RUN DATE 03/07/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0271 LOC 001 SUNNYSIDE CITYWIDE REG NY NY

PAGE 1 - 1 SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 3/09/12

INVOICE#	DATE	CUST NO	SENIOR HEALTH PARTNERS	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186054	3/02/12	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		52.40	I	
186055	3/02/12	000082	SENTOR HEALTH PARTNERS	ALVAREZ ANGELA	4.00		57.00	Т	
186056	3/02/12	000082	SENTOR HEALTH PARTNERS	BROOKS, NATALIE	14.00		183.40	T	
186057	3/02/12	000082	SENTOR HEALTH PARTNERS	BROOKS NATALIE	10 00		142 50	T	
186058	3/02/12	000082	SENTOR HEALTH DARTNERS	CARRILLO MARIA	21 00		275 10	Ť	
186059	3/02/12	000082	SENIOR HEALTH PARTNERS	CARRILLO MARIA	14 00		199 50	Ť	
186060	3/02/12	000082	SENTOR HEALTH PARTNERS	COLON RAYMINDA	32 00		419 20	Ť	
186061	3/02/12	000082	SENTOR HEALTH DARTNERS	COLON RAYMINDA	8 00		114.00	T	
186062	3/02/12	000082	CENTOR HEALTH PARTNERS	DARII TIIANTTA	11 75		153 03	T	
186063	3/02/12	000082	CENTOR HEALTH PARTNERS	DABO, COMVITA	4 00		57.00	T	
186064	3/02/12	000082	CENTOR HEALTH PARTNERS	DADO, COANTIA	4.00		57.00		
186065	3/02/12	000082	CENTOR HEALTH PARTNERS	DABO, UUANITA	4.00		57.00 E2.40		
186066	3/02/12	000082	SENIOR REALTH PARTNERS	FENTON, JESSIE	4.00		52.40		
186067		000082	SENIOR HEALTH PARINERS	FENION, JESSIE	4.00		57.00		
	3/02/12	000082	SENIUR HEALIH PARINERS	FENION, JESSIE	4.00		52. <del>4</del> 0	±	
186068	3/02/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	22.00		288.20	Ţ	
186069	3/02/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	10.00		142.50	Ţ	
186070	3/02/12	000082	SENIOR HEALTH PARTNERS	GRAFSTEIN, LILL	5.00		850.00		
186071	3/02/12	000082	SENIOR HEALTH PARTNERS	GRAFSTEIN, LILL	2.00		400.00	Ţ	
186072	3/02/12	000082	SENIOR HEALTH PARTNERS	GUTIERREZ, LUCI	15.00		196.50	I	
186073	3/02/12	000082	SENIOR HEALTH PARTNERS	GUTIERREZ, LUCI	10.00		142.50	I	
186074	3/02/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	23.00		301.30	I	
186075	3/02/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	10.00		142.50	I	
186076	3/02/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	97.00		1,270.70	I	
186077	3/02/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	38.00		541.50	I	
186078	3/02/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	18.00		235.80	I	
186079	3/02/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	12.00		171.00	I	
186080	3/02/12	000082	SENIOR HEALTH PARTNERS	LEPORE, CLAIRE	2.50		35.63	I	
186081	3/02/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	56.00		733.60	I	
186082	3/02/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	20.00		285.00	I	
186083	3/02/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	8.00		104.80	I	
186084	3/02/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	8.00		114.00	I	
186085	3/02/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	15.00		196.50	I	
186086	3/02/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	10.00		142.50	I	
186087	3/02/12	000082	SENIOR HEALTH PARTNERS	SIMON, LUPE	4.00		52.40	I	
186088	3/02/12	000082	SENIOR HEALTH PARTNERS	SIMON, LUPE	4.00		57.00	I	
186089	3/02/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	24.00		314.40	I	
186090	3/02/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	16.00		228.00	I	
186091	3/02/12	000082	SENIOR HEALTH PARTNERS	VASOUEZ, CORNEL	4.00		52.40	I	
186092	3/02/12	000082	SENTOR HEALTH PARTNERS	VASOUEZ CORNEL	4.00		57.00	T	
186093	3/02/12	000082	SENIOR HEALTH PARTNERS	VIDOT-LINARES.	24.00		314.40	T	
186094	3/02/12	000082	SENIOR HEALTH PARTNERS	VIDOT-LINARES	16.00		228.00	Ť	
186095	3/02/12	000082	SENTOR HEALTH PARTNERS	WOO LUZ	17 50		229 25	Ť	
186096	2/10/12	000082	SENTOR HEALTH DARTNERS	WOO, EUZ	8 00		104 80	T	
100000	2/10/12	000002	SENIOR HEADIN PARTNERS	WOO, HOZ					
				CUSTOMER	641.75	0.00	9,805.01		
				CATEGORY	641.75	0.00	9,805.01		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	2
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186097	3/02/12	000008	VISITING NURSE SERVICE	ABBOTT, FAY	3.00		43.74 I	
186098	3/02/12	800000	VISITING NURSE SERVICE	ABBOTT, FAY	6.00		87.48 I	
				CUSTOMER	9.00	0.00	131.22	
				COSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	3
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186099	3/02/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	40.00		583.20 I	
186100	3/02/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	16.00		233.28 I	
186101	3/02/12	000008	VISITING NURSE SERVICE	ABREU, ANA	8.00		116.64 I	
186102	3/02/12	800000	VISITING NURSE SERVICE	ABREU, ANA	4.00		58.32 I	
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

RUN DATE 03/07/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186103 3/02/1 186104 3/02/1		VISITING NURSE SERVICE VISITING NURSE SERVICE		14.00 14.00		204.12 204.12	I I
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE				PAGE 1 -	-
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			S A	LES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
186105	3/02/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	12.00		174.96	I
186106	3/02/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	10.00		145.80	I
186107	3/02/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	25.00		364.50	I
186108	3/02/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	10.00		145.80	I
186109	3/02/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	50.00		729.00	I
186110	3/02/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	16.00		233.28	I
186111	3/02/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	16.00		233.28	I
186112	3/02/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	8.00		116.64	I
186113	3/02/12	800000	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32	I
				CUSTOMER	151.00	0.00	2,201.58	
				CATEGORY	151.00	0.00	2,201.58	

RUN DATE 03/07/2	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	-	6
SALES JRNL # 02	71 LOC 001		REG NY NY			LTC NURSING		•
		i	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186114 3/02/3	12 000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	31.00		451.99	I	
186115 3/02/2	12 000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	14.25		207.77	I	
			CUSTOMER	45.25	0.00	659.76		
			COSTOMER	13.23	0.00	037.70		
			CATEGORY	45.25	0.00	659.76		

			YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186116 186117	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	AKBAR, NASEEM AKBAR, NASEEM	12.00		174.96 I 116.64 I	
	3, 32, 12		VIGITING NONEL BENVIOL	CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/07/12 -		YSIDE CITYWIDE				PAGE 1 -	8
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			i	SALES REGISTER			BILL WEEK ENDIN	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186118	3/02/12	000008	VISITING NURSE SERVICE	ALBANESE, IDA	9.00		131.22 I	
186119	3/02/12	800000	VISITING NURSE SERVICE	ALBANESE, IDA	6.00		87.48 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

	03/07/12 - L # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	_ 	9
SALES UKN	IL # 0271	TOC 001		SALES REGISTER			BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186120	3/02/12	000008	VISITING NURSE SERVICE	ALESSIU, AGRIPI	3.00		43.74	I	
186121 186122	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	16.50 10.50		240.57 153.09	I	
100122	3702712	00000	VIGITING NORDE DERVICE						
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADUL' BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186123 186124	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	40.00 16.00		583.20 I 233.28 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186125 186126 186127 186128	3/02/12 3/02/12 3/02/12 3/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ANDRADE, LOLA ANDRADE, LOLA ANDREWS, JOHNNI ANDREWS, JOHNNI	40.00 16.00 35.00 16.00		583.20 233.28 510.30 233.28	I I I
				CUSTOMER	107.00	0.00	1,560.06	
				 CATEGORY	107.00	0.00	1,560.06	

RUN DATE 03/07/1 SALES JRNL # 027			REG NY NY			PAGE 1 - 12 ADU ADULT	
SALES URNL # U27	I LOC UUI		SALES REGISTER				09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUI	RPLUS
186129 3/02/1 186130 3/02/1		VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 6.00		131.22 I 87.48 I	
			CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	13
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			:	SALES REGISTER	•		BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186131	3/02/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	12.00		174.96	I
186132	3/02/12	800000	VISITING NURSE SERVICE	ANGULO, ELCY	8.00		116.64	I
186133	3/02/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	35.00		510.30	I
186134	3/02/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	18.00		262.44	I
				CUSTOMER	73.00	0.00	1,064.34	
				CATEGORY	73.00	0.00	1,064.34	

			YSIDE CITYWIDE				PAGE 1 -	_ = =
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
				SALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186135	3/02/12	800000	VISITING NURSE SERVIC	E AOUN, ODETTE	8.00		116.64	I
186136	3/02/12	000008	VISITING NURSE SERVIC	E AOUN, ODETTE	8.00		116.64	I
186137	3/02/12	800000	VISITING NURSE SERVIC	E ARIAS, LEOPOLDI	5.00		72.90	I
186138	3/02/12	800000	VISITING NURSE SERVIC	E ARIAS, MAGDALEN	30.00		437.40	I
186139	3/02/12	800000	VISITING NURSE SERVIC	E ARIAS, MAGDALEN	16.00		233.28	I
				CUSTOMER	67.00	0.00	976.86	
				CATEGORY	67.00	0.00	976.86	

RUN DATE 0	3/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	15	
SALES JRNL	# 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT			
				SALES REGISTER			BILL WEEK EN	DING	3/09/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
186140	3/02/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	17.00		247.86	I		
186141	3/02/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	4.00		58.32	I		
186142	3/02/12	800000	VISITING NURSE SERVICE	ASGHAR, MUHAMMA	1.00		14.58	I		
186143	3/02/12	800000	VISITING NURSE SERVICE	ASH, MARIE	7.50		109.35	I		
186144	3/02/12	800000	VISITING NURSE SERVICE	ASH, MARIE	4.00		58.32	I		
				CUSTOMER	33.50	0.00	488.43	-		
				CATEGORY	33.50	0.00	488.43	-		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	.6
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186145	3/02/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	35.00		510.30	I	
186146	3/02/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	14.00		204.12	I	
				CUSTOMER	49.00	0.00	714.42		
				COSTONER	40.00	0.00	/11.12		
				CATEGORY	49.00	0.00	714.42		

			TYSIDE CITYWIDE	DEG NV NV			PAGE 1 - 1	7
SALES JRN	L # 02/1	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	3/09/12
			5	ALES REGISIER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186147	3/02/12	000008	VISITING NURSE SERVICE	AVILA, ENIDIA	12.00		174.96 I	
186148	3/02/12	800000	VISITING NURSE SERVICE	AVILA, ENIDIA	8.00		116.64 I	
186149	3/02/12	800000	VISITING NURSE SERVICE	BADILLO, JOVITA	8.00		116.64 I	
186150	3/02/12	800000	VISITING NURSE SERVICE	BADILLO, JOVITA	4.00		58.32 I	
186151	3/02/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	21.00		306.18 I	
186152	3/02/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	14.00		204.12 I	
				CUSTOMER	67.00	0.00	976.86	
				CATEGORY	67.00	0.00	976.86	

RUN DATE 03 SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186154 3 186155 3	3/02/12 3/02/12 3/02/12 3/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BALLAS, VIOLA BALLAS, VIOLA BAQUERIZO, ANNA BAQUERIZO, ANNA	20.00 10.00 40.00 15.50		291.60 145.80 583.20 225.99	I I I	
				CUSTOMER	85.50	0.00	1,246.59		
				CATEGORY	85.50	0.00	1,246.59		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	19 NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
186157	3/02/12	800000	VISITING NURSE SERVICE	BARBOSA, CARMEN	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE 03/07/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186158 3/02/1 186159 3/02/1 186160 3/02/1 186161 3/02/1	2 000008 2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BARDEANU, VICTO BATTLE, JEANETT	31.00 14.00 35.00 14.00		451.98 204.12 510.30 204.12	I I I
			CUSTOMER	94.00	0.00	1,370.52	
			CATEGORY	94.00	0.00	1,370.52	

			YSIDE CITYWIDE				11102 1	- 2	21
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI		2 /00 /10
				SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186162	3/02/12	000008	VISITING NURSE SERVICE	BELLOROFONTE, M	107.00		1,560.06	I	
186163	3/02/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	44.00		641.52	I	
				CUSTOMER	151.00	0.00	2,201.58		
				CATEGORY	151.00	0.00	2,201.58		

