL WEEK ENDIN	IG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217613 11/23/12	2 000008	VISITING NURSE SERVICE	EVERETT, SHIRLE	21.00		306.18 I	
			CATEGORY	21.00	0.00	306.18	

		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	02	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPL	LUS
217614	11/23/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	68.75		1,002.38	I	
				CATEGORY	68.75	0.00	1,002.38		

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	83
SALES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADU	LT
			S	SALES REGISTER			BILL WEEK ENDIN	G 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217615	11/23/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 84 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217616 11/02/12 217617 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · -	6.00 15.00		87.48 I 218.70 I
			CUSTOMER	21.00	0.00	306.18
			CATEGORY	21.00	0.00	306.18

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 85 ADU ADULT BILL WEEK ENDING 1	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217618 11/23/12	000008 VISITING NURSE SERVICE	FAROUGIAS, ANGE	9.00		131.22 I	
		CATEGORY	9.00	0.00	131.22	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86
SALES JRN	1L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE AD	ULT
			Ş	SALES REGISTER			BILL WEEK ENDI	NG 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
217619	11/23/12	800000	VISITING NURSE SERVICE	FAROUGIAS, EFTH	19.50		284.31	I
				CATEGORY	19.50	0.00	284.31	

RUN DATE 11/29/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 -	87
SALES JRNL # 0309	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
	\$	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217620 11/23/12	000008 VISITING NURSE SERVICE	FAY, JULIA	15.00		218.70 I	
		CATEGORY	15.00	0.00	218.70	

RUN DATE 11	1/29/12 -	SUP SUNNY	SIDE CITYWIDE					PAGE 1	. –	88	
SALES JRNL	# 0309	LOC 001	SUNNYSIDE CITYWIDE		ЛХ			VCP CHOICE L			
			S	BALES RI	EGISTER			BILL WEEK EN	DING	11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
217621 11	1/09/12	800000	VISITING NURSE SERVICE	FERMI	N, ORQUIDI	16.00		233.28	I		
					CATEGORY	16.00	0.00	233.28			

RUN DATE 11/29/12 - SALES JRNL # 0309			REG NY NY			PAGE 1	- 89
SALES URNL # 0309	LOC 001		SALES REGISTER			ADU ADULT BILL WEEK END	ING 11/30/12
T3770 T GT D3 FT	G11GE 310	G. G	DDDDDD00	*******		314017777	TIID GIIDDI 110
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217622 11/16/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	34.00		495.72	I
217623 11/23/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	24.00		349.92	I
			CUSTOMER	58.00	0.00	845.64	
			CATEGORY	58.00	0.00	845.64	

RUN DATE 11	/29/12 - S	SUP SUNNY	SIDE CITYWIDE					PAGE 1	_ 9	0
SALES JRNL	# 0309 I	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	re car	RE PROGRAM
			2	SALES	REGISTER			BILL WEEK EN	DING	11/30/12
INVOICE#	DATE C	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217624 11	/23/12 0	80000	VISITING NURSE SERVICE	FE	RNANDEZ, JORG	14.75		215.06	I	
					CATEGORY	 14.75	0.00	215.06		

RUN DATE 11/29/12			DDG NV NV			PAGE 1 -	91
SALES JRNL # 0309	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217625 11/23/12 217626 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	9.00 19.25		131.22 I 280.67 I	
			CUSTOMER	28.25	0.00	411.89	
			CATEGORY	28.25	0.00	411.89	

RUN DATE 11/29/12 -	SUP SUNNYSID	DE CITYWIDE				PAGE 1 -	92
SALES JRNL # 0309	LOC 001 SU	UNNYSIDE CITYWIDE REG N	Y NY			CCL CONGREGATE C	CARE PROGRAM
		SALES	REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217627 11/23/12	000008 VIS	SITING NURSE SERVICE	FERRER, MARIE	18.00		262.44 I	
			CATEGORY	18.00	0.00	262.44	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 93	
SALES JRNI	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS ((LT
			:	SALES REGISTER			BILL WEEK ENDING 11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217628	11/23/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	44.75		652.46 I	
					44 55			
				CATEGORY	44.75	0.00	652.46	

RUN DATE 11	1/29/12 -	SUP SUNNY	YSIDE CITYWIDE					PAGE 1	- 9	94	
SALES JRNL	# 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA'	re car	≀E PROGRAM	
			S	SALES 1	REGISTER			BILL WEEK EN	DING	11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
217629 11	1/23/12	800000	VISITING NURSE SERVICE	FLE	ITMAN, KLARA	12.00		174.96	I		
					 CATEGORY	12.00	0.00	174.96			

RUN DATE 11 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		95
			S	SALES REGISTER			BILL WEEK EN	DING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217630 13	1/23/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	34.75		506.66	I	
	, -,	800000	VISITING NURSE SERVICE	FONG, ALEFINA	12.00		174.96	I	
217632 13	1/23/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	35.00		510.30	I	
				CUSTOMER	81.75	0.00	1,191.92		
				CATEGORY	81.75	0.00	1,191.92		

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 96 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217633 11/23/12 217634 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	38.00 25.00		554.04 I 364.50 I
			CUSTOMER	63.00	0.00	918.54
			CATEGORY	63.00	0.00	918.54

RUN DATE 11/29/12 - SUP S SALES JRNL # 0309 LOC 0		REG NY NY			PAGE 1 - VCP CHOICE LHCSA	97
Bridge of the 11 0309 for the		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	SURPLUS
217635 11/23/12 00000		GAID, ASILA	30.00		437.40 I	
217636 11/23/12 00000	8 VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22 I	
		CUSTOMER	39.00	0.00	568.62	
		CATEGORY	39.00	0.00	568.62	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOI BILL WEEK ENDII	,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	, ,
217637 11/23/12 217638 11/16/12 217639 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLO, BENJAMIN GARAY, ANGELES GARAY, ANGELES	38.50 4.00 12.00		561.33 58.32 174.96	E E E
217640 11/23/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA CUSTOMER	18.00 	0.00	262.44 1 1,057.05	L
			CATEGORY	72.50	0.00	1,057.05	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 99 ADU ADULT
SALES GRAD # 0309	HOC 001		SALES REGISTER			BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217641 11/23/12 217642 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00		291.60 I 87.48 I
			CUSTOMER	26.00	0.00	379.08
			CATEGORY	26.00	0.00	379.08

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	YWIDE REG NY NY SALES REGIST	E R	PAGE 1 - LTC NURSING HON BILL WEEK ENDIN	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TY	YP SURPLUS
217643 11/16/12 217644 11/23/12	000008 VISITING NURSE 0000008 VISITING NURSE	,		583.20 1 466.56 1	I I
		CUSTOMER	72.00 0.00	1,049.76	
		CATEGORY	72.00 0.00	1,049.76	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	101
SALES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217645	11/23/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -	102
SALES JRNI	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	11/20/10
				SALES REGISTER			BILL WEEK ENDING	3 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
217646	11/23/12	800000	VISITING NURSE SERVICE	GERDES, WILLIAM	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DAT	E 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 103	
SALES 3	RNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (I	LT
			5	SALES REGISTER			BILL WEEK ENDING 11/30/12	
T1770 T GT		GTTGT 370	GIIGHOMED MANE		******		1401DT TUD GUDDI 11G	
INVOICE	:# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217647	11/23/12	000008	VISITING NURSE SERVICE	GIORGIO, WILLIA	48.75		710.78 I	
21/04/	11/23/12	000006	VISITING NURSE SERVICE	GIORGIO, WILLIA	40.75		710.76	
				CATEGORY	48.75	0.00	710.78	

RUN DATE 11/	29/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 104	
SALES JRNL #	0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	GRAM
		5	SALES REGISTER			BILL WEEK ENDING 11/30,	/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
217648 11/	23/12 000008	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	48.00		699.84 I	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 11/29/12 - SALES JRNL # 0309		SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 105 VCP CHOICE LHCSA	
		i	SALES REGISTER			BILL WEEK ENDING 11/	30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	IRPLUS
217649 11/23/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	10.00		145.80 I	
			CATEGORY	10.00	0.00	145.80	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 106 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217650 11/23/12 217651 11/23/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	GOMEZ, ROSANA GOMEZ, VICTORIA	28.00 33.00		408.24 I 481.14 I
		CUSTOMER	61.00	0.00	889.38
		CATEGORY	61.00	0.00	889.38

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 107 VCP CHOICE LHCSA BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217652 11/23/12 217653 11/23/12 217654 11/09/12 217655 11/23/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GONGORA, MARUJA GONZALEZ, CARLO GONZALEZ, DOLOR GONZALEZ, DOLOR	4.00 8.00 7.00 35.00		58.32 I 116.64 I 102.06 I 510.30 I
			CUSTOMER	54.00	0.00	787.32
			CATEGORY	54.00	0.00	787.32

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITY	WIDE REGNY NY SALES REGIST	E R		GE 1 - 108 C NURSING HOMEW/O WALLS (LT LL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217656 11/23/12 217657 11/23/12	000008 VISITING NURSE 0000008 VISITING NURSE	,	24.50 15.00		357.21 I 218.70 I
		CUSTOMER	39.50	0.00	575.91
		CATEGORY	39.50	0.00	 575.91

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 10 VCP CHOICE LHCSA BILL WEEK ENDING	9 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217658 11/16/12 217659 11/23/12 217660 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA	16.00 20.00 32.00		233.28 I 291.60 I 466.56 I	
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	110
SALES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
017661	11/02/10	000000	WESTERING NURSE SERVICE	CDEENDAIN MACA	47 50		600 FF T	
217661	11/23/12	000008	VISITING NURSE SERVICE	GREENBAUM, MASA	47.50		692.55 I	
				CATEGORY	47.50	0.00	692.55	
				CALEGORI	47.50	0.00	092.33	

RUN DATE 11/29/12 -						PAGE 1 - 11	
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	
			SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217662 11/23/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	41.25		601.44 I	
			CATEGORY	41.25	0.00	601.44	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	12
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			SALES REGISTER			BILL WEEK ENI	DING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217663 11/23/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	82.00		1,195.56	I	
217664 11/23/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	84.00		1,224.72	I	
			CUSTOMER	166.00	0.00	2,420.28		
			CATEGORY	166.00	0.00	2,420.28		

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	113
SALES JRNI	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	G 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217665	11/23/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	39.50		575.91 I	
				CAREGODY.	39.50			
				CATEGORY	39.50	0.00	575.91	

RUN DATE 11/29/12 - SALES JRNL # 0309	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
217666 11/23/12 217667 11/23/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		48.00 24.00		699.84 349.92	I I
			CUSTOMER	72.00	0.00	1,049.76	
			CATEGORY	72.00	0.00	1,049.76	

RUN DATE 11/29/12 SALES JRNL # 0309	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	YWIDE REG NY NY SALES RE			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERE	NCE HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217668 11/23/12	000008 VISITING NURSE	SERVICE HENDY,	BERNICE 21.75		317.12 I	
		C	ATEGORY 21.75	0.00	317.12	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNNY	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 116 ADU ADULT
SALES UNIL # 0309	LOC UUI		SALES REGISTER			BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217669 11/02/12 217670 11/23/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	HENRIQUEZ, MARI HENRIQUEZ, MARI	8.00 47.75		116.64 I 696.20 I
			CUSTOMER	55.75	0.00	812.84
			CATEGORY	55.75	0.00	812.84

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
	11/16/12 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	HERNANDEZ, JUAN HERNANDEZ, JUAN	6.00 18.00		87.48 262.44	I I	
				CUSTOMER	24.00	0.00	349.92		
				 CATEGORY	24.00	0.00	349.92		

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
217673 11/23/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MARI	25.75		375.44 I	
			CATEGORY	25.75	0.00	375.44	

RUN DATE 11	L/29/12 - S	SUP SUNNY	SIDE CITYWIDE				PAGE 1 - 11:	9
SALES JRNL	# 0309 I	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S A	LES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217674 11	1/23/12	80000	VISITING NURSE SERVICE	HERNANDEZ, MERC	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNNYSIDE LOC 001 SUNN	YSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
		S A	ALES REGISTER			BILL WEEK ENDIN	G 11/30/12
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217675 11/23/12	000008 VISIT	ING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

	11/29/12 - NL # 0309			REG NY NY SALES REGISTER			PAGE 1 - 1 LAD NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217676	11/23/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 122 LTC NURSING HOMEW/O N BILL WEEK ENDING 11,	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
217677 11/09/12 217678 11/23/12 217679 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HERRERA, HORACI	8.00 55.25 33.00		116.64 I 805.55 I 481.14 I	
			CUSTOMER	96.25	0.00	1,403.33	
			CATEGORY	96.25	0.00	1,403.33	