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SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 3	09/12
				SALES REGISTER			BILL WEEK ENDING 3	09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
106164	2 / 0 0 / 1 0	000000			2 00		42 54 7	
186164 186165	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 3.00		43.74 I 43.74 I	
100103	3/02/12	000000	VISITING NORSE SERVICE	DEKENDUII, SAKA				
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	}
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186166	3/02/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	15.00		218.70 I	
186167	3/02/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	5.00		72.90 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
SALES JRN	L # 0271	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186168	3/02/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE 03/07/12						PAGE 1 -	25
SALES JRNL # 0271	LOC 001		REG NY NY			LTC NURSING HOME	
		:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186169 3/02/12	000008	VISITING NURSE SERVICE	BHAWNANI, BISHU	18.00		262.44 I	
186170 3/02/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	12.00		174.96 I	
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	
			CALEGORI	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	26
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186171	3/02/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	18.00		262.44	I
186172	3/02/12	800000	VISITING NURSE SERVICE	BHULLA, JIWAN	12.00		174.96	I
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27 ADU ADULT	
SALES URIN	L # UZ/I	LOC UUI		SALES REGISTER				09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUI	RPLUS
186173 186174	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 8.00		174.96 I 116.64 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	28
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186175	3/02/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	24.00		349.92 I	
186176	3/02/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	16.00		233.28 I	
				CUSTOMER	40.00	0.00	583.20	
				CODIONER	10.00	0.00	555.20	
				CATEGORY	40.00	0.00	583.20	
1				CAILGORI	10.00	0.00	303.20	

			YSIDE CITYWIDE	DDG 1991			PAGE 1 - 2:	9
SALES JRN	L # U2/I	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186177 186178	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 3.00		87.48 I 43.74 I	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				PAGE 1 - 30	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 3/09	0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
186179	3/02/12	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	12.50		182.25 I	
186180	3/02/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	8.00		116.64 I	
				CUSTOMER	20.50	0.00	298.89	
				CATEGORY	20.50	0.00	298.89	

RUN DATE 03/07/12 SALES JRNL # 0271		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	31 3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
186181 3/02/12 186182 3/02/12 186183 3/02/12 186184 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BOCANEGRA, GLAD BONILLA, ESPERA	12.00 8.00 35.00 14.00		174.96 I 116.64 I 510.30 I 204.12 I	
			CUSTOMER	69.00	0.00	1,006.02	
			CATEGORY	69.00	0.00	1,006.02	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	32
SALES URN	L # UZ/I	TOC 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186185 186186	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BONILLA, LYDIA BONILLA, LYDIA	12.00 8.00		174.96 1 116.64 1	[ [
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	3
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186187	3/02/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	15.00		218.70 I	
186188	3/02/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	10.00		145.80 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE	DEC MI			-	34
SALES JRN	L # UZ/I	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186189 186190	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 1.75		116.64 I 25.52 I	
	-,,			CUSTOMER	9.75	0.00	142.16	
				CATEGORY	9.75	0.00	142.16	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	35
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	O WALLS (LT
			;	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186191	3/02/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	23.00		335.34 I	
186192	3/02/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	12.00		174.96 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	36
SALES UKN	L # UZ/I	TOC 001		ALES REGISTER	1		BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186193	3/02/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	45.00		656.10	I
186194	3/02/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	18.00		262.44	I
186195	3/02/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	6.00		87.48	I
186196	3/02/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	3.00		43.74	I
186197	3/02/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	40.00		583.20	I
186198	3/02/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	16.00		233.28	I
				CUSTOMER	128.00	0.00	1,866.24	
				CATEGORY	128.00	0.00	1,866.24	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 37 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186199 186200	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		40.00 16.00		583.20 I 233.28 I
				CUSTOMER	56.00	0.00	816.48
				CATEGORY	56.00	0.00	816.48

	03/07/12 -		YSIDE CITYWIDE	DEG 1711			PAGE 1		38
SALES JRN	L # 02/1	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY LES REGISTER			VCP CHOICE LI		3/09/12
			5 A				DITT MEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186201	3/02/12	800000	VISITING NURSE SERVICE	CABA, PURA	6.00		87.48	I	
186202	3/02/12	800000	VISITING NURSE SERVICE	CABA, PURA	4.00		58.32	I	
186203	3/02/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	24.00		349.92	I	
186204	3/02/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	16.00		233.28	I	
186205	3/02/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	36.00		524.88	I	
186206	3/02/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	8.00		116.64	I	
186207	3/02/12	000008	VISITING NURSE SERVICE	CALDERON, VIRGI	30.00		437.40	I	
186208	3/02/12	000008	VISITING NURSE SERVICE	CALDERON, VIRGI	12.00		174.96	I	
				CUSTOMER	136.00	0.00	1,982.88		
				CATEGORY	136.00	0.00	1,982.88		

	03/07/12 - L # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186209 186210	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		45.00 18.00		656.10 I 262.44 I	
				CUSTOMER	63.00	0.00	918.54	
				CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE				PAGE 1 -	40
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186211	3/02/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	40.00		583.20	Ι
186212	3/02/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	15.50		225.99	[
				CUSTOMER	55.50	0.00	809.19	
				CATEGORY	55.50	0.00	809.19	

	- SUP SUNNYSIDE CITYWIDE	DDG 1991			PAGE 1 - 41
SALES JRNL # 0271	LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 3/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186213 3/02/12 186214 3/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	CANDIDO, ELENA CANDIDO, ELENA	6.00 3.00		87.48 I 43.74 I
		CUSTOMER	9.00	0.00	131.22
		CATEGORY	9.00	0.00	131.22

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	-	NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN	HOMEW,	42 /O WALLS (LT 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186215 186216 186217	2/24/12 3/02/12 3/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CANO,	ADELINA ADELINA ADELINA	6.00 30.00 12.00		87.48 437.40 174.96	I I I	
					CUSTOMER	48.00	0.00	699.84		
					CATEGORY -	48.00	0.00	699.84		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		13
SALES UKIN	L # UZ/I	HOC 001		SALES REGISTER			BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186218 186219	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · ·	60.00 24.00		874.80 349.92	I I	
				CUSTOMER	84.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

RUN DATE	03/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186220	3/02/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	23.00		335.34 I	
186221	3/02/12	000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	6.00		87.48 I	
							400.00	
				CUSTOMER	29.00	0.00	422.82	
				CATEGORY	29.00	0.00	422.82	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	· ·
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186222	3/02/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI		46
	2    02/1	200 001		LES REGISTER			BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186223	3/02/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	40.00		583.20	I	
186224	3/02/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	16.00		233.28	I	
186225	3/02/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	9.75		142.16	I	
186226	3/02/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	10.00		145.80	I	
186227	3/02/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	24.00		349.92	I	
186228	3/02/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	12.00		174.96	I	
186229	3/02/12	000008	VISITING NURSE SERVICE	CARTAFALSA, NEL	1.00		14.58	I	
186230	3/02/12	800000	VISITING NURSE SERVICE	CARTAFALSA, NEL	1.00		14.58	I 	
				CUSTOMER	113.75	0.00	1,658.48		
				CATEGORY	 113.75	0.00	1,658.48		

RUN DATE 03/07/12							47
SALES JRNL # 0271	LOC 001		REG NY NY			LTC NURSING HOMEW	
		:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186231 3/02/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	40.00		583.20 I	
186232 3/02/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	16.00		233.28 I	
			CUSTOMER	56.00	0.00	816.48	
			CAMEGODY		0.00	016 40	
			CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE	DEG NV NV			-	18
SALES JRN	L # UZ/I	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186233 186234	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 6.00		131.22 I 87.48 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 -	49
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
			•				DIDD WEEK ENDING	3/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
186235	3/02/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	12.00		174.96 I	
186236	3/02/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CEBALLOS, CLEME CEBALLOS, CLEME	8.00		174.96 I 116.64 I	
				, 				
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 50 DING 3/09/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
186237 186238	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CELIO, MARION CELIO, MARION	2.00		29.16 29.16	I	
				CUSTOMER	4.00	0.00	58.32		
				CATEGORY	4.00	0.00	58.32		

			YSIDE CITYWIDE				PAGE 1	- 5	1
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			:	SALES REGISTER			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186239	3/02/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	12.00		174.96	I	
186240	3/02/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	6.00		87.48	I	
				CUSTOMER	18.00	0.00	262.44		
				CATEGORY	18.00	0.00	262.44		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186241	3/02/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	4.00		58.32 I	
				CATEGORY	4.00	0.00		

			YSIDE CITYWIDE				PAGE 1 -	53
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	IG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186242	3/02/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	18.00		262.44	- -
186243	3/02/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	12.00		174.96 I	- -
				CUSTOMER	30.00	0.00	437.40	
				COSTONER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE ( SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186244 186245	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	5.00 10.00		72.90 I 145.80 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE (	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	55	
SALES JRNI	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA		
			5	SALES REGISTER			BILL WEEK END	ING	3/09/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
186246	3/02/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	11.00		160.38	I		
				CATEGORY	11.00	0.00	160.38	-		

	03/07/12 - JL # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186247	3/02/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	57
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186248	3/02/12	000008	VISITING NURSE SERVICE	CHO, MOGEE	18.00		262.44	I	
186249	3/02/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	12.00		174.96	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	50
SALES UKN	L # UZ/I	100 001		ALES REGISTER	1		BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186250	3/02/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	35.00		510.30	I
186251	3/02/12	800000	VISITING NURSE SERVICE	CHOUDHURY, SHAM	13.75		200.48	I
186252	3/02/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	24.00		349.92	I
186253	3/02/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	16.00		233.28	I
186254	3/02/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	23.25		338.99	I
186255	3/02/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	8.00		116.64	I
				CUSTOMER	120.00	0.00	1,749.61	
				CATEGORY	120.00	0.00	1,749.61	

RUN DATE (	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 59
SALES JRNI	և # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186256	3/02/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	40.00		583.20	I
186257	3/02/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	16.00		233.28	I
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	 56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 - 60	)
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/09/12
				SALES REGISIER			BILL MEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
106050	2 /02 /12	000000	THE CHEENIC MID OF CODITION	GOLEMAN, TAMES	4 00		F0 33 T	
186258 186259	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 2.00		58.32 I 29.16 I	
100235	3/02/12	000000	VIBITING NORBE BERVICE					
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- (	61
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW,	O WALLS (LT
			S	ALES REGISTE	R		BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186260	3/02/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	12.00		174.96	т	
186261	3/02/12	000008		•	8.00		116.64		
			VISITING NURSE SERVICE	COLLER, FELISA				Τ	
186262	3/02/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	9.00		131.22	I	
186263	3/02/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	6.00		87.48	I	
186264	3/02/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	30.00		437.40	I	
186265	3/02/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	12.00		174.96	I	
186266	3/02/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	18.00		262.44	I	
186267	3/02/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	12.75		185.90	I	
				CUSTOMER	107.75	0.00	1,571.00		
				GARRIGODY	107.75	0.00	1 571 00		
				CATEGORY	107.75	0.00	1,571.00		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				CARE PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186268	3/02/12	000008	VISITING NURSE SERVICE	CORDERO, NELLY	120.00		1,749.60	I
186269	3/02/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	48.00		699.84	I
				CUSTOMER	168.00	0.00	2,449.44	
				CODIONEIC	100.00	0.00	2,117.11	
				CATEGORY	168.00	0.00	2,449.44	

			YSIDE CITYWIDE					- 6	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING I		,
			:	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186270	3/02/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	18.00		262.44	I	
186271	3/02/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	12.00		174.96	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

			YSIDE CITYWIDE				PAGE 1 - 64	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 3/09	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
186272	3/02/12	000008	VISITING NURSE SERVICE	COSTA, ANTOINET	12.00		174.96 I	
186273	3/02/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	8.00		116.64 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

			TYSIDE CITYWIDE	DEG NV NV			PAGE 1 - 65	- m
SALES JRN	IL # UZ/I	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	3		LTC NURSING HOMEW/O WALLS (BILL WEEK ENDING 3/09/12	LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
186274 186275	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE	,	18.00 6.00		262.44 I 87.48 I	
100273	3/02/12	000000	VIBILING NONDE BERVICE	CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	66
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186276	2/24/12	000008	VISITING NURSE SERVIC	· · · · · ·	1.00		14.58 I	
186277	3/02/12	000008	VISITING NURSE SERVIC		20.00		291.60 I	
186278	3/02/12	000008	VISITING NURSE SERVIC		12.00		174.96 I	
186279	3/02/12	000008	VISITING NURSE SERVIC	E COVALIU, SIMION	8.00		116.64 I	
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY SALES R	NY REGISTE	E R		PAGE 1 HOA HOSPICE . BILL WEEK EN	ADULT	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	'ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186280 186281	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		PETRA PETRA	16.00 3.00		233.28 43.74	I	
					CUSTOMER	19.00	0.00	277.02		
					CATEGORY	19.00	0.00	277.02		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	,		PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	68 W/O WALLS LT 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186282 186283 186284 186285	2/10/12 2/24/12 3/02/12 3/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CRUZ, HECTOR CRUZ, HECTOR CRUZ, HECTOR CRUZ, HECTOR	5.00 1.00 27.25 5.00		72.90 I 14.58 I 397.31 I 72.90 I	
				CUSTOMER	38.25	0.00	557.69	
				 CATEGORY	38.25	0.00	557.69	

RUN DATE	03/07/12 -		YSIDE CITYWIDE					PAGE 1	- 6	59
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	-	NY			VCP CHOICE L		
			\$	SALES RI	EGISTE	R		BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186286	3/02/12	800000	VISITING NURSE SERVICE	CRUZ,	JUANA	10.00		145.80	I	
186287	3/02/12	800000	VISITING NURSE SERVICE	CRUZ,	JUANA	8.00		116.64	I	
					CUSTOMER	18.00	0.00	262.44		
					_					
					CATEGORY	18.00	0.00	262.44		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 70
				SALES REGISTER			BILL WEEK ENDI	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	TYP SURPLUS
186288	3/02/12	800000	VISITING NURSE SERVICE	DALTON, MIMI	3.00		43.74	I
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 7 LTC NURSING HOMEW/ BILL WEEK ENDING	_
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186289 186290 186291	3/02/12 3/02/12 3/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DAMICO, ANGELA DAMICO, ANGELA DAMICO, ANGELA	5.00 10.00 10.00		72.90 I 145.80 I 145.80 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 -	72
SALES JRNL	# UZ/I	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.50 6.00		123.93 I 87.48 I	
				CUSTOMER	14.50	0.00	211.41	
				CATEGORY	14.50	0.00	211.41	

RUN DATE 03/0	07/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 73	
SALES JRNL #	0271 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING F	HOMEW/O WAI	LS (LT
		\$	SALES REGISTER			BILL WEEK ENI	OING 3/09	9/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURI	PLUS
186294 3/0	02/12 000008	VISITING NURSE SERVICE	DANNY, RAMDULAR	40.00		583.20	I	
186295 3/0	02/12 000008	VISITING NURSE SERVICE	DANNY, RAMDULAR	16.00		233.28	I	
			CUSTOMER	56.00	0.00	816.48		
			CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				PAGE 1 -	74
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186296	3/02/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	18.00		262.44 I	
186297	3/02/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	12.00		174.96 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 75 ADU ADULT BILL WEEK ENDING 3/09/	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	
	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	DEJESUS, FELIX DEJESUS, FELIX	5.00 5.00		72.90 I 72.90 I	
				CUSTOMER	10.00	0.00	145.80	
				CATEGORY	10.00	0.00	145.80	

RUN DATE 03/07/2 SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 76 LAD NURSING HOME W/O WALLS BILL WEEK ENDING 3/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
186300 3/02/3 186301 3/02/3		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	24.00 16.00		349.92 I 233.28 I	
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	77		
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT			
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS		
186302	3/02/12	000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	25.00		364.50 I			
186303	3/02/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	12.00		174.96 I			
186304	3/02/12	000008	VISITING NURSE SERVICE	DELAROSA, CORAL	25.00		364.50 I			
186305	3/02/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	5.00		72.90 I			
				CUSTOMER	67.00	0.00	976.86			
				CATEGORY	67.00	0.00	976.86			

			YSIDE CITYWIDE	DEG NV NV			PAGE 1		78
SALES JRN	IL # 02/1	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LE		3/09/12
			5	ALES REGISIER			DITT MEEV FINI	JING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186306	3/02/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	18.00		262.44	т	
186307	3/02/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	12.00		174.96	Ť	
186308	2/03/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	3.00		43.74	Ī	
186309	2/24/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I	
186310	3/02/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	15.00		218.70	I	
186311	3/02/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	8.00		116.64	I	
				CUSTOMER	76.00	0.00	1,108.08		
				CATEGORY	76.00	0.00	1,108.08		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186312	3/02/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	20.00		291.60 I	
186313	3/02/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	8.00		116.64 I	
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 8	30
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		,
			S	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186314	3/02/12	000008	VISITING NURSE SERVICE	DELVALLE, JESUS	17.00		247.86	I	
186315	3/02/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	12.00		174.96	I	
				CUSTOMER	29.00	0.00	422.82		
				CATEGORY	29.00	0.00	422.82		

	- SUP SUNNYSIDE CITYWID		NTSZ			IAGE	- 83	1
SALES JRNL # 0271	LOC 001 SUNNYSIDE C	ITYWIDE REG NY S A L E S	NY REGISTER			ADU ADULT BILL WEEK END	ING	3/09/12
INVOICE# DATE	CUST NO CUSTOMER NAM	E F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186316 3/02/12 186317 2/03/12	000008 VISITING NUR 000008 VISITING NUR		ERISE, JEROME ESENA, FRED	2.00 1.00		29.16 14.58	I I	
			CUSTOMER	3.00	0.00	43.74		
			CATEGORY	3.00	0.00	43.74		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	82
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186318	3/02/12	000008	VICITING MIDCE CEDVICE	DEY, KRISHNA	2 00		43.74	I	
186319			VISITING NURSE SERVICE					I	
	3/02/12	000008	VISITING NURSE SERVICE	DEZUMARAN, REBE			382.73		
186320	3/02/12	000008	VISITING NURSE SERVICE	DEZUMARAN, REBE	17.75		258.80		
186321	3/02/12	000008	VISITING NURSE SERVICE	DIAZ, OLGA	30.00		437.40	I	
186322	3/02/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	12.00		174.96	I	
186323	3/02/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	24.00		349.92	I	
186324	3/02/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	12.00		174.96	I	
186325	3/02/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	50.00		729.00	I	
186326	3/02/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	10.00		145.80	I	
186327	2/10/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	6.00		87.48	I	
186328	2/24/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	6.00		87.48	I	
186329	3/02/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	30.00		437.40	I	
186330	3/02/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	12.00		174.96	I	
186331	3/02/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,			174.96	I	
186332	3/02/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	8.00		116.64	T	
100002	3, 32, 12	00000	VIDITING 1101102 DE111102						
				CUSTOMER	259.00	0.00	3,776.23		
				CATEGORY	259.00	0.00	3,776.23		

RUN DATE 03/07/12 SALES JRNL # 0271		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	R		PAGE 1 - 83 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186333 3/02/12 186334 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	33.25 14.50		484.79 I 211.41 I
			CUSTOMER	47.75	0.00	696.20
			 CATEGORY	47.75	0.00	696.20

			YSIDE CITYWIDE					-	34
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			2	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186335	3/02/12	000008	VISITING NURSE SERVICE	DUGLUS, MAY RUT	24.00		349.92	I	
186336	3/02/12	800000	VISITING NURSE SERVICE	DUGLUS, MAY RUT	12.00		174.96	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING		35 (O WALLS (LT
Brilling Grav	1 (271	100 001		SALES REGISTER			BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186337	3/02/12	000008	VISITING NURSE SERVICE	- ,	26.00		379.08	I	
186338	3/02/12	000008	VISITING NURSE SERVICE	DUTAN, SELINDA	14.00		204.12		
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

			YSIDE CITYWIDE	DDG 1991			PAGE 1 -	86
SALES JRN	L # U2/I	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
							5122 W22K 2K511	3,05,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186339	3/02/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	29.00		422.82 I	
186340	3/02/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	13.75		200.48 I	- -
				CUSTOMER	42.75	0.00	623.30	
				CATEGORY	42.75	0.00	623.30	

			YSIDE CITYWIDE				PAGE 1 -	87
SALES JRN	IL # 0271	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 3/09/12
				SALES REGISIER			RILL MEEK ENDIN	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186341	3/02/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186342	3/02/12	000008	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE CA BILL WEEK ENDING	89 RE PROGRAM 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186343 186344	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	12.00 8.00		174.96 I 116.64 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	 291.60	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDING	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186345	3/02/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 91
	2    02/1	200 001		SALES REGISTER			BILL WEEK ENDI	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
186346	3/02/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	18.00		262.44	I -
186347 186348	3/02/12 3/02/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ESPEJO, FLORENC ESPINAL, JOSE	6.00 3.00		87.48 43.74	I
				CUSTOMER	27.00	0.00	393.66	
				CATEGORY	27.00	0.00	393.66	

			YSIDE CITYWIDE				PAGE 1 -	92
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSZ BILL WEEK ENDING	
				SALES REGISIER			PILL MEEK ENDING	3 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
106240	3/02/12	000008	VICINING NUDGE CEDVICE		10 00		145.80 I	
186349 186350	3/02/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		10.00 10.00		145.80 I	
	-,,							
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE					93
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186351	3/02/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	40.00		583.20 I	
186352	3/02/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	16.00		233.28 I	
186353	3/02/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	6.00		87.48 I	
186354	3/02/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	6.00		87.48 I	
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	-	NY			PAGE 1 HOA HOSPICE	ADULT	94
			2	SALES RI	EGISTI	⊈ R		BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEI	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186355 186356	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	JOSEPH JOSEPH	9.00 6.00		131.22 87.48	I I	
					CUSTOMER	15.00	0.00	218.70		
					CATEGORY		0.00	218.70		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186357	3/02/12	800000	VISITING NURSE SERVICE	FARO, VIRGINIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	96
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDIN	IG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186358	3/02/12	800000	VISITING NURSE SERVICE	,	25.00		364.50	<u>.</u>
186359	3/02/12	800000	VISITING NURSE SERVICE	FAY, JULIA	10.00		145.80	-
				CUSTOMER	35.00	0.00	510.30	
				GATEGODY.				
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				11102 1		97
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
				SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186360	3/02/12	000008	VISITING NURSE SERVICE	FERNANDEZ, JORG	6.00		87.48	I	
186361	3/02/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	6.00		87.48	I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	,	3
BALLO OIGI	L # 02/1	100 001		SALES REGISTER			BILL WEEK END		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
186362 186363	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	9.00 6.00		131.22 87.48	I I	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 9	19
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186364	3/02/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	28.00		408.24	I	
186365	3/02/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	16.00		233.28	I	
				CUSTOMER	44.00	0.00	641.52		
				CATEGORY	44.00	0.00	641.52		

RUN DATE	03/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	00
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186366	3/02/12	000008	VISITING NURSE SERVICE	FLEITMAN, KLARA	4.00		58.32 I	
186367	3/02/12	800000	VISITING NURSE SERVICE	•	2.00		29.16 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	1
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186368	3/02/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	14.00		204.12	I	
186369	3/02/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	14.00		204.12	I	
				CUSTOMER	28.00	0.00	408.24		
				CATEGORY	28.00	0.00	408.24		

			YSIDE CITYWIDE				PAGE 1 - 1	02
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			·	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186370	3/02/12	000008	VISITING NURSE SERVICE	FONSECA, EUGENI	21.00		306.18 I	
186371	3/02/12	800000	VISITING NURSE SERVICE	FONSECA, EUGENI	12.00		174.96 I	
				CUSTOMER	33.00	0.00	481.14	
				CATEGORY	33.00	0.00	481.14	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	10	)3
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			5	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186372	3/02/12	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	24.75		360.86	I	
186373	3/02/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	10.00		145.80	I	
				CUSTOMER	34.75	0.00	506.66		
				CATEGORY	34.75	0.00	506.66		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	4
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186374	3/02/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	40.00		583.20	I	
186375	3/02/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	16.00		233.28	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 105	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE REG NY NY		VCP CHOICE LHCSA			
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186376	3/02/12	000008	VISITING NURSE SERVICE	FREDERICK, AMEL	7.00		102.06 I	
186377	3/02/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	14.00		204.12 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 106
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	DMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDI	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
186378	3/02/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	30.00		437.40	I
186379	3/02/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	16.00		233.28	I
186380	3/02/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	25.00		364.50	I
186381	3/02/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	10.00		145.80	I
				CUSTOMER	81.00	0.00	1,180.98	
				CATEGORY	81.00	0.00	1,180.98	

			YSIDE CITYWIDE					PAGE 1	- 10	)7
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	-	NY	II D		VCP CHOICE L		2 / 0 0 / 1 2
			'	SALES K	EGIST	Ł K		BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186382	3/02/12	000008	VISITING NURSE SERVICE	GAID,	ASILA	25.00		364.50	I	
186383	3/02/12	800000	VISITING NURSE SERVICE	GAID,	ASILA	9.00		131.22	I	
					CUSTOMER	34.00	0.00	495.72		
					CATEGORY	34.00	0.00	495.72		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 108	
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 3/0	9/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
186384	3/02/12	000008	VISITING NURSE SERVICE	GALARZA, JOSE	29.00		422.82 I	
186385	3/02/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	5.00		72.90 I	
				CUSTOMER	34.00	0.00	495.72	
				CATEGORY	34.00	0.00	495.72	

RUN DATE SALES JRN			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
186386 186387 186388 186389	3/02/12 3/02/12 3/02/12 3/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLARDO, ZOILA GALLARDO, ZOILA GALLINA, VIRGIN GALLINA, VIRGIN	30.00 12.00 6.00 3.00		437.40 174.96 87.48 43.74	I I I
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	LO
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
				SALES REGISTER	1		BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186390	3/02/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	22.75		331.70 I	
186391	3/02/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	15.75		229.64 I	
186392	2/24/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	4.00		58.32 I	
186393	3/02/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	7.75		113.00 I	
186394	3/02/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	4.00		58.32 I	
				CUSTOMER	54.25	0.00	790.98	
				CATEGORY	54.25	0.00	790.98	

			YSIDE CITYWIDE				PAGE 1 - 111	_
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186395	3/02/12	000008	VISITING NURSE SERVICE	GARCIA, CONCEPC	29.50		430.11 I	
186396	3/02/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	12.00		174.96 I	
				CUSTOMER	41.50	0.00	605.07	
				COSTONER	41.30	0.00	003.07	
				CATEGORY	41.50	0.00	605.07	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	112
DALLES OWN	11 # 02/1	100 001		SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186397 186398	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		40.00 16.00		583.20 I 233.28 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