			YSIDE CITYWIDE	220				123
SALES JRN	IL # 0309	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHC	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
217680	11/23/12	800000	VISITING NURSE SERVICE	HUSSAIN, AHMED	19.25		280.67	I
				CATEGORY	19.25	0.00	280.67	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R		PAGE 1 - 124 LAA LOMBARDI AIDS ADULT POPUL BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217681 11/23/12	000008 VISITING NURSE SERVIC	E INOSTROZA, RAPH	45.00	656.10 I
		CATEGORY	45.00 0.00	656.10

RUN DATE 11/29/12 SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	- 125 DING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
217682 10/19/12 217683 11/23/12 217684 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	INSERRA, CATHER INSERRA, CATHER ISKENDERIAN, KA	7.00 45.00 12.00		102.06 656.10 174.96	I I I	
			CUSTOMER	64.00	0.00	933.12		
			CATEGORY	64.00	0.00	933.12		

RUN DATE 11/29/12 SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 126 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217685 11/23/12 217686 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.75 15.00		127.58 I 218.70 I
			CUSTOMER	23.75	0.00	346.28
			CATEGORY	23.75	0.00	346.28

RUN DATE 11/	29/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	127
SALES JRNL #	0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	IEW/O WALLS (LT
		5	SALES REGISTER			BILL WEEK ENDIN	IG 11/30/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217687 11/	23/12 000008	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	44.00		641.52 I	- -
				44.00			
			CATEGORY	44.00	0.00	641.52	

RUN DATE 11/29/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 128	
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
		S	ALES REGISTER			BILL WEEK END	ING 11/30	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURP	LUS
217688 11/23/12	000008	VISITING NURSE SERVICE	JAMES, DAVINA	34.75		506.66	I	
217689 11/23/12	000008	VISITING NURSE SERVICE	JAMISON, BESSIE	8.00		116.64	I	
217690 11/09/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	12.00		174.96	I	
217691 11/16/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	12.00		174.96	I	
217692 11/23/12	800000	VISITING NURSE SERVICE	JARAMILLO PAL,	12.00		174.96	I	
			CUSTOMER	78.75	0.00	1,148.18		
			CATEGORY	78.75	0.00	1,148.18		

RUN DATE 11/29/12 -	- SUP SUNNYSID	E CITYWIDE				PAGE 1 - 129	
SALES JRNL # 0309	LOC 001 SU	NNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	ALES REGISTER			BILL WEEK ENDING 11	/30/12
INVOICE# DATE	CUST NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
217693 9/28/12	000008 VIS	ITING NURSE SERVICE	JENSEN, HELGA	9.00		131.22 I	
217694 11/23/12	000008 VIS	ITING NURSE SERVICE	JENSEN, HELGA	9.00		131.22 I	
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00	262.44	-

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	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
217695 11/16/12 217696 11/23/12 217697 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JEWAT, LUCILLE JEWAT, LUCILLE JHAVERI, RAMESH	33.00 75.25 12.00		481.14 I 1,097.15 I 174.96 I	
			CUSTOMER	120.25	0.00	1,753.25	
			CATEGORY	120.25	0.00	1,753.25	

	FE 11/29/12 - JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 HOA HOSPICE ABILL WEEK END	-	_
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
217698	11/23/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60	I	
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	132
SALES JF	NL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217699	11/23/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	25.50		371.80 I	
				CATEGORY	25.50	0.00	371.80	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 133
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
		\$	SALES REGISTER			BILL WEEK END	ING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217700 11/16/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	6.00		87.48	I
			CATEGORY	6.00	0.00	87.48	

RUN DATE 11/29/12 - :	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 134
SALES JRNL # 0309	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		ADU ADULT
	S F	ALES REGISTER		BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217701 11/23/12	000008 VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		35 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217702 11/23/12 217703 11/23/12 217704 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JORRIN, HORTENS KAUR, SARD KAUR, SHARAN	23.00 12.00 55.50		335.34 174.96 809.19	I I I	
			CUSTOMER	90.50	0.00	1,319.49		
			CATEGORY	90.50	0.00	1,319.49		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 136 ADU ADULT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217705 11/23/12	000008 VISITING NURSE SERVICE	KERNAN, DONALD	3.00		43.74 I
		CATEGORY	3.00	0.00	43.74

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	137
SALES JRN	1L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	Т
			5	SALES REGISTER			BILL WEEK ENDING	11/30/12
	D. 7. 17. 17. 17. 17. 17. 17. 17. 17. 17.	arram 110	GIIGHOMED MANG	2552254			31401PTE EVID	G11D D1 11G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217706	11/23/12	000008	VISITING NURSE SERVICE	KHAN, MARGARET	12.00		174.96 I	
217700	11/23/12	000008	VISITING NORSE SERVICE	KHAN, MAKGAKEI	12.00		1/4.90	
				CATEGORY	12.00	0.00	174.96	

	E 11/29/12 - RNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI		2
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS	S
217707	11/23/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	71.25		1,038.83	I	
				CATEGORY	71.25	0.00	1,038.83		-

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	39
SALES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217708	11/23/12	800000	VISITING NURSE SERVICE	KNOWLES, ANAMAR	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE 11/29/12 - SALES JRNL # 0309	SUP SUNN		REG NY NY			PAGE 1 - VCP CHOICE LHC	= = =
		S	ALES REGISTER			BILL WEEK ENDI	NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
217709 11/09/12	000008	VISITING NURSE SERVICE	KOSTIKIAN, MARI	25.00		364.50	I
217710 11/16/12 217711 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	KOSTIKIAN, MARI KOSTIKIAN, MARI	20.00 20.00		291.60 291.60	I
217712 11/23/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	55.75		812.84	I
			CUSTOMER	120.75	0.00	1,760.54	
			CATEGORY	120.75	0.00	1,760.54	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 141 ADU ADULT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
217713 11/23/12	000008 VISITING NURSE SERVICE	LANDAU, BERNARD	6.00	87.48 I
		CATEGORY	6.00 0.0	 0

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 142 VCP CHOICE LHCSA BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217714 11/16/12 217715 11/23/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	24.00 40.00	349.92 I 583.20 I
		CUSTOMER	64.00 0.00	933.12
		CATEGORY	64.00 0.00	933.12

RUN DATE 11/29 SALES JRNL # 0			REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217716 11/23	/12 000008	VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 I	
			CATEGORY	9.00	0.00	131.22	

- 1				YSIDE CITYWIDE				PAGE 1 -	
ı	SALES JRNL	# 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
					SALES REGISTER			BILL WEEK ENDING	11/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	017717 11	1 /02 /12	000000	WIGHTING MIDGE GERWING		02 00		225 24 -	
	217717 13	1/23/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	23.00		335.34 I	
ı					CATEGORY	23.00	0.00	335.34	

RUN DATE 11/29/1	.2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	145
SALES JRNL # 030	9 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDI	NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
							_
217718 11/23/1	.2 000008	VISITING NURSE SERVICE	LEE, MIRIAM G	4.00		58.32	I
				4 00			
			CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE					146
SALES JRNL	# 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
				SALES REGISTER			BILL WEEK ENDIN	lG 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217719 11	1/23/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	15.50		225.99 I	
				CATEGORY	15.50	0.00	225.99	

		11/29/12 - IL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 147 ADU ADULT BILL WEEK ENDING 1	
:	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
:	217720	11/23/12	800000	VISITING NURSE SERVICE	LENDOIRO, JUAN	12.00		174.96 I	
					CATEGORY	12.00	0.00	 174.96	

RUN DATE 11/29/12 -						PAGE 1 -	
SALES JRNL # 0309	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCS	
						DIDD WEEK ENDI	VO 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
017701 11/02/10	000000	VICITING NUDGE CEDVICE	TENTO CAMBIEDIA	F.C. 0.0		016 40 3	-
217721 11/23/12 217722 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LEWIS, CATHERIN LIGARDO, SOL M	56.00 21.75		816.48 I	=
217723 11/23/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LITSAS, MARTHA	25.00		364.50	-
21//23 11/23/12	000000	VISITING NORSE SERVICE	HIISAS, MAKINA				
			CUSTOMER	102.75	0.00	1,498.10	
			CATEGORY	102.75	0.00	1,498.10	

		NNYSIDE CITYWIDE				PAGE 1 -	
SALES JRNL #	: 0309 LOC 001		REGNY NY SALES REGISTER			LAD NURSING HOME BILL WEEK ENDING	
			SALES KEGISIEK			DIDD WEEK ENDING	11/30/12
INVOICE# D	DATE CUST NO	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
217724 11/	23/12 000008	VISITING NURSE SERVICE	LLANES, ELEAZER	22.75		331.70 I	
			CATEGORY	22.75	0.00	331.70	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 150 OMEW/O WALLS (LT ING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217725 11/23/12 217726 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	40.00 42.00		583.20 612.36	I
			CUSTOMER	82.00	0.00	1,195.56	
			CATEGORY	82.00	0.00	1,195.56	

RUN	DATE 1	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	151
SAL	LES JRNI	և # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				\$	SALES REGISTER			BILL WEEK ENDING	11/30/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217	7727 1	11/23/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	60.25		878.45 I	
					CATEGORY	60.25	0.00	878.45	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 152 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217728 11/23/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN	DATE 11/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	53
SALE	S JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2177	29 11/23/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

RUN DATE 11/29/12 - SALES JRNL # 0309	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - 154 ADU ADULT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217730 11/23/12 217731 11/23/12	000008 VISITING NURSE SERVI 000008 VISITING NURSE SERVI	- · · · · · · · · · · · · · · · · · · ·	9.00 9.00		131.22 I 131.22 I
		CUSTOMER	18.00	0.00	262.44
		 CATEGORY	18.00	0.00	 262.44

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 155 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217732 11/23/12 217733 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	LUCES, LETICIA LYMN, ANGIE	20.00		291.60 I 422.82 I
			CUSTOMER	49.00	0.00	714.42
			CATEGORY	49.00	0.00	714.42

RUN DATE 11/	/29/12 - SU	JP SUNNYS	SIDE CITYWIDE				PAGE 1 - 1	156
SALES JRNL ‡	# 0309 LO	OC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			;	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# I	DATE CU	JST NO (CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217734 11/	/23/12 00	7 80000	VISITING NURSE SERVICE	MACCHIA, CATHY	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

RUN DATE 11/29/12 -	- SUP SUNNYSI	IDE CITYWIDE				PAGE 1 - 157
SALES JRNL # 0309	LOC 001 S	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		S	ALES REGISTER			BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217735 11/23/12	000008 VI	ISITING NURSE SERVICE	MAGILLIGAN, LOR	29.75		433.76 I
			CATEGORY	29.75	0.00	433.76

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 158 VCP CHOICE LHCSA BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217736 11/23/12 217737 11/23/12 217738 11/23/12 217739 11/23/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MAGNANI, VINCEN MALDONADO, DOMI MALDONADO, MARI MANGAN, JOHN	79.00 30.00 19.75 20.00		1,151.82 I 437.40 I 287.96 I 291.60 I	
			CUSTOMER	148.75	0.00	2,168.78	
			CATEGORY	 148.75	0.00	2,168.78	

RUN DATE 11/29/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	159
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
		\$	SALES REGISTER			BILL WEEK ENDING	; 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217740 11/23/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 11/29/1 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217741 11/16/1 217742 11/23/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	MARMOL ESPINAL, MARMOL ESPINAL,	25.00 25.00		364.50 3	<u> </u>
			CUSTOMER	50.00	0.00	729.00	
			CATEGORY	50.00	0.00	729.00	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY BALES REGISTER		PAGE 1 - 161 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	MT AMOUNT TYP SURPLUS
217743 11/23/12	000008 VISITING NURSE SERVICE	MARMOL, LIDIA	43.00	626.94 I
		CATEGORY	43.00 0.0	 00 626.94

RUN DATE 11/29/12 - SALES JRNL # 0309	SUP SUNN	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE		30/12
							,	,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SU	RPLUS
217744 11/23/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	7.25		105.71	I	
217745 11/23/12	000008	VISITING NURSE SERVICE	MARTINEZ, CAMIL	12.00		174.96		
			CUSTOMER	19.25	0.00	280.67		
			CATEGORY	19.25	0.00	280.67		