		3/07/12 - # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC MY MY			PAGE 1 - 13	13
SAL	ES URNL	# 02/1	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/09/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186	399	3/02/12	800000	VISITING NURSE SERVICE	GARCIA, JUANA	24.00		349.92 I	
					CATEGORY	24.00	0.00	349.92	

	/07/12 - SUP SUNN # 0271 LOC 001		G NY NY ES REGISTER	<u>.</u>		PAGE 1 LTC NURSING F BILL WEEK ENI		•
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURP	LUS
186401 3/ 186402 3/ 186403 3/ 186404 2/ 186405 3/	702/12     000008       702/12     000008       702/12     000008       702/12     000008       702/12     000008       702/12     000008       702/12     000008       702/12     000008	VISITING NURSE SERVICE	GARCIA, OLGA GARCIA, OLGA GARY, MIKE GARY, MIKE GEBHARDT, DOROT GEBHARDT, DOROT GEBHARDT, DOROT	12.00 12.00 21.00 14.00 8.00 24.00 13.50		174.96 174.96 306.18 204.12 116.64 349.92 196.83	I I I I I	
			CUSTOMER	104.50	0.00	1,523.61		
			CATEGORY	104.50	0.00	1,523.61		

			YSIDE CITYWIDE				11102	- 115
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	
			·	SALES REGISTER			BILL WEEK EN	DING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186407	3/02/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	35.50		517.59	I
186408	3/02/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	14.00		204.12	I
				CUSTOMER	49.50	0.00	721.71	
				CATEGORY	49.50	0.00	721.71	

RUN DATE C		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 116 ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 3/09	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	GHEGELIU, HILDA GHEGELIU, HILDA	4.00		58.32 I 29.16 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 117 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/09/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
186411 186412	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE	·	33.00 12.00		481.14 I 174.96 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 1 HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186413 186414	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	GIUNTA, MADELIN GIUNTA, MADELIN	12.00 4.00		174.96 I 58.32 I	
				CUSTOMER	16.00	0.00	233.28	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	119
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE (	
			\$	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186415	3/02/12	000008	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	40.00		583.20 I	
186416	3/02/12	000008	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	16.00		233.28 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	10
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186417	3/02/12	000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	15.00		218.70 I	
186418	3/02/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	10.00		145.80 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	121
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	G 3/09/12
T1770 T GT	D3.777	GTTGT 370	Gramoved Marie		*******		31/OTDIE	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186419	3/02/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	21.00		306.18 I	
186420	3/02/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	14.00		204.12 I	
186421	3/02/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA GOMEZ, VICTORIA	23.00		335.34 I	
	- , - ,			,				
186422	3/02/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	9.50		138.51 I	
				====				
				CUSTOMER	67.50	0.00	984.15	
				CATEGORY	67.50	0.00	984.15	

- 1	RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	122
					SALES REGISTER			BILL WEEK ENDING	3/09/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	186423	3/02/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	7.25		105.71 I	
					CATEGORY	7.25	0.00	105.71	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 123	
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186424	3/02/12	000008	VISITING NURSE SERVICE	GONZALEZ, DOLOR	18.00		262.44 I	
186425	3/02/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	12.00		174.96 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 03/07			REGNY NY SALES REGISTE	l R		PAGE 1 LTC NURSING E BILL WEEK END	IOMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186426 3/02 186427 3/02		VISITING NURSE SERVICE VISITING NURSE SERVICE		18.00 12.00		262.44 174.96	I I
			CUSTOMER	30.00	0.00	437.40	
			- CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	125 SA
			S	ALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186428	2/03/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	3.00		43.74	I
186429	2/24/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	20.00		291.60	I
186430	3/02/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	14.50		211.41	I
186431	3/02/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	8.00		116.64	I
186432	3/02/12	000008	VISITING NURSE SERVICE	GRAVER, EDNA	24.00		349.92	I
186433	3/02/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	16.00		233.28	I
				CUSTOMER	85.50	0.00	1,246.59	
				CATEGORY	85.50	0.00	1,246.59	

RUN DATE 03/07/12 SALES JRNL # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 126 ADU ADULT
SALES URNL # 02/1	LOC UUI		SALES REGISTER			BILL WEEK ENDING 3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186434 3/02/12 186435 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		1.50		21.87 I 29.16 I
			CUSTOMER	3.50	0.00	51.03
			CATEGORY	3.50	0.00	51.03

RUN DATE 03/07/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 127 LAA LOMBARDI AIDS ADULT POPUL BILL WEEK ENDING 3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186436 3/02/1 186437 3/02/1		VISITING NURSE SERVICE VISITING NURSE SERVICE		34.75 14.00		506.66 I 204.12 I
			CUSTOMER	48.75	0.00	710.78
			CATEGORY	48.75	0.00	710.78

			YSIDE CITYWIDE				-	- 128
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
			:	SALES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186438	3/02/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	60.00		874.80	I
186439	3/02/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	24.00		349.92	I
186440	3/02/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	24.00		349.92	I
186441	3/02/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	16.00		233.28	I
				 CUSTOMER	124.00	0.00	1,807.92	
							,	
				CATEGORY	124.00	0.00	1,807.92	

RUN DATE 03/07/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 129 LTC NURSING HOMEW/O WALLS BILL WEEK ENDING 3/09/12	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
186442 3/02/1 186443 3/02/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	6.00 12.00		87.48 I 174.96 I	
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00	262.44	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : ADU ADULT	130
SALLS UKN	L # UZ/I	LOC UUI		SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186444 186445	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	9.25 6.00		134.87 I 87.48 I	
				CUSTOMER	15.25	0.00	222.35	
				CATEGORY	15.25	0.00	222.35	

RUN DATE	03/07/12 -		YSIDE CITYWIDE				PAGE 1 -	131
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
186446	3/02/12	000008	VISITING NURSE SERVICE	HENDY, BERNICE	5.00		72.90 I	
186447	3/02/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	10.00		145.80 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13:	2
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				S A L E S R E G I S T E R			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
186448	3/02/12	000008	VISITING NURSE SERVIC	E HENRIQUEZ, MARI	40.00		583.20	I	
186449	3/02/12	800000	VISITING NURSE SERVICE	E HENRIQUEZ, MARI	16.00		233.28	I	
186450	3/02/12	000008	VISITING NURSE SERVIC	E HERNANDEZ, MARI	17.75		258.80	I	
186451	3/02/12	800000	VISITING NURSE SERVIC	E HERNANDEZ, MARI	5.25		76.55	I	
				CUSTOMER	79.00	0.00	1,151.83		
				CATEGORY	79.00	0.00	1,151.83		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 13	33
	2    02/1	200 001		SALES REGISTER			BILL WEEK END		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186452 186453	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	24.00 12.00		349.92 174.96	I	
186453	3/02/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	12.00		1/4.96		
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	 524.88		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 134 ADU ADULT	4
	2    02/1	200 001		SALES REGISTER				3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186454	3/02/12	800000	VISITING NURSE SERVICE	HERNANDEZ, SANT	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

			YSIDE CITYWIDE				PAGE 1		
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H		•
			\$	SALES REGISTER			BILL WEEK END	OING 3	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	SURPLUS
186455	3/02/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	18.25		266.09	I	
186456	3/02/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	12.00		174.96	I	
186457	3/02/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	30.00		437.40	I	
186458	3/02/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	6.00		87.48	I	
186459	3/02/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	26.00		379.08	I	
186460	3/02/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	14.00		204.12	I	
				CUSTOMER	106.25	0.00	1,549.13		
				CATEGORY	106.25	0.00	1,549.13		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 136	
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 3/09	9/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
186461	3/02/12	000008	VISITING NURSE SERVICE	IANNELLO, ROSE	4.00		58.32 I	
186462	3/02/12	800000	VISITING NURSE SERVICE	IANNELLO, ROSE	2.00		29.16 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/07/12 -		YSIDE CITYWIDE				PAGE 1 - 13	7
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186463	3/02/12	000008	VISITING NURSE SERVICE	IBASCO, SOFIA	12.00		174.96 I	
186464	3/02/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	8.00		116.64 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 03	3/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 138
SALES JRNL	# 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI	AIDS ADULT POPUL
			i	SALES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186465	3/02/12	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	29.00		422.82	I
186466	3/02/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	16.00		233.28	I
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 139 VCP CHOICE LHCSA BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186467 186468	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	35.00 14.50		510.30 I 211.41 I	
				CUSTOMER	49.50	0.00	721.71	
				CATEGORY	49.50	0.00	721.71	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	10
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
				SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186469	3/02/12	000008	VISITING NURSE SERVICE	IRUSTA, MARIA	3.00		43.74	I	
186470	3/02/12	800000	VISITING NURSE SERVICE	IRUSTA, MARIA	3.00		43.74	I	
				CUSTOMER	6.00	0.00	87.48		
				COSTOMER	0.00	0.00	07.40		
				CATEGORY	6.00	0.00	87.48		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 141
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			:	SALES REGISTER			BILL WEEK ENDI	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP SURPLUS
186471	3/02/12	000008	VISITING NURSE SERVICE	ISKENDERIAN, KA	18.00		262.44	I
186472	3/02/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	12.00		174.96	I
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1	= ==
SALES JRNI	5 # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
106452	2 (00 (10	000000		T1111 TMCG11	00 55		422 56	_
186473	3/02/12	800000	VISITING NURSE SERVICE	•	29.75		433.76	1
186474	3/02/12	000008	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	16.00		233.28	т
				CUSTOMER	45.75	0.00	667.04	
				CATEGORY	45.75	0.00	667.04	

RUN DATE	03/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	143
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186475	2/10/12	800000	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90 I	
186476	3/02/12	800000	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90 I	
186477	3/02/12	800000	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90 I	
186478	3/02/12	800000	VISITING NURSE SERVICE	JARAMILLO PAL,	1.00		14.58 I	
				CUSTOMER	16.00	0.00	233.28	
				CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE				PAGE 1 - 144	
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 3/09	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
186479	3/02/12	000008	VISITING NURSE SERVICE	JASZKOWSKI, GEN	3.00		43.74 I	
186480	3/02/12	800000	VISITING NURSE SERVICE	JASZKOWSKI, GEN	3.00		43.74 I	
				CUSTOMER	6.00	0.00	87.48	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	45
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186481	2/24/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	11.00		160.38	I	
186482	3/02/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	52.00		758.16	I	
186483	3/02/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	22.00		320.76	I	
186484	3/02/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	16.00		233.28	I	
186485	3/02/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	8.00		116.64	I	
				CUSTOMER	109.00	0.00	1,589.22		
				CATEGORY	109.00	0.00	1,589.22		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AD BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186486 186487	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	JIANNARAS, ANNA JIANNARAS, ANNA	50.00 20.00		729.00 291.60	I I
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 147	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			;	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186488	3/02/12	000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	15.00		218.70 I	
186489	3/02/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	5.00		72.90 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	148
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	A L E S R E G I S T E R			BILL WEEK ENDIN	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
186490	3/02/12	000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	4.00		58.32	I
186491	3/02/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	8.00		116.64	Γ
186492	3/02/12	800000	VISITING NURSE SERVICE	JOHANSSON, MARI	3.00		43.74	Γ
186493	3/02/12	000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	12.00		174.96	Ι
186494	3/02/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	8.00		116.64	Ι
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	49
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186495	3/02/12	000008	VISITING NURSE SERVICE	JOHNSON, FANNY	14.00		204.12 I	
186496	3/02/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	8.00		116.64 I	
				CUSTOMER	22.00	0.00	320.76	
				CATEGORY	22.00	0.00	320.76	

RUN DATE SALES JRN		- SUP SUNN LOC 001	VYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 150 LTC NURSING HOMEW/O WA BILL WEEK ENDING 3/0	LLS (LT 9/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
186497 186498 186499 186500	3/02/12 3/02/12 3/02/12 3/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JORRIN, HORTENS JORRIN, HORTENS JORRIN, NILIO JORRIN, NILIO	14.25 9.75 29.00 7.25		207.78 I 142.16 I 422.82 I 105.71 I	
				CUSTOMER	60.25	0.00	878.47	
				CATEGORY	60.25	0.00	878.47	

			YSIDE CITYWIDE				-	.51
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	2 / 0 0 / 1 0
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186501	3/02/12	000008	VISITING NURSE SERVICE	KAKOULLIS, FAY	9.00		131.22 I	
186502	3/02/12	800000	VISITING NURSE SERVICE	KAKOULLIS, FAY	6.00		87.48 I	
				CUSTOMER	15.00	0.00	218.70	
				COSTONER	13.00	0.00	210.70	
				CATEGORY	15.00	0.00	218.70	

			JYSIDE CITYWIDE				PAGE 1	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
			S	ALES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186503	3/02/12	000008	VISITING NURSE SERVICE	KAUR, SARD	8.00		116.64	I
186504	3/02/12	800000	VISITING NURSE SERVICE	KAUR, SARD	4.00		58.32	I
186505	3/02/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	38.50		561.33	I
186506	3/02/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	16.00		233.28	I
186507	3/02/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	12.00		174.96	I
186508	3/02/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	8.00		116.64	I
				CUSTOMER	86.50	0.00	1,261.17	
				CATEGORY	86.50	0.00	1,261.17	