RUN DATE 11/29/12 - SALES JRNL # 0309			REG NY NY			PAGE 1 - 1 CCL CONGREGATE CA	
			SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217746 11/23/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	67.00		976.86 I	
			CATEGORY	67.00	0.00	976.86	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 16 VCP CHOICE LHCSA BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217747 11/23/12 217748 11/23/12 217749 11/23/12 217750 11/23/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARGA MARTINEZ, MARTA MARTINEZ, ROSA MATOS, ROSA	30.00 29.25 39.75 6.00		437.40 I 426.47 I 1,221.08 I 87.48 I	
			CUSTOMER	105.00	0.00	2,172.43	
			CATEGORY	105.00	0.00	2,172.43	

RUN DATE 11/29/12 -	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	- 165
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK END	ING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
217751 11/23/12	800000	VISITING NURSE SERVICE	MAYZEL, FREYDA	24.00		349.92	I
217752 11/23/12	800000	VISITING NURSE SERVICE	MAZZONE, FRANCE	54.00		787.32	I
217753 11/23/12	000008	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44	I
217754 11/23/12	000008	VISITING NURSE SERVICE	MCCULLAGH, UNA	22.00		320.76	I
			CUSTOMER	268.00	0.00	3,907.44	
			CATEGORY	268.00	0.00	3,907.44	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 166 VCP CHOICE LHCSA BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217755 11/23/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I
			CATEGORY	56.00	0.00	816.48

RUN DATE 11/	29/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 167	
SALES JRNL #	0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	ALES REGISTER			BILL WEEK ENDING 11/3	0/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
217756 11/	23/12 000008	VISITING NURSE SERVICE	MEJIA, CLAUDIO	45.75		667.04 I	
			CATEGORY	45.75	0.00	667.04	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 168 VCP CHOICE LHCSA BILL WEEK ENDING 11/30	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
217757 11/23/12 217758 11/09/12 217759 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MEJIA, DINORAH MEJIA, MARINA MEJIA, MARINA	29.75 4.00 4.00		433.76 I 58.32 I 58.32 I	
			CUSTOMER	37.75	0.00	550.40	
			CATEGORY	37.75	0.00	550.40	

RUN DATE 11/29/12 -	- SUP SUNNYS	SIDE CITYWIDE				PAGE 1 - 1	L69
SALES JRNL # 0309	LOC 001		REG NY NY			LTC NURSING HOME	·
			SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217760 11/23/12	7 800000	VISITING NURSE SERVICE	MEJIA, ROSA	28.50		415.54 I	
			CATEGORY	28.50	0.00	415.54	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.70
SALES JRN	1L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
01.00	11 /02 /12				44 50		-	
217761	11/23/12	000008	VISITING NURSE SERVICE	MENDEZ, ADA	41.50		605.07 I	
					41 50			
				CATEGORY	41.50	0.00	605.07	

RUN DATE 11/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 171	
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/C) WALLS LT
			SALES REGISTE	R		BILL WEEK ENDING 11	_/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
217762 11/02/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	4.00		58.32 I	
217763 11/02/12	000008	VISITING NURSE SERVICE	MENDEZ, NELLY	6.00		87.48 I	
217764 11/09/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	4.00		58.32 I	
			CUSTOMER	14.00	0.00	204.12	
			CATEGORY	14.00	0.00	204.12	

RUN DATE 11/29/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	172
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
		:	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217765 11/23/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	34.00		495.72 I	
			CATEGORY	34.00	0.00	495.72	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	173
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217766	11/23/12	800000	VISITING NURSE SERVICE	MENYHERT, YAE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 11/29/12 - SALES JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			-	174
SALES URNL # U3U9	TOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
217767 11/23/12	000008	VISITING NURSE SERVICE	MIRANDA, LUIS	30.00		437.40 I	
217768 11/23/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	15.00		218.70 I	
217769 11/23/12	800000	VISITING NURSE SERVICE	MONTALVO, FIDEL	25.00		364.50 I	
217770 11/23/12	800000	VISITING NURSE SERVICE	MONTOYA, ROSALB	11.00		160.38 I	
			CUSTOMER	81.00	0.00	1,180.98	
			CATEGORY	81.00	0.00	1,180.98	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 175 ADU ADULT BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217771 11/23/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	9.00		131.22 I	
			CATEGORY	9.00	0.00	131.22	

RUN DATE 11/29/12 - SUP SUNNYSIDE CITYW SALES JRNL # 0309 LOC 001 SUNNYSIDE			PAGE 1 - 176 VCP CHOICE LHCSA	
SALES UNIL # 0309 LOC 001 SUNNISIDE	SALES REGISTE	3	BILL WEEK ENDING 11,	/30/12
INVOICE# DATE CUST NO CUSTOMER N	IAME REFERENCE	HOURS TAX AM	T AMOUNT TYP ST	URPLUS
217772 11/23/12 000008 VISITING N	TURSE SERVICE MORAITIS, AGATH	30.00	437.40 I	
	CATEGORY	30.00 0.0	 0 437.40	

RUN DATE 11/29/12 - SALES JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 177 LTC NURSING HOMEW/O W	латте /тт
SALES GIVE # 0309	HOC 001		ALES REGISTER			BILL WEEK ENDING 11/	,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
217773 11/23/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE I SALES JRNI		SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217774	11/23/12	800000	VISITING NURSE SERVICE	MORALES, CARMEN	9.50		138.51 I	
				CATEGORY	9.50	0.00	138.51	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	179
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDIN	G 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217775 11/23/12	800000	VISITING NURSE SERVICE	MOREL, NOHEMY P	8.00		116.64 I	
217776 11/23/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	49.00		714.42 I	
217777 11/23/12	000008	VISITING NURSE SERVICE	NAJERA WARREN,	1.00		14.58 I	
			CUSTOMER	58.00	0.00	845.64	
			CATEGORY	58.00	0.00	845.64	

RUN DATE 1	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 180	
SALES JRNI	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 11	/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
217778 1	11/23/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

ı	RUN DATE 1	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	81
ı	SALES JRNI	և # 0309	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	11/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	217779 1	11/23/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	16.00		233.28 I	
					CAREGODY	16.00		233.28	
ı					CATEGORY	16.00	0.00	233.28	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY BALES REGISTER			PAGE 1 - 182 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217780 11/23/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	39.00		568.62 I
			CATEGORY	39.00	0.00	568.62

RUN DATE 1	11/29/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 18	33	
SALES JRNI	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	re caf	RE PROGRAM	
			S	SALES	REGISTER			BILL WEEK ENI	DING	11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
217781 1	11/23/12	800000	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	63.00		918.54	I		
					CATEGORY	63.00	0.00	918.54			

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 184
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		2	SALES REGISTER			BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217782 11/23/12	000008	VISITING NURSE SERVICE	NIEVES, NANCY	30.00		437.40 I
217783 11/23/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	20.00		291.60 I
			CUSTOMER	50.00	0.00	729.00
			CATEGORY	50.00	0.00	729.00

RUN DATE 11/29/12 -	- SUP SUNNYSI	IDE CITYWIDE				PAGE 1	- 18	35
SALES JRNL # 0309	LOC 001 S	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
		S	ALES REGISTER			BILL WEEK EN	DING	11/30/12
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217784 11/23/12	000008 VI	ISITING NURSE SERVICE	NOBLIN, ELOISE	19.00		277.02	I	
217785 11/09/12	000008 VI	ISITING NURSE SERVICE	NOBOADESALAZAR,	12.00		174.96	I	
217786 11/16/12	000008 VI	ISITING NURSE SERVICE	NOBOADESALAZAR,	6.00		87.48	I	
217787 11/23/12	000008 VI	ISITING NURSE SERVICE	NOBOADESALAZAR,	27.75		404.60	I	
			CUSTOMER	64.75	0.00	944.06		
			CATEGORY	 64.75	0.00	944.06		

	11/29/12 - JL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 1 HCSA	86
	"			SALES REGISTE	R		BILL WEEK EN		11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217788	11/23/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	42.00		612.36	I	
217789	11/23/12	000008	VISITING NURSE SERVICE	OCHOA, LUIS	25.00		364.50	I	
217790	11/23/12	800000	VISITING NURSE SERVICE	ORNANO, BOLIVAR	20.00		291.60	I	
217791	11/23/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	20.00		291.60	I	
217792	11/23/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	14.50		211.41	I	
				CUSTOMER	121.50	0.00	1,771.47		
				CATEGORY	121.50	0.00	1,771.47		

			YSIDE CITYWIDE					-	- 1	87	
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			ADU ADULT			
			S	BALES	REGISTER			BILL WEEK EN	DING	11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R:	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
217793	11/23/12	800000	VISITING NURSE SERVICE	PA	OLONI, MARY	11.75		171.32	I		
					 CATEGORY	11.75	0.00	171.32			

RUN DATE 1	11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	88
SALES JRNI	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	A L E S R E G I S T E R			BILL WEEK EN	DING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217794	11/23/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	30.00		437.40	I	
217795 1	11/23/12	800000	VISITING NURSE SERVICE	PAPOUTSIS, MARY	9.00		131.22	I	
217796	11/23/12	000008	VISITING NURSE SERVICE	PARETTI, MARIE	56.00		816.48	I	
217797	11/23/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	42.00		612.36	I	
217798 1	11/23/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	20.00		291.60	I	
				CUSTOMER	157.00	0.00	2,289.06		
				CATEGORY	157.00	0.00	2,289.06		

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	89
SALES JRI	NL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217799	11/23/12	800000	VISITING NURSE SERVICE	PEREA, LUIS	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	11/29/12		YSIDE CITYWIDE				PAGE 1	- 190
SALES JE	NL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	
			S A	ALES REGISTER	-		BILL WEEK EN	DING 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217800	11/23/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	42.00		612.36	I
217801	11/23/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	32.00		466.56	I
217802	11/23/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	24.00		349.92	I
217803	11/23/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	39.75		579.56	I
217804	11/02/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	2.00		29.16	I
217805	11/23/12	000008	VISITING NURSE SERVICE	PLACIDO, GENARO	35.00		510.30	I
217806	11/02/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	6.00		87.48	_ T
217807	11/23/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	41.00		597.78	_ T
217808	11/23/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	30.00		437.40	_ T
217000	11/23/12	000000	VIBILING NORDE BERVICE					
				CUSTOMER	251.75	0.00	3,670.52	
				CODIONEIC	231.73	0.00	3,010.32	
				CATEGORY	251.75	0.00	3,670.52	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	191
SALES JRN	1L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
01.7000	11 /02 /12						001 60 -	
217809	11/23/12	000008	VISITING NURSE SERVICE	POLANCO, JUAN	20.00		291.60 I	
				GA EDGODY		0.00	201 60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 1	L1/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	192
SALES JRNL	<u> </u>	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217810 1	11/23/12	000008	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 11/29/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		93 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217811 11/23, 217812 11/23, 217813 11/23,	12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PUISELLO, CIRA PULLIZA, DIANNE QUINTERO, INES	47.00 12.00 30.00		685.26 174.96 437.40	I I I	
			CUSTOMER	89.00	0.00	1,297.62		
			CATEGORY	89.00	0.00	1,297.62		

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	194
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDI	NG 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
217814	11/23/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.75		710.78	I
				CATEGORY	48.75	0.00	710.78	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 19 ADU ADULT BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217815 11/23/12 217816 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ - ,	12.00 23.50		174.96 I 342.64 I	
			CUSTOMER	35.50	0.00	517.60	
			CATEGORY	35.50	0.00	 517.60	

RUN DAT	ΓΕ 11/29/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	96
SALES 0	JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDE	S PEDIATRIC
			S	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217817	11/23/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE 1	11/29/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 1	97
SALES JRNI	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217818 1	11/23/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
					42.00			
				CATEGORY	43.00	0.00	626.94	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 198 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217819 11/09/12 217820 11/23/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	·	18.00 29.75	262.44 I 433.76 I
		CUSTOMER	47.75 0.00	696.20
		 CATEGORY	47.75 0.00	696.20

RUN DATE 1	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	99
SALES JRNI	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			5	SALES REGISTE	R		BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217821	11/23/12	800000	VISITING NURSE SERVICE	RAMOS, ISMAEL	5.75		83.84 I	
				- CATEGORY	5.75	0.00	83.84	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 20 VCP CHOICE LHCSA BILL WEEK ENDING	0 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217822 11/23/12 217823 11/23/12 217824 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMPHAL, INDRIA RASMUSSEN, GEOR REINA, JOSE	20.00 1.00 19.75		291.60 I 14.58 I 287.96 I	
			CUSTOMER	40.75	0.00	594.14	
			CATEGORY	40.75	0.00	594.14	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	01 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217825 11/23/12	800000	VISITING NURSE SERVICE	RENDON, EDUARDO	22.00		320.76 I	
			CATEGORY	22.00	0.00	320.76	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 202
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
			SALES REGISTER			BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217826 11/23/12	000008	VISITING NURSE SERVICE	RICCA, MARIE	20.00		291.60 I
217827 11/23/12	800000	VISITING NURSE SERVICE	RICE, SYDNEY	8.00		116.64 I
			CUSTOMER	28.00	0.00	408.24
			CATEGORY	28.00	0.00	408.24

RUN DATE 1	.1/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	203
SALES JRNL	# 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	CARE PROGRAM
			5	SALES REGIS	TER		BILL WEEK ENDIN	IG 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	YT TNUOMA	P SURPLUS
217828 1	1/23/12	800000	VISITING NURSE SERVICE	RISCO, GUILEE	RM 48.25		703.49	-
				CATEGOR	Y 48.25	0.00	703.49	

RUN DATE 11/29/12 - SALES JRNL # 0309		IDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 20 LTC NURSING HOMEW	: =
		S	SALES REGISTER			BILL WEEK ENDING	,
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217829 11/23/12	000008 V	ISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 11/29/12 SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK ENI		2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	;
217830 11/23/12 217831 11/23/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	RIVERA, CARMEN RIVERA, ERNESTO	29.00 12.00		422.82 174.96	I	
			CUSTOMER	41.00	0.00	597.78		•
			CATEGORY	41.00	0.00	597.78		

RUN DATE 11/29/1	2 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 206	
SALES JRNL # 030	9 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	Γ
			SALES REGISTER			BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217832 11/23/1	2 000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 207	
SALES	JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 11/30	/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
217833	3 11/23/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 208 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217834 11/23/12	000008 VISITING NURSE SERVICE	E ROCCISANO, LOUI	48.00	699.84 I
		CATEGORY	48.00 0.00	699.84

	11/29/12 - NL # 0309	- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
217835 217836 217837	11/16/12 11/23/12 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, BIEN RODRIGUEZ, BIEN RODRIGUEZ, IRMA	2.00 9.50 28.50		29.16 138.51 415.54	I I I
				CUSTOMER	40.00	0.00	583.21	
				CATEGORY	40.00	0.00	583.21	

RUN DATE 11/	29/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 210	
SALES JRNL #	: 0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING 1	1/30/12
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217838 11/	23/12 000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
			CATEGORY	84.00	0.00	1,224.72	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 211 ADU ADULT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217839 11/23/12 217840 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		14.00 3.00		204.12 I 43.74 I
			CUSTOMER	17.00	0.00	247.86
			CATEGORY	17.00	0.00	 247.86

RUN DATE 11 SALES JRNL	1/29/12 - SUP SUNN # 0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	EW/O WALLS (LT
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
-	1/16/12 000008 1/23/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, OLGA RODRIGUEZ, OLGA	4.00 5.00		58.32 I 72.90 I	
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE	11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 213	;
SALES JR	NL # 0309	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 1	.1/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217843	11/23/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE 11/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	214
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
		\$	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217844 11/23/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	215
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	- , ,
217845 11/23/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, RUTH	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE	DDG 1997			PAGE 1 -	
SALES JRN	NL # 0309	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUI	
TATIOTORU	D.3.000	CITCE NO	GUGEOMED NAME	DEFEDENCE	HOUDA	max ave	AMOTINE ENGL	airphi iid
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
217846	11/23/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 11/29/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	217
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
		5	SALES REGISTER			BILL WEEK ENDIN	NG 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217847 11/23/12	000008	VISITING NURSE SERVICE	ROLON, JUANITA	39.75		579.56	I.
			CATEGORY	39.75	0.00	579.56	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	18
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217848	11/23/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	31.50		459.27 I	
				CATEGORY	31.50	0.00	459.27	

RUN DATE 11/29/12 SALES JRNL # 0309		SUNNYSIDE CITYWIDE	_	NY EGISTE	R		PAGE 1 LTC NURSING BILL WEEK EN	HOMEW	. ,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217849 11/23/12 217850 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,		45.25 16.00		659.75 233.28	I I	
				CUSTOMER	61.25	0.00	893.03		
				 CATEGORY	61.25	0.00	893.03		

RUN DATE 11/2 SALES JRNL #	29/12 - SUP SUNN 0309 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 220 ICSA
		S	ALES REGISTER	1		BILL WEEK END	ING 11/30/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	23/12 000008	VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48	I
	23/12 000008 23/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ROSA, MANOLO ROSARIO, ELSA	12.00 35.00		174.96 510.30	I
	23/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ROSARIO, ELSA ROSARIOBREU, EM	15.00		218.70	I
217855 11/2	23/12 000008	VISITING NURSE SERVICE	RUEDA, INES	45.00		656.10	I
			CUSTOMER	163.00	0.00	2,376.54	
			CATEGORY	163.00	0.00	2,376.54	

RUN DATE 11/2	9/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	221
SALES JRNL #	0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
		5	SALES REGISTER			BILL WEEK ENDING	G 11/30/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217856 11/2	3/12 000008	VISITING NURSE SERVICE	RUFFEN, SANDRA	12.00		174.96 I	
				10.00		174.06	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 1 SALES JRNI			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 7	TYP SURPLUS
217857 1	11/23/12	000008	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60	I
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	223
BALLO CIUL # 0309	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217858 11/23/12 217859 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	15.00 55.00		218.70 I 801.90 I	
			CUSTOMER	70.00	0.00	1,020.60	
			CATEGORY	70.00	0.00	1,020.60	

	/29/12 - SUP SUNN					PAGE 1 - 2	
SALES JRNL #	# 0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
		S	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217860 11/	/23/12 000008	VISITING NURSE SERVICE	SALERNO, BARBAR	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	225
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217861 11/23/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 11,	/29/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	226
SALES JRNL ‡	# 0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	ALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217862 11/	/23/12 000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	69.00		1,006.03 I	
			CATEGORY	69.00	0.00	1,006.03	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 227 ADU ADULT BILL WEEK ENDING 11/30	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
217863 11/02/12 217864 11/02/12 217865 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SAMPOGNA, NICHO SAMPOGNA, NICHO SANCHEZ, ADOLFO	4.00 8.00 4.00		58.32 I 116.64 I 58.32 I	
			CUSTOMER	16.00	0.00	233.28	
			CATEGORY	16.00	0.00	233.28	

RUN DATE 11/29/12 - SUE	P SUNNYSIDE CITYWIDE				PAGE 1 -	228
SALES JRNL # 0309 LOC	C 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
	Si	ALES REGISTER			BILL WEEK ENDING	3 11/30/12
INVOICE# DATE CUS	ST NO CUSTOMER NAME	REFERENCE	HOURS 7	TAX AMT	AMOUNT TY	SURPLUS
217866 11/23/12 000	0008 VISITING NURSE SERVICE	SANCHEZ, LIDIA	42.00		612.36 I	
		CATEGORY	42.00	0.00	612.36	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 22	29	
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	TE CAF	RE PROGRAM	
			S	SALES R	EGISTER			BILL WEEK EN	DING	11/30/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
017067	11/02/10	000000	TITATETNA MIDAE AEDIITAE	CANTO	11DG MADIA	25 00		F10 20	_		
217867	11/23/12	800000	VISITING NURSE SERVICE	SANC	HEZ, MARIA	35.00		510.30	Т		
					CATEGORY	35.00	0.00	510.30			

RUN DATE	11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	0
SALES JRN	rL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217868	11/23/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 11/29/12 - SUP SUNNYSI					PAGE 1 -	- 231
SALES JRNL # 0309 LOC 001 S					ADU ADULT	
	SALES	REGISTER		1	BILL WEEK ENDI	.NG 11/30/12
INVOICE# DATE CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
217869 11/23/12 000008 VI	VISITING NURSE SERVICE S	SANDOVAL, FANNY	11.50		167.67	I
		CATEGORY	11.50	0.00	167.67	

RUN DATE 11/29/12 SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDING	A
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
217870 11/23/12 217871 11/23/12 217872 11/23/12 217873 11/23/12 217874 11/23/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SANTOS, LETY I SCOTT, CATHERIN SCRO, WILLIAM SEGOVIA, BEATRI SERAFIN, WALTER	17.75 50.75 28.00 36.00 66.00		258.80 I 739.94 I 408.24 I 524.88 I 962.28 I	
			CUSTOMER	198.50	0.00	2,894.14	
			CATEGORY	198.50	0.00	2,894.14	

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 233
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217875 11/16/12	000008	VISITING NURSE SERVICE	SERRA, JOSE	35.00		510.30 I
217876 11/23/12	800000	VISITING NURSE SERVICE	SERRA, JOSE	27.50		400.96 I
			CUSTOMER	62.50	0.00	911.26
			CATEGORY	62.50	0.00	911.26

RUN DA	TE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	234
SALES	JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217877	11/23/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

RUN DATE 11/29/12 - SUP SU SALES JRNL # 0309 LOC 00)1 SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	- 235 DING 11/30/12
INVOICE# DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
217878 11/16/12 000008	3 VISITING NURSE SERVICE	SHANNON, ELNORA	14.50		211.41	I
		CATEGORY	14.50	0.00	211.41	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217879 11/23/12 217880 11/16/12 217881 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SHANNON, ELNORA SHARMA, DEROPDI SHARMA, DEROPDI	35.00 5.00 20.00		510.30 1 72.90 1 291.60 1	
			CUSTOMER	60.00	0.00	874.80	
			CATEGORY	60.00	0.00	874.80	

RUN DATE 11/29/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 237	
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (L	T
		S	SALES REGISTER			BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217882 11/23/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	41.25		601.43 I	
			CATEGORY	41.25	0.00	601.43	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 238 VCP CHOICE LHCSA BILL WEEK ENDING 11/30/12	2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
217883 11/23/12 217884 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	24.00 15.00		349.92 I 218.70 I	
			CUSTOMER	39.00	0.00	568.62	-
			CATEGORY	39.00	0.00	 568.62	-

RUN DATE 11,	/29/12 - SUP	SUNNYSIDE CI	TYWIDE				PAGE 1	- 23	9
SALES JRNL ‡	# 0309 LOC	001 SUNNYS	SIDE CITYWIDE RE	EG NY NY			LTC NURSING B	HOMEW/	O WALLS (LT
			S A L	ES REGISTER			BILL WEEK ENI	DING	11/30/12
INVOICE# I	DATE CUS	r no custome	CR NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217885 11,	/23/12 0000	008 VISITIN	NG NURSE SERVICE	SOLDATI, RONDA	14.75		215.06	I	
				CATEGORY	 14.75	0.00	215.06		

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 240	
SALES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	
			2	SALES REGISTER			BILL WEEK ENDING 11/3	0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	PLUS
217886	11/23/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	241
SALES JRNI	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	3 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217887	11/23/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217888 11/23/12	800000	VISITING NURSE SERVICE	SOSA, ELSA	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	243
SALES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217889	11/23/12	800000	VISITING NURSE SERVICE	STAFILIAS, EVAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 11/29/12 - SALES JRNL # 0309		IDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	244
SALES UNIVE # 0309	100 001 5		ALES REGISTER			BILL WEEK ENDING	G 11/30/12
INVOICE# DATE	CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217890 11/23/12 217891 11/23/12		ISITING NURSE SERVICE	STALZER, STEPHA STAMBOULIDIS, V	59.50 23.50		867.52 I 342.63 I	
			CUSTOMER	83.00	0.00	1,210.15	
			CATEGORY	83.00	0.00	1,210.15	

	E 11/29/12 - RNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 2 HOA HOSPICE ADULT BILL WEEK ENDING	[
INVOICE:	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217892	11/23/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				 CATEGORY	21.00	0.00	306.18	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 246 ADU ADULT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217893 11/23/12	800000	VISITING NURSE SERVICE	STEINBERG, ROSL	6.00		87.48 I
			CATEGORY	6.00	0.00	87.48

RUN DATE	RUN DATE 11/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 247											
SALES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA				
			S	ALES REGISTER			BILL WEEK EN	DING	11/30/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS			
217894	11/23/12	000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	12.00		174.96	I				
217895	11/23/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	16.00		233.28	I				
217896	11/23/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	18.00		262.44	I				
217897	11/23/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88	I				
217898	11/23/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	29.50		430.11	I				
				CUSTOMER	111.50	0.00	1,625.67					
				CATEGORY	111.50	0.00	1,625.67					

RUN DATE 11/	/29/12 - SUP SU	JNNYSIDE CITYWIDE				PAGE 1 -	- 248
SALES JRNL #	# 0309 LOC 00)1 SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	OMEW/O WALLS (LT
			$ \verb SALES $	R		BILL WEEK END:	ING 11/30/12
INVOICE# D	DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
017000 11				40.05		050 00	_
217899 11/	/23/12 000008	3 VISITING NURSE SERVICE	SUAREZ, TULIA	17.75		258.80	1
			CATEGORY	17.75	0.00	258.80	