			SUNNYSIDE CITYWIDE	REG NY NY BALES REGISTER			ADU ADULT	100
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
186509	3/02/12	800000	VISITING NURSE SERVICE	KHAN, RAMESHWAR	3.00		43.74	I
				CATEGORY	3 00		43 74	
	SALES JRNI	SALES JRNL # 0271 INVOICE# DATE	SALES JRNL # 0271 LOC 001 INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0271 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 # 0271 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  186509 3/02/12 000008 VISITING NURSE SERVICE KHAN, RAMESHWAR 3.00	SALES JRNL # 0271 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  L86509 3/02/12 000008 VISITING NURSE SERVICE KHAN, RAMESHWAR 3.00	SALES JRNL # 0271 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REG ISTER  INVOICE# DATE CUST NO CUSTOMER NAME  REFERENCE HOURS TAX AMT AMOUNT TO SALES SERVICE KHAN, RAMESHWAR 3.00  43.74

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			YSIDE CITYWIDE	DEC NV NV			PAGE 1 -	
SALES URN	гь # 0271	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHC BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186510	3/02/12	000008	VISITING NURSE SERVICE	KILIMLIAN, PEPR	8.00		116.64	I
186511	3/02/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	40.00		583.20	I
186512	3/02/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	15.75		229.64	I
				CUSTOMER	63.75	0.00	929.48	
				CATEGORY	63.75	0.00	929.48	

RUN DATE 03/07/12 SALES JRNL # 0271		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	155
		2	SALES REGISTER			BILL WEEK ENDIN	G 3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186513 3/02/12 186514 3/02/12 186515 3/02/12	800000 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LAKNER, MARIE LANDAU, BERNARD LANDAU, BERNARD	6.00 9.00 6.00		87.48 I 131.22 I 87.48 I	
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE (	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 156
SALES JRNI	և # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA
			Ş	SALES REGISTER			BILL WEEK ENI	OING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186516	3/02/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	32.00		466.56	I
186517	3/02/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	16.00		233.28	I
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	7
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186518	3/02/12	800000	VISITING NURSE SERVICE	LEE, HEE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	158
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDIN	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186519	3/02/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	16.50		240.57 I	
186520	3/02/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	4.00		58.32 I	
186521	3/02/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	7.25		105.71 I	
186522	3/02/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	7.75		113.00 I	
				CUSTOMER	35.50	0.00	517.60	
				CATEGORY	35.50	0.00	517.60	

			YSIDE CITYWIDE				PAGE 1 - 15	9
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	2 / 0 0 / 1 0
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186523	3/02/12	000008	VISITING NURSE SERVICE	LEVENDIS, GEORG	9.00		131.22 I	
186524	3/02/12	800000	VISITING NURSE SERVICE	LEVENDIS, GEORG	6.00		87.48 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 160	)
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186525	3/02/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	40.00		583.20 I	
186526	3/02/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	16.00		233.28 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				-	161
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	2 /00/10
				SALES REGISTER			BILL WEEK ENDIN	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186527	3/02/12	000008	VISITING NURSE SERVICE	LINARES, MYRIAM	16.00		233.28 I	
186528	3/02/12	000008	VISITING NURSE SERVICE	,	8.00		116.64 I	
				GHGEOMED	04.00		340.00	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

	03/07/12 - L # 0271	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 16	52
	2    02/1	200 001		SALES REGISTER			BILL WEEK ENI		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186529 186530	3/02/12	800000	VISITING NURSE SERVICE	-,	50.00		729.00	I	
180530	3/02/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	20.00		291.60		
				CUSTOMER	70.00	0.00	1,020.60		
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 0: SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	163 G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	12.00 8.00		174.96 I 116.64 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN				REG NY NY				OMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186533	3/02/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	40.00		583.20	I
186534	3/02/12	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	16.00		233.28	I
186535	3/02/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	30.00		437.40	I
186536	3/02/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	12.00		174.96	I
				CUSTOMER	98.00	0.00	1,428.84	
				CATEGORY	 98.00	0.00	1,428.84	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 165	5
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186537	3/02/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	50.00		729.00 I	
186538	3/02/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	20.00		291.60 I	
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 03	/07/12 - S	UP SUNNY	SIDE CITYWIDE						PAGE 1	- 16	56	
SALES JRNL :	# 0271 L	OC 001	SUNNYSIDE CITYWI	IDE REG	NY	NY			ADU ADULT			
				SALE	S R	EGISTER			BILL WEEK EN	DING	3/09/12	
INVOICE#	DATE C	UST NO	CUSTOMER NAME		REFE	CRENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
186539 3	/02/12 0	80000	VISITING NURSE SE	ERVICE	LOOR,	MERCY	40.00		583.20	I		
186540 3	/02/12 0	80000	VISITING NURSE SE	ERVICE	LOOR,	MERCY	4.25		61.97	I		
						CUSTOMER	44.25	0.00	645.17			
						CATEGORY	44.25	0.00	645.17			

			YSIDE CITYWIDE	DDG NV NV			-	167
SALES JRN	L # U2/1	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			VCP CHOICE LHCSA BILL WEEK ENDING	3/09/12
								-,,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186541	3/02/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	25.00		364.50 I	
186542	3/02/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	10.00		145.80 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 AUR ADULT REHAB OF BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	3/02/12 3/02/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LOPEZ, GRACIELA LOPEZ, GRACIELA	6.00 3.00		87.48 I 43.74 I	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 03/07/12 SALES JRNL # 0271	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER	1		PAGE 1 - LTC NURSING HON BILL WEEK ENDIN	169 MEW/O WALLS (LT NG 3/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
186545 3/02/12 186546 3/02/12	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE	•	30.00 14.00		437.40 204.12	I I
		CUSTOMER	44.00	0.00	641.52	
		CATEGORY	44.00	0.00	641.52	

			YSIDE CITYWIDE				PAGE 1 - 170
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
			2	SALES REGISTER			BILL WEEK ENDING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186547	3/02/12	000008	VISITING NURSE SERVICE	LOPEZDELCASTIL,	50.00		729.00 I
186548	3/02/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	20.00		291.60 I
				CUSTOMER	70.00	0.00	1,020.60
				CATEGORY	70.00	0.00	1,020.60

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1' CCL CONGREGATE CA	RE PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186549	3/02/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	11.75		171.32 I	
186550	3/02/12	800000	VISITING NURSE SERVICE	LUCES, LETICIA	8.00		116.64 I	
186551	3/02/12	800000	VISITING NURSE SERVICE	LYMN, ANGIE	18.00		262.44 I	
186552	3/02/12	800000	VISITING NURSE SERVICE	LYMN, ANGIE	17.25		251.51 I	
				CUSTOMER	55.00	0.00	801.91	
				CATEGORY	55.00	0.00	801.91	

RUN DATE 03, SALES JRNL	/07/12 - SUP SUNI # 0271 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER			PAGE 1 - 172 ADU ADULT BILL WEEK ENDING 3/09/12	
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
186554 3, 186555 3,	/02/12 000008 /02/12 000008 /02/12 000008 /02/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LYNCH, FLORENCE LYNCH, FLORENCE MACCHIA, CATHY MACCHIA, CATHY	6.00 3.00 31.00 10.00		87.48 I 43.74 I 451.98 I 145.80 I	
			CUSTOMER	50.00	0.00	729.00	
			CATEGORY	50.00	0.00	729.00	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 CCL CONGREGATE CA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186557 186558	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	20.00 10.00		291.60 I 145.80 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN	03/07/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 15	74
511225 014	02/1	200 001	DOMINIOUSE OFFINISE	SALES REGIST	E R		BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186559	3/02/12	000008	VISITING NURSE SERVI	CE MAGNANI, VINCEI	N 3.00		43.74	I	
186560	3/02/12	800000	VISITING NURSE SERVI	CE MAGNANI, VINCEI	N 24.00		349.92	I	
186561	3/02/12	000008	VISITING NURSE SERVI	CE MAGNANI, VINCE	N 24.00		349.92	I	
186562	3/02/12	000008	VISITING NURSE SERVI	CE MANGAN, JOHN	14.00		204.12	I	
186563	3/02/12	000008	VISITING NURSE SERVI	CE MANGAN, JOHN	8.00		116.64	I	
186564	3/02/12	000008	VISITING NURSE SERVI	CE MANNINO, FRANCI	E 55.00		801.90	I	
186565	3/02/12	800000	VISITING NURSE SERVI	CE MANNINO, FRANCI	E 22.00		320.76	I	
				CUSTOMER	150.00	0.00	2,187.00		
				CATEGORY	150.00	0.00	2,187.00		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	175
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186566	3/02/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	30.00		437.40 I	
186567	3/02/12	800000	VISITING NURSE SERVICE	MANOS, ARCHIE	12.00		174.96 I	
186568	3/02/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	15.00		218.70 I	
186569	3/02/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	6.00		87.48 I	
				CUSTOMER	63.00	0.00	918.54	
				CATEGORY	63.00	0.00	918.54	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	76
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA	TE CAF	RE PROGRAM
				SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186570	3/02/12	000008	VISITING NURSE SERVICE	MARINO, ANN	6.00		87.48	I	
186571	3/02/12	800000	VISITING NURSE SERVICE	MARINO, ANN	12.00		174.96	I	
					10.00		060.44		
				CUSTOMER	18.00	0.00	262.44		
				CATEGORY	18.00	0.00	262.44		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	177
SALES OWN	10 # 02/1	100 001		ALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186572 186573	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MARMOL ESPINAL, MARMOL ESPINAL,	10.00		145.80 I 72.90 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 178 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/09/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
186574 186575	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	27.25 14.00		397.31 I 204.12 I	
				CUSTOMER	41.25	0.00	601.43	
				 CATEGORY	41.25	0.00	601.43	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186576	3/02/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	9.00		131.22	I
186577	3/02/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74	I
186578	3/02/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	9.00		131.22	I
186579	3/02/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	6.50		94.77	I
				CUSTOMER	27.50	0.00	400.95	
				CATEGORY	27.50	0.00	400.95	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGA BILL WEEK EN		
									-,,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186580	3/02/12	800000	VISITING NURSE SERVICE	•	50.00		729.00	I	
186581	3/02/12	000008	VISITING NURSE SERVICE	MARTINEZ, ELENA	20.00		291.60		
				CUSTOMER	70.00	0.00	1,020.60		
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 03 SALES JRNL		SUNNYSIDE CITYWIDE 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
			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 TY	P SURPLUS
186582 3	3/02/12 00000	08 VISITING NURSE SERVICE	MARTINEZ, MARGA	18.00		262.44 I	
186583 3	3/02/12 00000	08 VISITING NURSE SERVICE	MARTINEZ, MARGA	12.00		174.96 I	
186584 3	3/02/12 00000	08 VISITING NURSE SERVICE	MARTINEZ, MARTA	23.75		346.28 I	
186585 3	3/02/12 00000	08 VISITING NURSE SERVICE	MARTINEZ, MARTA	6.00		87.48 I	
186586 3	3/02/12 00000	08 VISITING NURSE SERVICE	MARTINEZ, ROSA	60.00		874.80 I	
186587 3	3/02/12 00000	08 VISITING NURSE SERVICE	MARTINEZ, ROSA	24.00		349.92 I	
			CUSTOMER	143.75	0.00	2,095.88	
			CATEGORY	143.75	0.00	2,095.88	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 182 LTC NURSING HOMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186588 186589	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	25.75 12.00		375.44 I 174.96 I
				CUSTOMER	37.75	0.00	550.40
				CATEGORY	37.75	0.00	550.40

RUN DATE 03/07/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0271 LOC 001 SUNNYSIDE CITYWIDE REG NY	NY		PAGE 1 - 183 VCP CHOICE LHCSA
	REGISTER		BILL WEEK ENDING 3/09/12
INVOICE# DATE CUST NO CUSTOMER NAME R	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
186590 3/02/12 000008 VISITING NURSE SERVICE MA	ATOS, ROSA	10.00	145.80 I

			YSIDE CITYWIDE				PAGE 1 -	184
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	BALES REGISTE:	R		BILL WEEK ENDI	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186591	3/02/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	36.00		524.88	I
186592	3/02/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	18.00		262.44	I
186593	3/02/12	000008	VISITING NURSE SERVICE	MCBRAYER, SYLVI	120.00		1,749.60	I
186594	3/02/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	48.00		699.84	I
186595	3/02/12	800000	VISITING NURSE SERVICE	MCDUFFY, ALOMA	7.75		113.00	I
				CUSTOMER	229.75	0.00	3,349.76	
				CATEGORY	229.75	0.00	3,349.76	

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		5
SALES UKN	L # 02/1	LOC 001		ALES REGISTER			BILL WEEK END		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186596	3/02/12	000008	VISITING NURSE SERVICE	MCGUIRE, HELEN	32.00		466.56	I	
186597	3/02/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	16.00		233.28	I	
186598	3/02/12	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	12.00		174.96	I	
186599	3/02/12	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	8.00		116.64	I	
186600	3/02/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	16.00		233.28	I	
186601	3/02/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	7.00		102.06	I	
				CUSTOMER	91.00	0.00	1,326.78		
				CATEGORY	91.00	0.00	1,326.78		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 186
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186602	2/24/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	17.25		251.51	I
186603	3/02/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	7.00		102.06	I
				CLICHOMED	24.25	0.00	252 57	
				CUSTOMER	24.25	0.00	353.57	
				CATEGORY	24.25	0.00	353.57	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
			S	SALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186604 186605	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MELILLO, GRACE MELILLO, GRACE	12.00 8.00		174.96 116.64	I T
100003	3/02/12	000000	VIDITING NORDE BERVICE	CUSTOMER	20.00	0.00	291.60	
				COSTOMER	20.00	0.00	291.00	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1	
SALES JRNL	# 0271	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				AIDS ADULT POPUL
				SALES REGISIER			BILL WEEK END	OING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	3/02/12	000008	VISITING NURSE SERVICE	•	10.00		145.80	I
186607	3/02/12	000008	VISITING NURSE SERVICE	MENDEZ, NELLY	5.00		72.90	I
				CUSTOMER	15.00	0.00	218.70	
				COSTOMER	15.00	0.00	210.70	
				CATEGORY	15.00	0.00	218.70	

		YSIDE CITYWIDE				PAGE 1	- 18	9
SALES JRNL #	0271 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		2 / 0 0 / 1 0
		2	SALES REGISTER			BILL WEEK END	DING	3/09/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	2/12 000008	VISITING NURSE SERVICE	MENDOLIA, ANTOI	51.00		743.58	I	
186609 3/0	2/12 000008	VISITING NURSE SERVICE	MENDOLIA, ANTOI	20.00		291.60	I	
			CUSTOMER	71.00	0.00	1,035.18		
			CATEGORY	71.00	0.00	1,035.18		

RUN DATE	03/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L90
SALES JRN	L # 0271	LOC 001		REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186610	3/02/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	27.00		393.66 I	
				CATEGORY	27.00	0.00	 393.66	

RUN DATE	03/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	191
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186611	3/02/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	12.00		174.96 I	
186612	3/02/12	800000	VISITING NURSE SERVICE	MENDOZA, VALENT	8.00		116.64 I	
186613	3/02/12	800000	VISITING NURSE SERVICE	MILEO, MARY	20.00		291.60 I	
186614	3/02/12	800000	VISITING NURSE SERVICE	MILEO, MARY	8.00		116.64 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

	03/07/12 - L # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	92
	- "			SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186615 186616	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	6.00 3.00		87.48 I 43.74 I	
100010	3/02/12	000008	VISITING NURSE SERVICE	MIRANDA, ANDRES	3.00		43.74 1	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.93
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186617	3/02/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	6.00		87.48 I	
186618	3/02/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	2.00		29.16 I	
186619	3/02/12	000008	VISITING NURSE SERVICE	MONTES, MARTA	18.00		262.44 I	
186620	3/02/12	800000	VISITING NURSE SERVICE	MONTES, MARTA	12.00		174.96 I	
				CUSTOMER	38.00	0.00	554.04	
				CATEGORY	38.00	0.00	554.04	

	3/07/12 - SUP SUN		DEG NV NV			PAGE 1 -	194
SALES JRNL	# 0271 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	ING 3/09/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	3/02/12 000008 3/02/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 6.00		43.74 87.48	I
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 195	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186623	3/02/12	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	15.00		218.70 I	
186624	3/02/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	10.00		145.80 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

	07/12 - SUP SUNN					PAGE 1	
SALES JRNL #	0271 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				OMEW/O WALLS (LT ING 3/09/12
			SALES REGISIER			BILL WEEK END	ING 3/09/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	02/12 000008	VISITING NURSE SERVICE	·	30.00		437.40	I
186626 3/0	02/12 000008	VISITING NURSE SERVICE	MORALES, ANGELI	12.00		174.96	I
			CUSTOMER	42.00	0.00	612.36	
			COSTOMER	42.00	0.00	012.30	
			CATEGORY	42.00	0.00	612.36	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.97
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186627	3/02/12	000008	VISITING NURSE SERVICE	MORALES, GENERO	59.25		863.87 I	
186628	3/02/12	800000	VISITING NURSE SERVICE	MORALES, GENERO	24.00		349.92 I	
				CUSTOMER	83.25	0.00	1,213.79	
				CATEGORY	83.25	0.00	1,213.79	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 19	98
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L	HCSA	
				SALES R	EGIST	E R		BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186629	3/02/12	000008	VISITING NURSE SERVICE	NAGY,	GEORGE	30.00		437.40	I	
186630	3/02/12	800000	VISITING NURSE SERVICE	NAGY,	GEORGE	12.00		174.96	I	
					CUSTOMER	42.00	0.00	612.36		
					CODIONER	12.00	0.00	012.30		
					-					
					CATEGORY	42.00	0.00	612.36		

RUN DATE 03	3/07/12 - 8	SUP SUNNY	YSIDE CITYWIDE				PAGE 1	- 19	9
SALES JRNL	# 0271 I	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186631 3	3/02/12 0	80000	VISITING NURSE SERVICE	NARTIS, VIRGINI	8.00		116.64	I	
186632 3	3/02/12	800000	VISITING NURSE SERVICE	NARTIS, VIRGINI	4.00		58.32	I	
				CUSTOMER	12.00	0.00	174.96		
					10.00	0.00	174.06		
				CATEGORY	12.00	0.00	174.96		

RUN DATE	03/07/12 -		YSIDE CITYWIDE				PAGE 1 -	200
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186633	3/02/12	000008	VISITING NURSE SERVICE	NAVARRO, MARIA	12.00		174.96 I	
186634	3/02/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	8.00		116.64 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	201 SA
Bribbs orde	12    02/1	100 001		ALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186635 186636	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	NELLINI, MARY NELLINI, MARY	12.00 8.00		174.96 116.64	I I
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 202 ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING 3/09/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
186637	3/02/12	800000	VISITING NURSE SERVICE	NER, STANISLAUS	1.00		14.58 I	
				CATEGORY	1.00	0.00	 14.58	-

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	)3
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186638	3/02/12	000008	VISITING NURSE SERVICE	NIDO, MICHAEL	35.00		510.30	I	
186639	3/02/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	14.00		204.12	I	
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 CCL CONGREGAT BILL WEEK ENI	E CAF	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186640 186641	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		44.75 9.00		652.46 131.22	I I	
				CUSTOMER	53.75	0.00	783.68		
				CATEGORY	53.75	0.00	783.68		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186642 186643 186644 186645	3/02/12 3/02/12 3/02/12 3/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NIEVES, NANCY NINO, CARMEN NINO, CARMEN	18.00 18.00 12.00 8.00		262.44 262.44 174.96 116.64	I I I
				CUSTOMER	56.00	0.00	816.48	
				- CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 206 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186646 186647 186648 186649	3/02/12 3/02/12 3/02/12 3/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NOBLIN, ELOISE NOBLIN, ELOISE NOBOADESALAZAR, NOBOADESALAZAR,	15.00 10.00 12.00 16.00		218.70 I 145.80 I 174.96 I 233.28 I
				CUSTOMER	53.00	0.00	772.74
				CATEGORY	53.00	0.00	772.74

	03/07/12 - IL # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 20	7
SALES UKN	IL # UZ/I	LOC UUI		REGNY NY ALES REGISTEF	2		BILL WEEK END		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186650	3/02/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	28.00		408.24	I	
186651	3/02/12	800000	VISITING NURSE SERVICE	NUZIALE, CONCET	14.00		204.12	I	
186652	3/02/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	29.00		422.82	I	
186653	3/02/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	14.00		204.12	I	
186654	3/02/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	16.00		233.28	I	
186655	3/02/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	4.00		58.32	I	
186656	3/02/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	4.00		58.32	I	
186657	3/02/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	15.50		225.99	I	
186658	3/02/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	15.00		218.70	I	
				CUSTOMER	139.50	0.00	2,033.91		
				CATEGORY	139.50	0.00	2,033.91		

RUN DATE 0 SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPAGIANNAKIS, PAPAGIANNAKIS,	9.00 6.00		131.22 87.48	I	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE SALES JRN	03/07/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 20	09
511225 014	.2    02/1	200 001		SALES REGIST	E R		BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186661	3/02/12	000008	VISITING NURSE SERVI	CE PAPAZIAN, MANNI	28.25		411.89	I	
186662	3/02/12	800000	VISITING NURSE SERVI	CE PAPAZIAN, MANNI	19.00		277.02	I	
186663	3/02/12	800000	VISITING NURSE SERVI	CE PAPOUTSIS, MARY	3.00		43.74	I	
186664	3/02/12	000008	VISITING NURSE SERVI	CE PAPOUTSIS, MARY	3.00		43.74	I	
186665	3/02/12	000008	VISITING NURSE SERVI	CE PAPP, TEREZIA	3.00		43.74	I	
186666	3/02/12	000008	VISITING NURSE SERVI	CE PARETTI, MARIE	40.00		583.20	I	
186667	3/02/12	800000	VISITING NURSE SERVI	CE PARETTI, MARIE	16.00		233.28	I	
				CUSTOMER	112.25	0.00	1,636.61		
				CATEGORY	112.25	0.00	1,636.61		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REG	ISTER		11102	210 HOMEW/O WALLS (LT JDING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREN	CE HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186668 186669	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•			174.96 116.64	ī
				CU	STOMER 20.00	0.00	291.60	
				CA'	 TEGORY 20.00	0.00	291.60	

	TE 03/07/12 TRNL # 0271			REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	211 G 3/09/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186670	3/02/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	212
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186671	3/02/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	30.00		437.40 I	
186672	3/02/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	5.50		80.20 I	
186673	3/02/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	14.50		211.41 I	
186674	3/02/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	10.00		145.80 I	
				CUSTOMER	60.00	0.00	874.81	
				CATEGORY	60.00	0.00	874.81	

RUN DATE 0 SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 21	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186676	3/02/12 3/02/12 3/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PENARANDA, CARM PENARANDA, CARM PEREZ MONSER, C	9.00 4.00 35.00		131.22 58.32 510.30	I I I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	214
SALES JRN	rL # 0271	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186678	3/02/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	.5
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186679	3/02/12	000008	VISITING NURSE SERVICE	PEREZ, DOMINGA	30.00		437.40	I	
186680	3/02/12	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	12.00		174.96	I	
				CHOMOMED	42.00	0.00	610.26		
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	L6
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGIST	E R		BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186681	3/02/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	7.00		102.06	I	
186682	3/02/12	000008	VISITING NURSE SERVICE	PEREZ, GLADYS	12.00		174.96	I	
				CUSTOMER	19.00	0.00	277.02		
				CATEGORY	19.00	0.00	277.02		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	217
			5	SALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186683 186684	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, ~ -	9.00 11.00		131.22 160.38	I T
100001	3/02/12	000000	VIDITING NORDE BERVICE	CUSTOMER	20.00	0.00	291.60	
				COSTOMER	20.00	0.00	291.00	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	218
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186685	3/02/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	25.00		364.50 I	
186686	3/02/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	10.00		145.80 I	
				CUSTOMER	35.00	0.00	510.30	
				COSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1	- 21	.9
SALES JRN	L # UZ/I	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		3/09/12
							DILL WELK EN	D1110	3/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186687 186688	3/02/12 3/02/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	40.00		583.20 116.64	I	
100000	3/02/12	000000	VIBITING NORDE BERVIOE						
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : ADU ADULT	220
SALES URN.	L # UZ/I	TOC 001		SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186689	3/02/12	800000	VISITING NURSE SERVICE	PIAZZA, CONCETT	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE SALES JRN	, - ,	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 22	:1
DALLS OIL	H # 0271	100 001		ALES REGISTER			BILL WEEK ENI		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186690	3/02/12	000008	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	I	
186691	2/17/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	5.00		72.90	I	
186692	3/02/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	14.75		215.06	I	
186693	3/02/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	10.00		145.80	I	
186694	2/17/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	4.00		58.32	I	
186695	3/02/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	30.00		437.40	I	
186696	3/02/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	11.25		164.03	I	
186697	3/02/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	24.00		349.92	I	
186698	3/02/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	11.50		167.67	I	
				CUSTOMER	113.50	0.00	1,654.84		
				CATEGORY	 113.50	0.00	1,654.84		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	22
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186699	3/02/12	000008	VISITING NURSE SERVICE	PONCE, ALICIA	24.00		349.92 I	
186700	3/02/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	16.00		233.28 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI	- 22	23
SALES OWN	11 # 02/1	ПОС 001		ALES REGISTER			BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186701	3/02/12	000008	VISITING NURSE SERVICE	PUISELLO, CIRA	19.00		277.02	I	
186702	3/02/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	7.25		105.71	I	
186703	3/02/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	24.00		349.92	I	
186704	3/02/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	13.00		189.54	I	
186705	3/02/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	6.00		87.48	I	
186706	3/02/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	6.00		87.48	I	
				CUSTOMER	75.25	0.00	1,097.15		
				CATEGORY	75.25	0.00	1,097.15		

RUN DATE 03/0 SALES JRNL #	07/12 - SUP SUNN 0271 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	02/12 000008 02/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ '	35.00 14.00		510.30 I	[ [
			CUSTOMER	49.00	0.00	714.42	
			CATEGORY	49.00	0.00	 714.42	