	11/29/12 NL # 0309	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	-
			_					, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
217900	11/23/12	000008	VISITING NURSE SERVICE	TABOADA, DIMAS	16.50		240.57	I
217901	11/23/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	55.75		812.84	I
				CUSTOMER	72.25	0.00	1,053.41	
				CATEGORY	72.25	0.00	1,053.41	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTI	E R		PAGE 1 - 250 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217902 11/23/12 217903 11/23/12	000008 VISITING NURSE SERVI 000008 VISITING NURSE SERVI		56.00 24.00		816.48 I 349.92 I
		CUSTOMER	80.00	0.00	1,166.40
		CATEGORY	80.00	0.00	1,166.40

RUN DATE 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 251	
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 11/	/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
217904 11/23/12	000008	VISITING NURSE SERVICE	TAVERAS, BERNAR	12.00		174.96 I	
217905 11/23/12	800000	VISITING NURSE SERVICE	TEJADA, BALDOME	20.00		291.60 I	
			CUSTOMER	32.00	0.00	466.56	
			CATEGORY	32.00	0.00	466.56	

			SUNNYSIDE C							- 2	
SAL	ES JRNL # (309 LOC	001 SUNNYS	SIDE CITYWIDE			P		AUR ADULT RE BILL WEEK EN	_	
					SALES	KEGISIE	K		DILL WEEK EN	DING	11/30/12
INV	OICE# DAT	E CUST	r no custom	ER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217	906 11/23	/12 0000	008 VISITI	NG NURSE SERV	/ICE T	EJADA, MARIALU	16.00		233.28	I	
						CATEGORY	16.00	0.00	233.28		

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 253 ADU ADULT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217907 11/23/12 217908 11/23/12 217909 11/23/12	000008 V	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TEODORU, MIRELL TERZIAN, ASDGHI THOMPSON, ANNE	7.75 42.00 10.00		113.00 I 612.36 I 145.80 I
			CUSTOMER	59.75	0.00	871.16
			CATEGORY	59.75	0.00	871.16

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	254
SALES JRN	ъ # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			5	SALES REGISTER			BILL WEEK ENDIN	IG 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217910	11/23/12	800000	VISITING NURSE SERVICE	TINOCO, INES	35.00		510.30 I	<u>.</u> -
				CATEGORY	35.00	0.00	510.30	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	255 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217911 11/23/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	24.50		357.21 I	
			CATEGORY	24.50	0.00	357.21	

- 1	RUN DATE 11/29/12 -							56
	SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	11 /20 /10
				SALES REGISTER			BILL WEEK ENDING	11/30/12
	INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	217912 11/23/12	000008	VISITING NURSE SERVICE	E TORO VEGA, LUZV	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

	11/29/12 - NL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY I	NY E G I S T E F	3		PAGE 1 ADU ADULT BILL WEEK EN	- 2! DING		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
217913	11/23/12	000008	VISITING NURSE SERVICE	TORO,	PURA	84.00		1,224.72	I		
					CATEGORY	84.00	0.00	1,224.72			

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK EN		11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217914 11/23/12 217915 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TORRES, EMELINA TORRES, LUZ M	40.00 81.50		583.20 1,188.28	I I	
			CUSTOMER	121.50	0.00	1,771.48		
			CATEGORY	121.50	0.00	1,771.48		

RUN DATE 11/29/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 259	
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
			SALES REGISTE	R		BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
217916 11/02/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	6.00		87.48 I	
217917 11/09/12	000008	VISITING NURSE SERVICE	TORRES, MARGOT	6.00		87.48 I	
217918 11/23/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	42.00		612.36 I	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

RUN DATE 11/29/12 SALES JRNL # 0309			REG NY NY			PAGE 1 - 20 ADU ADULT	60
BALLED GIAVE # 0303	100 001		SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217919 11/23/12	000008	VISITING NURSE SERVICE	TOUMA, MATTA	33.25		484.79 I	
			CATEGORY	33.25	0.00	484.79	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 20 VCP CHOICE LHCSA BILL WEEK ENDING	11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217920 11/16/12 217921 11/23/12 217922 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TRUJILLO, AMPAR TSOLISOS, FOTIN	8.00 20.00 33.50		116.64 I 291.60 I 488.44 I	
			CUSTOMER	61.50	0.00	896.68	
			CATEGORY	61.50	0.00	896.68	

RUN DATE 11/29/12 - SUP :	SUNNYSIDE CITYWIDE			PAGE 1 - 262
SALES JRNL # 0309 LOC	001 SUNNYSIDE CITYWIDE REG N	Y NY		LAD NURSING HOME W/O WALLS LT
	SALES	REGISTER		BILL WEEK ENDING 11/30/12
INVOICE# DATE CUST	T NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217923 11/23/12 00000	008 VISITING NURSE SERVICE	TSUAI, PING	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	263
SALES JRN	NL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDING	G 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217924	11/23/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				- 264 OMEW/O WALLS (LT ING 11/30/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
217925 11/09/12	000008 V	VISITING NURSE SERVICE	URBINA, ANA	5.00		72.90	I
			CATEGORY	5.00	0.00	72.90	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 265 ADU ADULT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217926 11/23/12	800000	VISITING NURSE SERVICE	URENA, ARGELIA	16.00		233.28 I
			CATEGORY	16.00	0.00	233.28

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE C BILL WEEK ENDING	ARE PROGRAM
INVOICE# DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	
217927 11/23/12	800000	VISITING NURSE SERVICE	VALENCIA, BERNA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

F	RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	267
5	SALES JRN	ъ # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	11/30/12
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	217928	11/23/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE (BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
217929 11/23/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN	44.50		648.81 I	
			CATEGORY	44.50	0.00	648.81	

	11/29/12 - NL # 0309	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 269)
			S	SALES REGISTER			BILL WEEK END	ING 3	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
217930 217931	11/23/12 11/23/12	000008 000008	VISITING NURSE SERVICE	VALENTIN, ALEJA VALENTINO, EUGE	18.00 6.00		262.44 87.48	I	
21/931	11/23/12	000008	VISITING NURSE SERVICE	·					
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE 11/	29/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	270
SALES JRNL #	0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	G 11/30/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217932 11/	23/12 000008	VISITING NURSE SERVICE	VAROL, ELMAS	3.75		54.68 I	
			CATEGORY	3.75	0.00	 54.68	

ı	RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	1
١	SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	11/30/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	217933	11/23/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	40.50		590.49 I	
ı									
ı					CATEGORY	40.50	0.00	590.49	

RUN DATE 11/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 272	
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT	
			SALES REGISTER			BILL WEEK EN	DING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
							_	
217934 11/23/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	33.00		481.14	I	
217935 11/02/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	3.00		43.74	I	
217936 11/23/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	20.00		291.60	I	
217937 11/23/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20	I	
			CUSTOMER	96.00	0.00	1,399.68		
			CATEGORY	96.00	0.00	1,399.68		

RUN DATE 11/29/12						PAGE 1 - 273	
SALES JRNL # 0309	LOC 001		REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 11/30/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	US
217938 11/23/12	000008	VISITING NURSE SERVICE	VEGA, BETTY	1.00		14.58 I	
			CATEGORY	1.00	0.00	14.58	

RUN DATE 11/2	29/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 274	4
SALES JRNL #	0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		\$	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217939 11/2	23/12 000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	275 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217940 11/23/12 217941 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00		58.32 I 58.32 I	
			CUSTOMER	8.00	0.00	116.64	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/29/12 - SALES JRNL # 0309		REGNY NY SALES REGISTER		PAGE 1 - 276 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
217942 11/23/12	000008 VISITING NURSE SERVICE	VENTURA, ROSA	49.00	714.42 I
		CATEGORY	49.00 0.00	714.42

RUN DATE I		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK END	CSA	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPI	LUS
217944	11/23/12 11/23/12 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VERA, ROSARIO VERA, VICTOR VERAS, JUANA	4.00 17.75 56.00		58.32 258.80 816.48	I I I	
				CUSTOMER	77.75	0.00	1,133.60		
				CATEGORY	77.75	0.00	1,133.60		

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2'	78
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTE	R		BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217946	11/23/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	279
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	G 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217947	11/23/12	800000	VISITING NURSE SERVICE	VILLACRES, MARI	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

	ATE 11/29/12 - JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
217948	3 11/23/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	22.75		331.70 I	
				CATEGORY	22.75	0.00	331.70	

RUN DATE 11/29/12 SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 281 CCL CONGREGATE CARE PROGRA BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	,
217949 11/02/12 217950 11/23/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	2.00		29.16 I 58.32 I	
			CUSTOMER	6.00	0.00	87.48	
			CATEGORY	6.00	0.00	 87.48	

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	282
SALES JRN	L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217951	11/23/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE 11/29/12 - SALES JRNL # 0309	LOC 001	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
217952 11/23/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60 I	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE 11/29/12 -						PAGE 1 - 284
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		5	SALES REGISTER			BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217953 11/16/12	000008	VISITING NURSE SERVICE	VLAHOS, MARIE	4.00		58.32 I
217954 11/23/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I
			CUSTOMER	24.00	0.00	349.92
			CATEGORY	24.00	0.00	349.92

RUN DATE	11/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	285
SALES JRN	1L # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			S	SALES REGISTER			BILL WEEK ENDIN	NG 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217955	11/23/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74	
				CATEGORY	3.00	0.00	43.74	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 286 ADU ADULT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217956 11/23/12	000008 VISITING NURSE SERVICE	WALSH, MAUREEN	6.00		87.48 I
		CATEGORY	6.00	0.00	87.48

	E 11/29/12 - RNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
DALLED 0	ICVL # 0505	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217957	11/16/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	5.00		72.90 I	
				CATEGORY	5.00	0.00		

RUN DATE 11/29/12 - SALES JRNL # 0309	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 288 ADU ADULT BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
217958 11/16/12 217959 11/23/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		25.00 30.00		364.50 I 437.40 I
			CUSTOMER	55.00	0.00	801.90
			CATEGORY	55.00	0.00	801.90

			YSIDE CITYWIDE				PAGE 1 -	
SALES J	RNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 11/30/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
217960	11/23/12	800000	VISITING NURSE SERVICE	WHITEHEAD, NANC	8.25		120.29 I	
				CATEGORY	8.25	0.00	120.29	

RUN DATE 11/29/12 SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 290 ADU ADULT BILL WEEK ENDING 11/30	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	
217961 11/23/12	800000	VISITING NURSE SERVICE	WILLIAMS, GEORG	12.00		174.96 I	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 11	/29/12 - 9	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	291
SALES JRNL	# 0309 I	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			:	SALES REGISTE	R		BILL WEEK ENDI	NG 11/30/12
INVOICE#	DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
217962 11	/23/12 0	80000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	15.75		229.64	I
				- CATEGORY		0.00	229.64	

RUN	DATE	11/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	292
SAL	ES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	
				\$	SALES REGISTER			BILL WEEK ENDING	11/30/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
217	963	11/23/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE 11/29/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0309 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 TYP SURPLUS