RUN DATE	03/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	25
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI	AIDES	3 PEDIATRIC
				SALES REGISTER			BILL WEEK EN	DING	3/09/12
TMTOTOE	DAME	GIIGE NO	GIGEOMED NAME	DECEDENCE	HOUDG	may amm	A MOTTATE	mv.D	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186709	3/02/12	000008	VISITING NURSE SERVICE	RAMIREZ, ANA	24.00		349.92	I	
186710	3/02/12	000008	VISITING NURSE SERVICE	·	16.00		233.28	I	
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	226
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186711	3/02/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	29.00		422.82 I	
186712	3/02/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	14.00		204.12 I	
186713	3/02/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	15.00		218.70 I	
186714	3/02/12	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	10.00		145.80 I	
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 227
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHA	AB ONLY
			S	A L E S R E G I S T E R			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
186715	2/10/12	000008	VISITING NURSE SERVICE	RAMOS, JENNIFER	8.00		116.64	I
186716	2/17/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	5.00		72.90	I
186717	3/02/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	29.50		430.11	I
186718	3/02/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	16.00		233.28	I
				CUSTOMER	58.50	0.00	852.93	
				CATEGORY	58.50	0.00	852.93	

RUN DATE 03/07 SALES JRNL # 0		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 228 VCP CHOICE LHCSA BILL WEEK ENDING 3/09/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186719 3/02 186720 3/02 186721 3/02 186722 3/02	/12 000008 /12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMPHAL, INDRIA RAMPHAL, INDRIA RANDAZZO, ROSAL RANDAZZO, ROSAL	8.00 4.00 12.00 8.00		116.64 I 58.32 I 174.96 I 116.64 I
			CUSTOMER	32.00	0.00	466.56
			CATEGORY	32.00	0.00	466.56

			YSIDE CITYWIDE				11102	- 229
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MEN	
			2	SALES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186723	3/02/12	000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I
186724	3/02/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	2.75		40.10	I
				CLICHOMED	 - 7F	0.00	02.04	
				CUSTOMER	5.75	0.00	83.84	
				CATEGORY	5.75	0.00	83.84	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	30
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186725	3/02/12	000008	VISITING NURSE SERVIO	CE REINA, JOSE	12.00		174.96 I	
186726	3/02/12	800000	VISITING NURSE SERVIO	CE REINA, JOSE	8.00		116.64 I	
186727	3/02/12	800000	VISITING NURSE SERVIO	CE RICCA, MARIE	2.50		36.45 I	
186728	3/02/12	800000	VISITING NURSE SERVIO	CE RIVADENEIRA, OL	12.00		174.96 I	
186729	3/02/12	800000	VISITING NURSE SERVIO	CE RIVADENEIRA, OL	8.00		116.64 I	
				CUSTOMER	42.50	0.00	619.65	
				CATEGORY	42.50	0.00	619.65	

			YSIDE CITYWIDE				PAGE 1 -	231
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
			i	SALES REGISTER			BILL WEEK ENDING	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186730	3/02/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	40.00		583.20 I	
186731	3/02/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	16.00		233.28 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	 56.00	0.00	816.48	

			YSIDE CITYWIDE				-	- 232
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186732	3/02/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	15.00		218.70	I
186733	3/02/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	5.00		72.90	I
186734	3/02/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	12.00		174.96	I
186735	3/02/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	8.00		116.64	I
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 233 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186736 186737	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE	•	12.00 8.00		174.96 I 116.64 I
				CUSTOMER	20.00	0.00	291.60
				CATEGORY	20.00	0.00	 291.60

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	234
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186738 186739	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, ~	20.00 8.25		291.60 I 120.29 I	
100733	3,02,12	00000	VIDITING NORDE BERVICE	CUSTOMER	28.25	0.00	411.89	
				CODIONAL	20.23	0.00	111.05	
				CATEGORY	28.25	0.00	411.89	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 235	
SALES JRN	ь # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO		,
			S	ALES REGISTER			BILL WEEK ENDI	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ΓΥΡ	SURPLUS
186740	3/02/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	21.50		313.47	I	
186741	3/02/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	14.75		215.06	I	
186742	3/02/12	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	8.00		116.64	I	
186743	3/02/12	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	4.00		58.32	I	
				CUSTOMER	48.25	0.00	703.49		
				CATEGORY	48.25	0.00	703.49		

			YSIDE CITYWIDE				PAGE 1	- 236
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
			:	SALES REGISTER			BILL WEEK END	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186744	3/02/12	000008	VISITING NURSE SERVICE	ROBINSON, MARGA	35.00		510.30	I
186745	3/02/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	14.00		204.12	I
				CUSTOMER	49.00	0.00	714.42	
				COSTONER	10.00	0.00	,11,12	
				CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE				PAGE 1 -	237
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TYUOMA	YP SURPLUS
186746	3/02/12	000008	VISITING NURSE SERVICE	ROCCISANO, LOUI	32.00		466.56	I
186747	3/02/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	16.00		233.28	I
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

	03/07/12 - JL # 0271			REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDII	238 NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186748	3/02/12	800000	VISITING NURSE SERVICE	RODRIGUEZ CABA,	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	239
511225 01413	2 11 02/1	200 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186749	3/02/12	800000	VISITING NURSE SERVICE		5.00		72.90	I -
186750	3/02/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	4.50		65.61	
				CUSTOMER	9.50	0.00	138.51	
				CATEGORY	9.50	0.00	138.51	

			YSIDE CITYWIDE	DEC NV NV			-	240
SALES OF	RNL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186751	3/02/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 24	1	
SALES JRNI	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LH	CSA		
			S	SALES	REGISTER			BILL WEEK END	ING	3/09/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	EFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS	
									_		
186752	3/02/12	800000	VISITING NURSE SERVICE	ROI	DRIGUEZ, IRMA	12.00		174.96	I		
								174.06			
					CATEGORY	12.00	0.00	174.96			

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	12
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
				SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186753	3/02/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	60.00		874.80	I	
186754	3/02/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	24.00		349.92	I	
				CUSTOMER	84.00	0.00	1,224.72		
				COSTONER	04.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE				PAGE 1 - 2	43
SALES JRNI	L # UZ/I	LOC 001		REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186755 186756	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00		43.74 I 43.74 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 - 244	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	•
			·	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186757	2/10/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90 I	
186758	3/02/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	10.00		145.80 I	
186759	3/02/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 245	
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 3/09	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
186760	3/02/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	35.00		510.30 I	
186761	3/02/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	14.00		204.12 I	
				CUSTOMER	49.00	0.00	714.42	
				CATEGORY	49.00	0.00	714.42	

RUN DATE 03/07/12 SALES JRNL # 0271		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 246 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186762 3/02/12 186763 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	28.50 12.00		415.54 I 174.96 I
			CUSTOMER	40.50	0.00	590.50
			CATEGORY	40.50	0.00	590.50

RUN DATE 03/07/12			220			PAGE 1 - 24	7
SALES JRNL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/09/12
						-	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186764 3/02/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	13.00		189.54 I	
186765 3/02/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	8.00		116.64 I	
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 03/07/12 SALES JRNL # 0271		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE:	R		PAGE 1 - 24 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186766 3/02/12 186767 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · - ·	32.25 15.75		470.21 I 229.64 I	
			CUSTOMER	48.00	0.00	699.85	
			 CATEGORY	48.00	0.00	699.85	

			YSIDE CITYWIDE				PAGE 1 - 249	9
SALES JRNL	J # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186768	3/02/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	23.50		342.63 I	
186769	3/02/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	9.00		131.22 I	
				CUSTOMER	32.50	0.00	473.85	
				CODIONIEC	52.50	0.00	1,3.03	
				CATEGORY	32.50	0.00	473.85	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 250	
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186770	3/02/12	000008	VISITING NURSE SERVICE	ROMERO, SANTHY	40.00		583.20 I	
186771	3/02/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	16.00		233.28 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 25	i1
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
				SALES R	EGISTE	R		BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186772	3/02/12	800000	VISITING NURSE SERVIC	E ROMO,	FLOR	40.00		583.20	I	
186773	3/02/12	800000	VISITING NURSE SERVICE	E ROMO,	FLOR	17.00		247.86	I	
186774	3/02/12	800000	VISITING NURSE SERVICE	E ROSA,	ANA	24.00		349.92	I	
186775	3/02/12	000008	VISITING NURSE SERVIC	E ROSA,	ANA	16.00		233.28	I	
					CUSTOMER	97.00	0.00	1,414.26		
					CATEGORY	97.00	0.00	1,414.26		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 252
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK EN	DING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186776	3/02/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	39.75		579.56	I
186777	3/02/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	8.00		116.64	I
					48 85			
				CUSTOMER	47.75	0.00	696.20	
				CATEGORY	47.75	0.00	696.20	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 25	53
SALES OWN	11 # 02/1	ПОС 001		ALES REGISTER			BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186778	3/02/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	12.00		174.96	I	
186779	3/02/12	800000	VISITING NURSE SERVICE	ROSA, MANOLO	4.00		58.32	I	
186780	3/02/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	23.25		338.99	I	
186781	3/02/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	12.00		174.96	I	
186782	3/02/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	15.75		229.64	I	
186783	3/02/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	10.00		145.80	I	
				CUSTOMER	77.00	0.00	1,122.67		
				CATEGORY	77.00	0.00	1,122.67		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	254
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186784	3/02/12	000008	VISITING NURSE SERVICE	ROSSI, RAYMOND	12.00		174.96 I	
186785	3/02/12	800000	VISITING NURSE SERVICE	ROSSI, RAYMOND	8.00		116.64 I	
186786	3/02/12	800000	VISITING NURSE SERVICE	RUBIN, EVGENY	12.00		174.96 I	
186787	3/02/12	800000	VISITING NURSE SERVICE	RUBIN, EVGENY	8.00		116.64 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 03/0 SALES JRNL #	07/12 - SUP SUNN 0271 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 255 VCP CHOICE LHCSA BILL WEEK ENDING 3/09/	12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
	02/12 000008 02/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RUEDA, INES RUEDA, INES	32.00 14.00		466.56 I 204.12 I	
			CUSTOMER	46.00	0.00	670.68	
			CATEGORY	46.00	0.00	670.68	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001		REG NY NY SALES REGISTER				- 256 HOMEW/O WALLS (L DING 3/09/12	т
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	6.00 12.00		87.48 174.96	I	
				CUSTOMER	18.00	0.00	262.44		
				CATEGORY	18.00	0.00	262.44		

			YSIDE CITYWIDE				PAGE 1 - 257	
SALES JRN	JL # 0271	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 3/09/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
186792	3/02/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	1.00		14.58 I	
				CATEGORY	1.00	0.00	 14.58	

RUN DATE 03 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING 1	- 25 HOMEW/	
				SALES REGISTER			BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	21.75 12.00		317.12 174.96	I	
100/94	3/02/12	000008	VISITING NORSE SERVICE	SAAVEDRA, SIEDD	12.00				
				CUSTOMER	33.75	0.00	492.08		
				CATEGORY	33.75	0.00	492.08		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	259
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186795	3/02/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	54.50		794.61 I	
186796	3/02/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	22.00		320.76 I	
				CUSTOMER	76.50	0.00	1,115.37	
				CATEGORY	76.50	0.00	1,115.37	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 260
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	DMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDI	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
186797 186798	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 12.00		349.92 174.96	I I
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 26:	1
Bribbs orde	0271	100 001		ALES REGISTER			BILL WEEK END		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
186799	3/02/12	000008	VISITING NURSE SERVICE	SALVUCCI, YOLAN	8.00		116.64	I	
186800	3/02/12	800000	VISITING NURSE SERVICE	SALVUCCI, YOLAN	8.00		116.64	Т	
				CUSTOMER	16.00	0.00	233.28		
				CATEGORY	16.00	0.00	233.28		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	-	NY E G I S T E	2 R		PAGE 1 ADU ADULT BILL WEEK ENI	- 26 DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEI	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186801 186802	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		HELENA HELENA	9.00 6.00		131.22 87.48	I I	
					CUSTOMER	15.00	0.00	218.70		
					- CATEGORY	15.00	0.00	218.70		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	3
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186803	3/02/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	12.00		174.96 I	
186804	3/02/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	8.00		116.64 I	
186805	3/02/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	34.25		499.37 I	
186806	3/02/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	11.50		167.67 I	
				CUSTOMER	65.75	0.00	958.64	
				CATEGORY	65.75	0.00	958.64	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 26	54
SALES JRN	ъ # 0271	LOC 001		REG NY NY			CCL CONGREGA		
			\$	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186807	3/02/12	000008	VISITING NURSE SERVICE	SANCHEZ, MARIA	18.00		262.44	I	
186808	3/02/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	12.00		174.96	I	
				CUSTOMER	30.00	0.00	437.40		
				COSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE 03	3/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 26	5
SALES JRNL	# 0271	LOC 001	SUNNYSIDE CITYWIDE RE	EG NY NY			ADU ADULT		
			S A L	E S R E G I S T E R			BILL WEEK END	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186809 3	3/02/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	16.00		233.28	I	
186810 3	3/02/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	8.00		116.64	I	
186811 3	3/02/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	40.00		583.20	I	
186812 3	3/02/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	16.00		233.28	I	
				CUSTOMER	80.00	0.00	1,166.40		
				CATEGORY	80.00	0.00	1,166.40		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 266	6
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186813	3/02/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	24.00		349.92	I	
186814	3/02/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	12.00		174.96	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE 03/07/12	- SUP SUNNYSIDE CITYWIDE			P.	AGE 1 - 2	67
SALES JRNL # 0271	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		L	TC NURSING HOMEW	/O WALLS (LT
	5	BALES REGISTER		В	ILL WEEK ENDING	3/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186815 3/02/12	000008 VISITING NURSE SERVICE	SEO, INJA	24.00		349.92 I	
186816 3/02/12	000008 VISITING NURSE SERVICE	SEO, INJA	12.00		174.96 I	
		CUSTOMER	36.00	0.00	524.88	
		CATEGORY	36.00	0.00	524.88	