				SALES REGISTER			BILL WEEK EN	DING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE ACERNO, CLAIRE ALI, AMRUNISSA ALIX, PEDRO ALSTON, ZULINE ASH, MARIE BEGUM, JAMILA BERJASHEVIC, LI BERROCAL, ISABE BUCARO, CONCETT CARSWELL, LUELL CARTAGENA, LUZ CEPEDA, TOMASA COLAVITTI, JEAN COLEMAN, REGINA COMET, JULIA CUCALON, INES DELEON, JUANA DEZUNIGA, LEONO DIAZ 2, CARMEN DIAZ, ALICIA DONOSO, MARGARE DURAN, CARMEN EARLINGTON, ALB ECKMAN, LOIS ESCOBAR, DOMING ESPINOZA, MARIA ESTEVES, CARMEN EXPOSITO, ALFON FELICIANO, JOAN FERNANDEZ, ANA FERNANDEZ, ANA FERNANDEZ, FELI FERRARA, ANN FERO, JOSEPHIN FRANCIS, VICTOR GARCIA, MARIA GOMEZ, YOLANDA GONZALEZ MONTA GONZALEZ, CARME GREAVES, BARBAR GREENSPAN, ALIC GUZMAN, ALICIA GUZMAN, EDELMIR HENLEY, LUVENIA HENRIQUEZ, TERE HERNANDEZ, TERE HERNANDEZ, TERE HERNANDEZ, LUZ HICKS, SYLVIA HUSTIU, SILVIA IGLESIAS, JUANA IRIMIA, SIMONA	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
217964	11/23/12	000010	GUILDNET	ACERNO, CLAIRE	18.50		279.72	I	
217965	11/23/12	000010	GUILDNET	ALI, AMRUNISSA	24.00		362.88	I	
217966	11/23/12	000010	GUILDNET	ALIX, PEDRO	7.00		1,375.92	I	
217967	11/16/12	000010	GUILDNET	ALSTON, ZULINE	64.00		967.68	I	
217968	11/23/12	000010	GUILDNET	ASH, MARIE	12.00		181.44	I	
217969	11/23/12	000010	GUILDNET	BEGUM, JAMILA	69.50		1,050.84	I	
217970	11/23/12	000010	GUILDNET	BERJASHEVIC, LI	12.00		181.44	I	
217971	11/23/12	000010	GUILDNET	BERROCAL, ISABE	35.00		529.20	I	
217972	11/23/12	000010	GUILDNET	BUCARO, CONCETT	41.00		619.92	I	
217973	11/23/12	000010	GUILDNET	CARSWELL, LUELL	70.00		1.058.40	I	
217974	11/23/12	000010	GUILDNET	CARTAGENA, LUZ	10.00		151.20	I	
217975	11/23/12	000010	GUILDNET	CEPEDA. TOMASA	24.00		362.88	I	
217976	11/23/12	000010	GUILDNET	COLAVITTI, JEAN	56.00		846.72	Ī	
217977	11/09/12	000010	GUILDNET	COLEMAN. REGINA	36.00		544.32	Ī	
217978	11/23/12	000010	GUILDNET	COMET . JULIA	30.00		453.60	Ī	
217979	11/16/12	000010	GUILDNET	CUCALON INES	55 00		831 60	Ī	
217980	11/23/12	000010	GUILDNET	DELEON THANA	30.00		453 60	Ī	
217981	11/23/12	000010	GUILDNET	DEZUNIGA, LEONO	4.00		60.48	Ī	
217982	11/23/12	000010	GUILDNET	DIAZ 2. CARMEN	46.00		695.52	I	
217983	11/23/12	000010	GUILDNET	DIAZ. ALICIA	45.00		680.40	Ī	
217984	11/23/12	000010	GUILDNET	DONOSO MARGARE	23.75		359.10	Ī	
217985	11/23/12	000010	GUILDNET	DURAN, CARMEN	32.50		491.40	Ī	
217986	11/23/12	000010	GUILDNET	EARLINGTON, ALB	41.00		619.92	I	
217987	11/23/12	000010	GUILDNET	ECKMAN, LOIS	7.00		1,375.92	I	
217988	11/16/12	000010	GUILDNET	ESCOBAR, DOMING	1.00		15.12	I	
217989	11/23/12	000010	GUILDNET	ESPINOZA, MARIA	45.00		680.40	I	
217990	11/23/12	000010	GUILDNET	ESTEVES, CARMEN	20.00		302.40	I	
217991	11/02/12	000010	GUILDNET	EXPOSITO, ALFON	64.00		967.68	I	
217992	11/23/12	000010	GUILDNET	FELICIANO, JOAN	38.00		574.56	I	
217993	11/23/12	000010	GUILDNET	FERNANDEZ, ANA	23.00		347.76	I	
217994	11/23/12	000010	GUILDNET	FERNANDEZ, FELI	19.00		287.28	I	
217995	11/23/12	000010	GUILDNET	FERRARA, ANN	52.00		786.24	I	
217996	11/23/12	000010	GUILDNET	FERRO, JOSEPHIN	46.00		695.52	I	
217997	11/23/12	000010	GUILDNET	FRANCIS, VICTOR	35.00		529.20	I	
217998	11/23/12	000010	GUILDNET	GARCIA, MARIA A	49.00		740.88	I	
217999	11/23/12	000010	GUILDNET	GOMEZ, YOLANDA	13.00		196.56	I	
218000	11/23/12	000010	GUILDNET	GONZALEZ MONTA	24.00		362.88	I	
218001	11/23/12	000010	GUILDNET	GONZALEZ, CARME	20.00		302.40	I	
218002	11/23/12	000010	GUILDNET	GREAVES, BARBAR	12.00		181.44	I	
218003	11/23/12	000010	GUILDNET	GREENSPAN, ALIC	35.00		529.20	I	
218004	11/23/12	000010	GUILDNET	GUZMAN, ALICIA	7.75		117.18	I	
218005	11/16/12	000010	GUILDNET	GUZMAN, EDELMIR	20.00		302.40	I	
218006	11/23/12	000010	GUILDNET	HENLEY, LUVENIA	66.00		997.92	I	
218007	11/23/12	000010	GUILDNET	HENRIQUEZ, TERE	48.00		725.76	I	
218008	11/16/12	000010	GUILDNET	HERNANDEZ, LUZ	18.00		272.16	I	
218009	11/23/12	000010	GUILDNET	HICKS, SYLVIA	43.75		661.50	I	
218010	11/23/12	000010	GUILDNET	HUSTIU, SILVIA	4.00		60.48	I	
218011	11/23/12	000010	GUILDNET	IGLESIAS, JUANA	120.00		1,814.40	I	
218012	11/23/12	000010	GUILDNET	IRIMIA, SIMONA	31.00		468.72	I	

RUN DATE 11/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 2 - 294SALES JRNL # 0309 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 11/30/12 REFERENCE HOURS TAX AMT INVOICE# DATE CUST NO CUSTOMER NAME AMOUNT TYP SURPLUS GUILDNET JACKSON, PATRIC 20.00 302.40
GUILDNET JIMENEZ, EUGENI 55.50 839.16
GUILDNET JIMENEZ, EUGENI 55.50 839.16
GUILDNET JOHNSON, DOROTH 61.50 929.88
GUILDNET JOHNSON, DOROTH 61.50 929.88
GUILDNET LANZILOTTA, ROS 28.00 423.36
GUILDNET LANZILOTTA, ROS 28.00 423.36
GUILDNET LANZILOTTA, ROS 28.00 423.36
GUILDNET LANZILOTTA, ROS 28.00 181.44
GUILDNET LANZILOTTA, ROS 28.00 71.64
GUILDNET MARTINEZ, DOROTH 12.00 71.64
GUILDNET MARTINEZ, EMMA 30.00 453.60
GUILDNET MARTINEZ, EMMA 35.75 540.54
GUILDNET MARTINEZ, EMMA 35.75 540.54
GUILDNET MARTINEZ, EMMA 35.75 540.54
GUILDNET MARTINEZ, GLORI 15.00 226.80
GUILDNET MARTINEZ, GLORI 15.00 226.80
GUILDNET MCHEL, DOROTHY 52.00 766.24
GUILDNET MCHEL, DOROTHY 52.00 766.24
GUILDNET MONCRIEF, LOIS 56.00 846.72
GUILDNET MONCRIEF, LOIS 56.00 846.72
GUILDNET MONGRIEF, LOIS 56.00 846.72
GUILDNET MONGRIEF, LOIS 56.00 378.00
GUILDNET MONGRIEF, LOIS 56.00 378.00
GUILDNET MUSCAT, CARMEN 25.00 378.00
GUILDNET MUSCAT, CARMEN 25.00 378.00
GUILDNET MUSCAT, CARMEN 25.00 378.00
GUILDNET NEWBOLD, RAMONA 7.25 109.62
GUILDNET NEWBOLD, RAMONA 25.00 378.00
GUILDNET NUNEZ, RIS 4.00 60.48
GUILDNET NUNEZ, REYNA 20.00 302.40
GUILDNET MUNEZ, REYNA 20.00 302.40
GUILDNET NUNEZ, REYNA 20.00 302.40
GUILDNET PRADO, NANCY 20.00 302.40
GUILDNET PRONNO, ALICIA 82.00 302.40
GUILDNET PRONNO, SETHER 9.00 302.40
GUILDNET PRONNO, SETH JACKSON, PATRIC 20.00 JIMENEZ, EUGENI 55.50 218013 11/23/12 302.40 000010 GUILDNET I 218014 11/23/12 000010 I 218015 11/23/12 000010 I 218016 11/16/12 000010 218017 11/23/12 000010 218018 11/23/12 000010 218019 11/23/12 000010 218020 11/23/12 000010 218021 11/23/12 000010 218022 11/16/12 000010 218023 11/23/12 000010 11/23/12 218024 000010 218025 11/23/12 000010 218026 11/23/12 000010 218027 11/23/12 000010 218028 11/23/12 000010 218029 11/23/12 000010 218030 11/23/12 000010 218031 11/23/12 000010 218032 11/23/12 000010 GUILDNET 218033 11/23/12 000010 GUILDNET 218034 11/23/12 000010 GUILDNET 218035 000010 GUILDNET 11/23/12 218036 11/23/12 000010 GUILDNET 218037 11/16/12 000010 GUILDNET 218038 11/23/12 000010 GUILDNET 218039 10/26/12 000010 218040 11/23/12 000010 218041 11/23/12 000010 218042 11/23/12 000010 218043 11/23/12 000010 218044 11/23/12 000010 218045 11/23/12 000010 218046 11/23/12 000010 218047 11/23/12 000010 218048 11/23/12 000010 218049 10/19/12 000010 218050 11/23/12 000010 GUILDNET 218051 11/23/12 000010 GUILDNET 218052 11/23/12 000010 GUILDNET 218053 000010 GUILDNET 11/16/12 218054 000010 GUILDNET 10/19/12 218055 000010 GUILDNET 10/19/12 218056 11/16/12 000010 GUILDNET 218057 11/23/12 000010

218058

218059

218060

10/19/12

11/23/12

11/23/12

000010

000010

218061 11/23/12 000010 GUILDNET

000010 GUILDNET

RUN DATE SALES JR	E 11/29/12 - RNL # 0309	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	<u> </u>		PAGE 3 GUI GUILDNET BILL WEEK ENI	- 29	95 11/30/12
INVOICE#			CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218062	11/23/12	000010	GUILDNET	RIVERA, RAMONIT	4.00		60.48	I	
218063	11/23/12	000010	GUILDNET	RODRIGUEZ, FABI	28.00		423.36	I	
218064	11/23/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		952.56	I	
218065	11/23/12	000010	GUILDNET	ROJAS, ANGEL	12.00		193.44	I	
218066	11/23/12	000010	GUILDNET	ROJAS, HAYDEE	16.00		257.92	I	
218067	11/23/12	000010	GUILDNET	ROMAN, GLADYS	48.00		725.76	I	
218068	11/23/12	000010	GUILDNET	RUBIANO, MARIA	4.00		60.48	I	
218069	11/23/12	000010	GUILDNET	SALJANIN, DILJA	53.00		801.36	Ī	
218070	11/02/12	000010	GUILDNET	SANCHEZ, ELIZAB	4.00		60.48	I	
218071	11/23/12	000010	GUILDNET	SANCHEZ, ELIZAB	36.00		544.32	Ī	
218072	11/16/12	000010	GUILDNET	SANTANA, OCTAVI	45.00		680.40	Ī	
218073	11/23/12	000010	GUILDNET	SANTIAGO. ARMIN	20.00		302.40	Ī	
218074	11/23/12	000010	GUILDNET	SANTIAGO, ILITA	54.25		820.26	Ī	
218075	11/23/12	000010	GUILDNET	SANTIAGO IVETH	34 00		514 08	Ī	
218076	11/23/12	000010	GUILDNET	SANTIAGO VICTO	20 00		302 40	Ī	
218077	11/23/12	000010	GUILDNET	SHELTON AGUEDA	41 75		631 26	Ī	
218078	11/16/12	000010	GUILDNET	SOLIS JUDITH	96 00		1 451 52	Ī	
218079	11/16/12	000010	GUILDNET	THEN MARIA	42 00		635 04	Ī	
218080	11/16/12	000010	GUILDNET	THERMOSY MARIE	90 00		1 360 80	Ī	
218081	11/23/12	000010	GUILDNET	TORRES JUANITA	44 00		665 28	Ī	
218082	11/23/12	000010	GUILDNET	TROISI DELIA	48 00		725.76	Ī	
218083	11/23/12	000010	GUILDNET	VARGAS ALCIBIA	35 00		529 20	Ī	
218084	11/23/12	000010	GUILDNET	VARGAS RAMON	12 00		181 44	Ī	
218085	11/16/12	000010	GUILDNET	VILAHOS MARTE	72 00		1 088 64	Ī	
218086	11/23/12	000010	GUILDNET	WEISZ KLARA	8 00		120 96	Ī	
218087	11/23/12	000010	GUILDNET	WEST RALDWIN	16 00		241 92	Ī	
218088	11/16/12	000010	GUILDNET	WHITI.EY MYRNA	23 00		347 76	Ī	
218089	11/23/12	000010	GUILDNET	VI CARLOS	24 00		362.88	Ī	
218090	11/23/12	000010	GUILDNET	VIANTSELIS VIR	7 00		1 375 92	Ī	
218091	11/23/12	000010	GUILDNET	ZARAGOZA TSARF	40 00		604 80	Ī	
218092	11/23/12	000010	GUILDNET	ZARAGOZA, IBABE	22 50		340 20	I	
218093	11/23/12	000010	GUILDNET	ZUMAETA, FANNY	54.00		816.48	I	
				REFERENCE RIVERA, RAMONIT RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE ROMAN, GLADYS RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SANCHEZ, ELIZAB SANTIAGO, ARMIN SANTIAGO, ILIA SANTIAGO, ILIA SANTIAGO, IVETH SANTIAGO, VICTO SHELTON, AGUEDA SOLIS, JUDITH THEN, MARIA THERMOSY, MARIE TORRES, JUANITA TROISI, DELIA VARGAS, ALCIBIA VARGAS, RAMON VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARAGOZA, ISABE ZARE, GLORIA ZUMAETA, FANNY CUSTOMER	4,378.25	0.00	70,718.45		

CATEGORY 4,378.25 0.00 70,718.45

RUN DATE	E 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTER REFERENCE			PAGE 1	- 296	
SALES OF	KNL # 0309	TOC 001	SUNNYSIDE CITYWIDE	KEGNI NI			DIII WEEV ENI	LKSI TNC 11	1/20/12
				SALES KEGISIEK			DITT MEEV ENI	JING II	./30/12
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	SURPLUS
218094	11/23/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
218095	11/23/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	48.00		810.24	I	
218096	11/23/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	35.00		590.80	I	
218097	11/02/12	000122	HEALTH FIRST	BOWERS, DIANE	60.00		1,012.80	I	
218098	11/23/12	000122	HEALTH FIRST	CARMONA, LUZ	24.00		405.12	I	
218099	11/23/12	000122	HEALTH FIRST	CARMONA, LUZ	16.00		270.08	I	
218100	11/23/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
218101	11/23/12	000122	HEALTH FIRST	CEBALLOS, ANA	32.00		540.16	I	
218102	11/23/12	000122	HEALTH FIRST	CHARITAR, RAMKA	25.00		422.00	I	
218103	11/23/12	000122	HEALTH FIRST	DELACRUZ, ANA	60.00		1,012.80	I	
218104	11/23/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	38.00		641.44	I	
218105	11/23/12	000122	HEALTH FIRST	ESTEVES, JOSE	41.00		692.08	I	
218106	11/23/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
218107	11/02/12	000122	HEALTH FIRST	FONTANES, PEDRO	53.00		894.64	I	
218108	11/23/12	000122	HEALTH FIRST	FRANCISCO, RICH	16.00		270.08	I	
218109	11/23/12	000122	HEALTH FIRST	FRIAS, BARBARA	8.00		135.04	I	
218110	11/02/12	000122	HEALTH FIRST	GARCIA, LEONARD	45.00		759.60	I	
218111	11/23/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
218112	11/23/12	000122	HEALTH FIRST	LARA, TOMASA	40.00		675.20	I	
218113	11/23/12	000122	HEALTH FIRST	LAZALA, GLADYS	48.00		810.24	I	
218114	11/23/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	55.00		928.40	I	
218115	11/23/12	000122	HEALTH FIRST	MACARENA, SAHAR	84.00		1,417.92	I	
218116	11/23/12	000122	HEALTH FIRST	MARTIN, ARIANA	8.00		135.04	I	
218117	11/23/12	000122	HEALTH FIRST	PALAZZOLO, FLOR	72.00		1,215.36	I	
218118	11/23/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
218119	11/23/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	I	
218120	11/23/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
218121	11/23/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
218122	11/23/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	I	
218123	11/23/12	000122	HEALTH FIRST	SPIVEY, PATRICI	15.00		253.20	I	
218124	11/23/12	000122	HEALTH FIRST	ST ROMAINE, CLA	58.00		979.04	I	
218125	11/23/12	000122	HEALTH FIRST	SURIEL, GERTRUD	35.00		590.80	I	
218126	11/23/12	000122	HEALTH FIRST	VASQUEZ, OLGA	20.00		337.60	I	
218127	11/23/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	I	
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN BOWERS, DIANE CARMONA, LUZ CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA DELACRUZ, ANA ESPAILLAT, AMPA ESTEVES, JOSE FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA GARCIA, LEONARD KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA PALAZZOLO, FLOR RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA	1,274.00	0.00	21,505.12		

CATEGORY 1,274.00 0.00 21,505.12

RUN DATE 11/29/12 SALES JRNL # 0309		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTEI	R		PAGE 1 NHP NEIGHBORH BILL WEEK END	- 29 100D H DING	97 HEALTH 11/30/12
INVOICE# DATE	CUST NO			HOURS	TAX AMT		TYP	SURPLUS
218128 11/23/12	000120	NEIGHBORHOOD HEALTH PROVII NEIGHBORHOOD HEALTH PROVII NEIGHBORHOOD HEALTH PROVII	DERS AHMED, UMARA	48.00		810.24	I	
218129 11/23/12		NEIGHBORHOOD HEALTH PROVII	DERS AKHTER, SELINA	45.00		759.60	I	
218130 11/02/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS CHUKWUJIORAH, T	72.00		1,215.36	I	
218131 11/23/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS DIAZ 1, CARMEN	28.00		472.64	I	
218132 11/23/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS FERNANDEZ, MARI	8.00		135.04	I	
218133 11/23/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS FLORES, MARITZA	70.00		1,181.60	I	
218134 11/23/12		NEIGHBORHOOD HEALTH PROVII	DERS HAMPTON, PRISCI	38.00		641.44	I	
218135 10/19/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS JONES, CYNTHIA	21.00		354.48	I	
218136 11/23/12		NEIGHBORHOOD HEALTH PROVII	DERS KHALIL, RASHAN	36.00		607.68	I	
218137 11/16/12		NEIGHBORHOOD HEALTH PROVII	DERS KHAN, FARUQUE	89.00		1,502.32	I	
218138 11/23/12		NEIGHBORHOOD HEALTH PROVII	DERS KROLL, KATHERIN	32.00		540.16	I	
218139 11/23/12		NEIGHBORHOOD HEALTH PROVII	DERS MORALES HERNAD	42.00		708.96	I	
218140 11/23/12		NEIGHBORHOOD HEALTH PROVII	DERS MOSKOWITZ, RONA	30.00		506.40	I	
218141 11/09/12		NEIGHBORHOOD HEALTH PROVII	DERS RODRIGUEZ, JESS	15.00		253.20	I	
218142 11/23/12		NEIGHBORHOOD HEALTH PROVII	DERS RODRIGUEZ, MARI	20.00		337.60	I	
218143 11/23/12		NEIGHBORHOOD HEALTH PROVII	DERS SHEPPARD, ERMA	69.00		1,164.72	I	
218144 11/16/12		NEIGHBORHOOD HEALTH PROVII	DERS WELLS, WYNORIA	24.00		405.12	I	
218145 11/23/12	000120	NEIGHBORHOOD HEALTH PROVII	DERS CHUKWUJIORAH, T DERS DIAZ 1, CARMEN DERS FERNANDEZ, MARI DERS FLORES, MARITZA DERS HAMPTON, PRISCI DERS JONES, CYNTHIA DERS KHALIL, RASHAN DERS KHALIL, RASHAN DERS KHALL, KATHERIN DERS MORALES HERNAD DERS MOSKOWITZ, RONA DERS RODRIGUEZ, JESS DERS RODRIGUEZ, MARI DERS SHEPPARD, ERMA DERS WELLS, WYNORIA DERS WILSON, SHERYL	26.00		438.88	I	
			CUSTOMER	713.00	0.00	12,035.44		
			CATEGORY	713.00		12,035.44		

RUN DATE	11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	98
SALES JR	NL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/FI	DELIS
				SALES REGISTER	2		BILL WEEK EN	DING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218146	11/02/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	7.00		118.09	I	
218147	11/09/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	56.00		944.72	I	
218148	11/23/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	21.00		354.27	I	
218149	11/23/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	49.00		826.63	I	
218150	10/12/12	000126	NYS CATHOLIC/FIDELIS	ISKANDER, JACOU	104.00		1,754.48	I	
218151	11/23/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	14.00		236.18	I	
218152	11/16/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	90.00		1,518.30	I	
218153	11/23/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	4.00		67.48	I	
218154	11/23/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	34.00		573.58	I	
218155	11/23/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	62.00		1,045.94	I	
	,,								
				CUSTOMER	441.00	0.00	7,439.67		
							,		
				CATEGORY	441.00	0.00	7,439.67		

RUN DATE 11/29/12 - SALES JRNL # 0309	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 299 UHC UNITED HEALTH BILL WEEK ENDING 11/30/12	!
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	,
218156 11/23/12 218157 11/09/12 218158 11/23/12 218159 11/23/12	000128 000128 000128 000128	UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE	CALDERON, MIGDA KHAN, FAZAL MILLAN, ARMIDA SAFOS, PATRA	70.00 48.00 44.00 32.00		1,201.20 I 823.68 I 755.04 I 549.12 I	_
			CUSTOMER	194.00	0.00	3,329.04	
			CATEGORY	194.00	0.00	3,329.04	

RUN DATE	11/29/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 3	0.0
SALES JRN	IL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			EHP EMBLEM H	EALTH	
				SALES	REGISTE	₹		BILL WEEK EN	DING	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
010160	11 /02 /10	000114	DMDI DM HDALDH	G.	ANDREIT GAROT	16.00		224 00	-	
	11/23/12	000114	EMBLEM HEALTH		AMPBELL, CAROL	16.00		224.00	Τ	
218161	11/23/12	000114	EMBLEM HEALTH	CC	OPE, WILLIE	83.75		1,172.50	I	
218162	11/23/12	000114	EMBLEM HEALTH	CC	OPELAND, ELISE	42.00		598.50	I	
218163	11/23/12	000114	EMBLEM HEALTH	DE	E JESUS, TIBUR	60.00		855.00	I	
218164	11/23/12	000114	EMBLEM HEALTH	G <i>I</i>	AFFNEY, FREDER	16.00		224.00	I	
218165	11/23/12	000114	EMBLEM HEALTH	IA	ANNAZZO, ANGEL	34.00		476.00	I	
218166	11/23/12	000114	EMBLEM HEALTH	JA	ACKSON, FRANCE	42.00		588.00	I	
218167	11/23/12	000114	EMBLEM HEALTH	KE	EATON, CATHERI	36.00		504.00	I	
218168	11/16/12	000114	EMBLEM HEALTH	RE	EYNOLDS, HARRI	24.00		336.00	I	
218169	11/02/12	000114	EMBLEM HEALTH	WE	EATHERS, VERDE	66.00		924.00	I	
218170	11/23/12	000114	EMBLEM HEALTH	WE	ESTFIELD, BREN	56.00		784.00	I	
					CUSTOMER	475.75	0.00	6,686.00		
					CATEGORY	475.75	0.00	6,686.00		

RUN DATE 11/29/12 - SALES JRNL # 0309	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 - HIP HEALTH INSUR BILL WEEK ENDING	RANCE PLAN
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
218171 11/23/12 218172 11/23/12 218173 11/23/12 218174 11/23/12	000136 000136 000136 000136	HEALTH INSURANCE PLAN HEALTH INSURANCE PLAN HEALTH INSURANCE PLAN HEALTH INSURANCE PLAN	OF NY OF NY	AHMAD, AMATUL LOYOLA, MARIA ORR, LOUISE WILLIAMS, DIANE	15.00 20.00 30.00 20.00		253.20 I 337.60 I 506.40 I 337.60 I	
				CUSTOMER	85.00	0.00	1,434.80	
				CATEGORY	85.00	0.00	1,434.80	

RUN DATE 11/	29/12 - SUP SUNN	YSIDE CITYWIDE					- 3	
SALES JRNL #	0309 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			MPH METROPLU	S HEA	LTH
			SALES REGISTER			BILL WEEK EN	DING	11/30/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218175 11/	16/12 000130	METROPLUS HEALTH	ANDERSON, BETH	35.00		600.25	I	
218176 11/	23/12 000130	METROPLUS HEALTH	ARIAS, NORA	44.00		754.60	I	
218177 11/	23/12 000130	METROPLUS HEALTH	CORDERO, ROSEND	50.00		857.50	I	
218178 11/	/23/12 000130	METROPLUS HEALTH	DOBBINS, SANDRA	164.00		2,812.60	I	
218179 11/	/23/12 000130	METROPLUS HEALTH	DURHAM, CYNTHIA	20.00		343.00	I	
218180 11/	/23/12 000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
218181 11/	09/12 000130	METROPLUS HEALTH	MURDOCK, GERTRU	48.00		823.20	I	
	23/12 000130	METROPLUS HEALTH	OSORIO, ELVIA			257.25	I	
	23/12 000130	METROPLUS HEALTH	PERSAD, USHA	49.00		840.35	I	
	23/12 000130	METROPLUS HEALTH	RAMPERSAID, ALI			343.00	I	
	23/12 000130	METROPLUS HEALTH	RYALS, CHARLES	24.00		411.60	I	
218186 11/	16/12 000130	METROPLUS HEALTH	SANTORO, MATTHE	35.00		600.25	I	
218187 10/	19/12 000130	METROPLUS HEALTH	VALLE, BLASINA	88.00		1,509.20	Ι	
			CUSTOMER	627.00	0.00	10,753.05		
			CATEGORY	627.00	0.00	10,753.05		

RUN DATE 11/29/12 - SALES JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE (BILL WEEK EN		11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218188 11/23/12 218189 11/23/12 218190 11/23/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 42.00 62.00		842.80 722.40 1,066.40	I I I	
				CUSTOMER	153.00	0.00	2,631.60		
				CATEGORY	153.00	0.00	2,631.60		

RUN DATE	11/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 304
SALES JRI	NL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMG AMERIGROUP	?
				SALES REGISTER			BILL WEEK END	ING 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218191	11/23/12	000132	AMERIGROUP	DENNISON, KELVI	28.00		472.64	I
218192	11/23/12	000132	AMERIGROUP	FERNANDEZ, NORK	41.00		692.08	I
218193	11/16/12	000132	AMERIGROUP	FRASIEUR, GARY	20.00		337.60	I
218194	11/23/12	000132	AMERIGROUP	GUERRA, LORRAIN	53.00		894.64	I
218195	11/09/12	000132	AMERIGROUP	HARDING, EDNA	16.00		270.08	I
218196	11/23/12	000132	AMERIGROUP	MICHEL, VERULIA	30.00		506.40	I
218197	11/23/12	000132	AMERIGROUP	PRUITT, JOHNNY	4.00		67.52	I
218198	11/16/12	000132	AMERIGROUP	WALTERS, BYRON	50.00		844.00	I
218199	11/16/12	000132	AMERIGROUP	YOUNG, KALEILE	36.00		607.68	I
				 CUSTOMER	278.00	0.00	4,692.64	
				COSTOMER	2/0.00	0.00	4,092.04	
				CATEGORY	278.00	0.00	4,692.64	

RUN DATE 11/29/12 - SALES JRNL # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HCP HEALTHCARE : BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218200 11/23/12 218201 11/23/12 218202 11/23/12	000148 000148 000148	HEALTH CARE PARTNERS HEALTH CARE PARTNERS HEALTH CARE PARTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 12.00 16.00		1,063.44 I 202.56 I 270.08 I	
			CUSTOMER	91.00	0.00	1,536.08	
			CATEGORY	91.00	0.00	1,536.08	

RUN DATE 11/29/12 SALES JRNL # 0309	- SUP SUNN LOC 001		E REG SALE				PAGE 1 ICS INDEPEND BILL WEEK EN		CARE SYSTEMS
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218203 11/23/12 218204 11/23/12 218205 11/23/12	000172 000172 000172	INDEPENDENCE CARE : INDEPENDENCE CARE : INDEPENDENCE CARE :	SYSTEMS	AGOSTINI, MONSE JONES, VALERIE MUSHAYEV, BORIS	22.75 20.00 20.00		361.73 318.00 318.00	I I I	
				CUSTOMER	62.75	0.00	997.73		
				CATEGORY	 62.75	0.00	997.73		

RUN DATE 11/29/12	- SUP SUNN	NYSIDE CITYWIDE					PAGE 1 -	307
SALES JRNL # 0309	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCS VNSNY CHOIC	E SELECTHEALTH
			SALES	REGISTER			BILL WEEK ENDIN	G 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218206 11/23/12	000170	VNSNY CHOICE SELECT	HEALTH K	ARASSAVIDES, A	35.00		600.60 I	
					35.00		600.60	
				CATEGORY	33.00	0.00	000.00	

-	E 11/29/12 -	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 1 PAR PRIVATE	- 308	3
SALES UF	GNT # 0309	LOC UUI	SONNISIDE CITIWIDE REG S A L E				BILL WEEK ENI	OING 3	11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218207	11/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	ANGEL, LUCY	4.00		58.00	I	
218208	11/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	CRUSH, EUGENIA	4.00		58.00	I	
218209	11/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	ESCOBAR, MARIA	8.00		116.00	I	
218210	11/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	ESPINOZA, LUPE	8.00		116.00	I	
218211	11/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	FREEDMAN, SHIRL	4.00		58.00	I	
218212	11/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	HERNANDEZ, REGI	4.00		58.00	I	
218213	11/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	RICKS, WALTER	8.00		116.00	I	
				CUSTOMER	40.00	0.00	580.00		
218214	11/23/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	16.00		248.00	I	
218215	11/23/12	000049	DOMINICAN SISTERS FAM HLTH	DIOP, SERIGNE	25.00		362.50	I	
218216	11/23/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	4.00		62.00	I	
				CATEGORY	85.00	0.00	1,252.50		
				0.1.1.001.1.1	55.55	0.00	_,		

RUN DATE 11/29/12 - SALES JRNL # 0309		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 309 CAS CHILDREN'S AID SOCIETY BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218217 11/23/12 218218 11/23/12 218219 11/23/12 218220 11/23/12	000088 000088 000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	DUNNE, MYEISHA SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN	10.00 27.50 13.50 13.50		155.00 I 426.26 I 209.25 I 209.25 I
			CUSTOMER	64.50	0.00	999.76
			CATEGORY	64.50	0.00	999.76

RUN DATE 11/29/12 - SALES JRNL # 0309		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 310 PAR PRIVATE BILL WEEK ENDING 11/30/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218221 11/23/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
			CATEGORY	20.00	0.00	310.00	

RUN DATE 11/29/12 - SALES JRNL # 0309	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWII	E REGNY NY SALES REGISTER			PAGE 1 - 311 ELD ELDERSERVEHEALTH BILL WEEK ENDING 11/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218222 11/23/12 218223 11/09/12 218224 11/23/12	000101 ELDERSERVEHEALTH 000101 ELDERSERVEHEALTH 000101 ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY BLACK, DOROTHY	10.00 4.00 8.00		142.50 I 57.00 I 114.00 I
		CUSTOMER	22.00	0.00	313.50
		CATEGORY	22.00	0.00	313.50

RUN DATE 11/29/12 - SALES JRNL # 0309		NYSIDE CITYWIDE	REG NY S A L E S	NY REGISTER			PAGE 1 PAR PRIVATE BILL WEEK EN	- 3 DING	
INVOICE# DATE	CUST NO CUST	COMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218225 11/23/12	000143 ETTO	ORE COPPOLA	CO	PPOLA, ETTORE	23.75		368.13	I	
				 CATEGORY	23.75	0.00	368.13		

RUN DATE 11/29/12 SALES JRNL # 0309	- SUP SUNN LOC 001		G NY NY ES REGISTE	R		PAGE 1 - CCM COMPREHENS BILL WEEK ENDI	IVE CARE MGMT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218226 11/23/12 218227 11/23/12 218228 11/16/12 218229 11/23/12 218230 11/23/12	000150 000150 000150 000150 000150	COMPREHENSIVE CARE MANAGEMEN COMPREHENSIVE CARE MANAGEMEN COMPREHENSIVE CARE MANAGEMEN COMPREHENSIVE CARE MANAGEMEN	T MELAMED, ESTER T PULLIAM, WILLIE T PULLIAM, WILLIE	20.00 8.00 24.00 30.00 25.00		282.00 112.80 338.40 423.00 352.50	I I I I
			CUSTOMER	107.00	0.00	1,508.70	
			CATEGORY	107.00	0.00	1,508.70	

	E 11/29/12 - RNL # 0309	- SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTEI	3		PAGE 1 PAR PRIVATE BILL WEEK ENI	- 314 DING 11/30/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218231	11/23/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	167.75		2,671.75	I
218232	11/23/12	000179	DOROTHY TABICKMAN	TABICKMAN, DORT	12.00		186.00	I
218233 218234	11/02/12 11/23/12	000181 000181	EDELMAN, MILDRED EDELMAN, MILDRED	EDELMAN, MILDRE EDELMAN, MILDRE	10.00 32.00		155.00 514.00	I
				CUSTOMER	42.00	0.00	669.00	
218235	11/23/12	000183	STEPHEN EDEL	EDEL, CANDACE	68.00		1,078.00	I
				CATEGORY	289.75	0.00	4,604.75	

		11/29/12 - L # 0309		YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY NY S REGISTER			ннн ннн номе	- 315 CARE INC. DING 11/30/12
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
2	218236	11/23/12	000192	HHH LONG TERM HOME	HLTH CARE	TOVAR, ELENA	8.00		120.00	I
						CATEGORY	8.00	0.00	120.00	

	: 11/29/12 - :NL # 0309	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 PAR PRIVATE BILL WEEK EN	- 3	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218237	11/23/12	000197	KLEA THEOHARIS	THEOHARIS, ARIS	18.00		279.00	I	
218238	11/16/12	000199	NORMA SCHORR	SCHORR, NORMA	1.00		15.50	I	
218239	11/23/12	000201	DIANE CERVONE	ESPINOZA, LUPE	12.00		186.00	I	
218240	11/23/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
218241	11/23/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	16.00		248.00	I	
218242	11/23/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	14.75		199.13	I	
218243	11/23/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
218244	11/23/12	009752	PETER CAPORASO	CAPORASO, VINCE	12.00		204.00	I	
218245 218246 218247	11/09/12 11/16/12 11/23/12	009854 009854 009854	HELEN TAYLOR HELEN TAYLOR HELEN TAYLOR		2.00 4.00 4.00		31.00 62.00 62.00	I I I	
				CUSTOMER	10.00	0.00	155.00		
218248	11/23/12	010269	ANGELINA MARASA	MARASA, ANGELIN	6.00		93.00	I	
218249	11/23/12	010529	STEPHEN WEISS	WEISS, STELLA	6.00		102.00	I	
218250	11/23/12	010530	DANA SITILDES	ANSELMI, PETER	18.50		292.00	I	
218251	11/23/12	011016	MICHAEL SIANO	SIANO, ANDREW	24.00		324.00	I	
218252 218253	11/16/12 11/23/12	011060 011060	ROBIN WARREN CHARLES ROBIN WARREN CHARLES		6.00 131.25		93.00 2,088.75	I	
					137.25	0.00	2,181.75		
218254 218255 218256 218257 218258 218259	9/28/12 10/19/12 10/26/12 11/09/12 11/16/12 11/23/12	011394 011394 011394 011394 011394 011394	HELGA JENSEN HELGA JENSEN HELGA JENSEN HELGA JENSEN HELGA JENSEN HELGA JENSEN	JENSEN, HELGA JENSEN, HELGA JENSEN, HELGA JENSEN, HELGA JENSEN, HELGA	20.00 25.00 25.00 20.00 21.00 21.00		310.00 387.50 387.50 310.00 325.50 325.50	I I I I	
					132.00	0.00	2,046.00		·
218260	11/23/12	011536	CARNEY ELIZABETH	CARNEY, ELIZABE	9.00		139.50	I	
218261	11/02/12	011542	LUCY SAMPOGNA	SAMPOGNA, LUCY	4.50		76.50	I	
218262	11/23/12	011630	JAMES BENZ	CAGAN, RUMANDO	4.00		62.00	I	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTI	E R		PAGE 2 - 317 PAR PRIVATE BILL WEEK ENDING 11	/30/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
218263 11/23/12	011642 ROSA FLORES	FLORES, ROSA	20.50		317.75 I	
		CATEGORY	474.50	0.00	7,391.63	
		LOCATION	24,292.25	0.00	377,301.47	
		COMPANY	24,292.25	0.00	377,301.47	

RUN DATE 11/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 318
SALES JRNL # 0309 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 11/30/12

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

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