RUN DATE	, - ,		YSIDE CITYWIDE				11102	- 26	8
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		2 /00 /10
			S	ALES REGISTER	-		BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186817	2/24/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	8.00		116.64	I	
186818	3/02/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	39.75		579.56	I	
186819	3/02/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	15.50		225.99	I	
186820	3/02/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	38.00		554.04	I	
186821	3/02/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	16.00		233.28	I	
186822	3/02/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	30.25		441.05	I	
186823	3/02/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	14.00		204.12	I	
186824	3/02/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80	I	
				CUSTOMER	171.50	0.00	2,500.48		
				CATEGORY	171.50	0.00	2,500.48		

			YSIDE CITYWIDE						- 26	
SALES JRNL	# 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY N				LTC NURSING		,
				SALES RE	GISTE	R		BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186825 3	3/02/12	000008	VISITING NURSE SERVICE	SILLS,	JAMES	30.00		437.40	I	
186826 3	3/02/12	800000	VISITING NURSE SERVICE	SILLS,	JAMES	12.00		174.96	I	
					 CUSTOMER	42.00	0.00	612.36		
					COSTOMER	42.00	0.00	012.30		
					CATEGORY	42.00	0.00	612.36		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27	70
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			S	SALES REGISTER			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186827	3/02/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	18.00		262.44	I	
186828	3/02/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	12.00		174.96	I	
186829	3/02/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	9.00		131.22	I	
186830	3/02/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	6.00		87.48	I	
				CUSTOMER	45.00	0.00	656.10		
				CATEGORY	45.00	0.00	656.10		

RUN DATE	03/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	1
SALES JRN	և # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	•
			5	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE	DITTE	CODI NO	CODICIDIC WILL	KEI EKEIVEE	110010	11111 11111	11100111 111	BOILT HOD
186831	3/02/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGAT BILL WEEK END	E CAR	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186832 186833	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00		58.32 58.32	I I	
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE 03/07/2 SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - LTC NURSING HON BILL WEEK ENDIN	· ·
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186834 3/02/3 186835 3/02/3		VISITING NURSE SERVICE VISITING NURSE SERVICE		18.00 12.00		262.44 1 174.96	[ [
			CUSTOMER	30.00	0.00	437.40	
			 CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 2	74
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186836	3/02/12	800000	VISITING NURSE SERVICE	STALZER, STEPHA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 275	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186837	3/02/12	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	37.75		550.40 I	
186838	3/02/12	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	16.00		233.28 I	
				CUSTOMER	53.75	0.00	783.68	
				GAMPIGODY.			702.60	
1				CATEGORY	53.75	0.00	783.68	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADUI BILL WEEK ENDING	T
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186839 186840	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	STEIN, STEPHANI STEIN, STEPHANI	13.00 6.00		189.54 I 87.48 I	
				CUSTOMER	19.00	0.00	277.02	
				CATEGORY	19.00	0.00	277.02	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	77 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186841	3/02/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

			YSIDE CITYWIDE				PAGE 1 -	278
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186842	3/02/12	000008	VISITING NURSE SERVICE	STERGIOU, GLORI	1.50		21.87	I
186843	3/02/12	000008	VISITING NURSE SERVICE	STICKELL, BLANC	18.00		262.44	I
186844	3/02/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	6.00		87.48	I
186845	3/02/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	24.00		349.92	I
186846	3/02/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	6.00		87.48	I
				CUSTOMER	55.50	0.00	809.19	
				CATEGORY	55.50	0.00	809.19	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 279 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
186847 186848	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	16.00 3.75		233.28 I 54.68 I
				CUSTOMER	19.75	0.00	287.96
				 CATEGORY	19.75	0.00	 287.96

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	0
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			5	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186849	3/02/12	000008	VISITING NURSE SERVICE	SULLIVAN, MADAL	9.00		131.22	I	
186850	3/02/12	800000	VISITING NURSE SERVICE	SULLIVAN, MADAL	3.00		43.74	I	
				CUSTOMER	12.00	0.00	174.96		
				COSTONER	12.00	0.00	1/4.90		
				CATEGORY	12.00	0.00	174.96		

RUN DATE 03/07/12 - SALES JRNL # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : VCP CHOICE LHCSA	281
			SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186851 3/02/12 186852 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	39.50 23.50		575.91 I 342.63 I	
3/02/12	000000	VISITING NORSE SERVICE					
			CUSTOMER	63.00	0.00	918.54	
			CATEGORY	63.00	0.00	918.54	

RUN DATE 03/07	/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1	- 282
SALES JRNL # 0	271 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
		:	SALES REGISTER			BILL WEEK END	OING 3/09/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
186853 3/02	/12 000008	VISITING NURSE SERVICE	TADDEO, LENA	32.00		466.56	I
186854 3/02	/12 000008	VISITING NURSE SERVICE	TADDEO, LENA	16.00		233.28	I
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

			TYSIDE CITYWIDE				PAGE 1 - 2	283
SALES J	RNL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	3/09/12
								-,,
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186855	3/02/12	000008	VISITING NURSE SERVICE	TAVANO, SILVIA	24.75		360.86 I	
				CATEGORY	24.75	0.00	360.86	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	284
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			:	SALES REGISTE	R		BILL WEEK ENDIN	G 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186856	3/02/12	000008	VISITING NURSE SERVICE	TAVERAS ARIAS,	8.50		123.93 I	
186857	3/02/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	8.00		116.64 I	
				CUSTOMER	16.50	0.00	240.57	
				 CATEGORY	16.50	0.00	240.57	
1				CALEGORI	10.50	0.00	240.57	

RUN DATE	03/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	285
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186858	3/02/12	000008	VISITING NURSE SERVICE	TAWADROUS, ANWA	9.00		131.22 I	
186859	3/02/12	800000	VISITING NURSE SERVICE	TAWADROUS, ANWA	6.00		87.48 I	
186860	2/24/12	800000	VISITING NURSE SERVICE	TEJADA, BALDOME	4.00		58.32 I	
186861	3/02/12	800000	VISITING NURSE SERVICE	TEJADA, BALDOME	12.00		174.96 I	
186862	3/02/12	800000	VISITING NURSE SERVICE	TEJADA, BALDOME	8.00		116.64 I	
				CUSTOMER	39.00	0.00	568.62	
				CATEGORY	39.00	0.00	568.62	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - AUR ADULT REHA	200
			S	SALES REGISTER			BILL WEEK ENDI	ING 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
186863 186864	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE	TEJADA, MARIALU	16.00 8.75		233.28 127.58	I
100004	3/02/12	000008	VISITING NURSE SERVICE	TEJADA, MARIALU	0.75		127.50	
				CUSTOMER	24.75	0.00	360.86	
				CATEGORY	24.75	0.00	360.86	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - HOA HOSPICE AD BILL WEEK ENDI	ULT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
186865 186866	3/02/12 3/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TEMBELIS, DAPHN TEMBELIS, DAPHN	9.00 6.00		131.22 87.48	I I
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 288	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 3	/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
186867	3/02/12	000008	VISITING NURSE SERVICE	TERRERO, RAMONI	9.00		131.22 I	
186868	3/02/12	800000	VISITING NURSE SERVICE	TERRERO, RAMONI	3.00		43.74 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	03/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	39
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186869	3/02/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	30.00		437.40	I	
186870	3/02/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	13.00		189.54	I	
186871	3/02/12	800000	VISITING NURSE SERVICE	TINOCO, INES	35.00		510.30	I	
186872	3/02/12	800000	VISITING NURSE SERVICE	TINOCO, INES	7.50		109.35	I	
				CUSTOMER	85.50	0.00	1,246.59		
				CATEGORY	85.50	0.00	1,246.59		

RUN DATE 03/07/12 SALES JRNL # 0271	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CI	TYWIDE REG NY	NY REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	- 29 DING	0 3/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186873 3/02/12 186874 3/02/12			RO VEGA, LUZV RO VEGA, LUZV	12.00 8.00		174.96 116.64	I	
			CUSTOMER	20.00	0.00	291.60		
			CATEGORY	20.00	0.00	291.60		

RUN DATE ( SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS. BILL WEEK ENDIN	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
186875 186876 186877	3/02/12 3/02/12 3/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TORO, PURA TORO, PURA TORRES, EMELINA	60.00 24.00 8.00		874.80 I 349.92 I 116.64 I	
				CUSTOMER	92.00	0.00	1,341.36	
				CATEGORY	92.00	0.00	1,341.36	

	07/12 - SUP SUNN					-	292
SALES JRNL #	0271 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3/09/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	02/12 000008 02/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 16.00		116.64 I 233.28 I	
			CUSTOMER	24.00	0.00	349.92	
			CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE					- 29	93
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI		2 / 2 2 / 1 2
			2	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186880	3/02/12	000008	VISITING NURSE SERVICE	TORRES, LUZ M	49.00		714.42	I	
186881	3/02/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	20.00		291.60	I	
				CUSTOMER	69.00	0.00	1,006.02		
				CATEGORY	69.00	0.00	1,006.02		

		SUNNYSIDE CITYW						- 29	
SALES JRNL	# 0271 LOC	001 SUNNYSIDE	E CITYWIDE	REGNY NY SALES REGIST	ם ים		LTC NURSING BILL WEEK EN		3/09/12
			i.	SALES REGISI	EK		DITT MEEK EN	DING	3/09/12
INVOICE# I	DATE CUST	NO CUSTOMER N	IAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
	/02/12 0000		URSE SERVICE	TORRES, MARGOT			437.40	I	
186883 3,	/02/12 0000	08 VISITING N	TURSE SERVICE	TORRES, MARGOT	14.00		204.12	Τ	
				CUSTOMER	44.00	0.00	641.52		
				0001011210	11.00	0.00	011.02		
				CATEGORY	44.00	0.00	641.52		

	03/07/12 - NL # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	255	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPL	US
186884	3/02/12	000008	VISITING NURSE SERVICE	TOUMA, MATTA	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITY	MIDE B	EG NY NY			PAGE 1 VCP CHOICE L	- 29	96
Brilles orde	0271	100 001	SOMVISIBLE CITI	SAL				BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186885	3/02/12	000008	VISITING NURSE	SERVICE	TRUJILLO, AMPAR	11.00		160.38	I	
186886	3/02/12	800000	VISITING NURSE	SERVICE	TSOLISOS, FOTIN	38.00		554.04	I	
186887	3/02/12	800000	VISITING NURSE	SERVICE	TSOLISOS, FOTIN	14.00		204.12	I	
186888	3/02/12	800000	VISITING NURSE	SERVICE	TZOUMAS, EFFIE	40.00		583.20	I	
186889	3/02/12	800000	VISITING NURSE	SERVICE	TZOUMAS, EFFIE	16.00		233.28	I	
186890	3/02/12	800000	VISITING NURSE	SERVICE	UGURLUYAN, KARA	4.00		699.84	I	
186891	3/02/12	800000	VISITING NURSE	SERVICE	UGURLUYAN, KARA	2.00		349.92	I	
					CUSTOMER	125.00	0.00	2,784.78		
					CATEGORY	125.00	0.00	2,784.78		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186892	3/02/12	800000	VISITING NURSE SERVICE	UPTON, MARIANNE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 298	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WA	LLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING 3/0	9/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
186893	3/02/12	000008	VISITING NURSE SERVICE	URBINA, ANA	20.00		291.60 I	
186894	3/02/12	800000	VISITING NURSE SERVICE	URBINA, ANA	5.00		72.90 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	299 SA
	_    02/1	200 001		SALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186895 186896	3/02/12	800000	VISITING NURSE SERVICE	•	23.00		335.35	I <del>-</del>
180890	3/02/12	000008	VISITING NURSE SERVICE	VALENCIANO-ROJ,	12.00		174.96	L.
				CUSTOMER	35.00	0.00	510.31	
				CATEGORY	35.00	0.00	510.31	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 30	00
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
				SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186897	3/02/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN	6.00		87.48	I	
186898	3/02/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	2.00		29.16	I	
				CUSTOMER	8.00	0.00	116.64		
				COSTOMER	0.00	0.00	110.04		
				CATEGORY	8.00	0.00	116.64		

RUN DATE 03/07/12 SALES JRNL # 0271		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	3		PAGE 1 - 3 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186899 3/02/12 186900 3/02/12 186901 3/02/12 186902 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VAROL, ELMAS VAROL, ELMAS VAROL, MUSTAFA VAROL, MUSTAFA	3.75 2.00 4.00 2.00		54.68 I 29.16 I 58.32 I 29.16 I	
			CUSTOMER	11.75	0.00	171.32	
			CATEGORY	 11.75	0.00	171.32	

RUN DATE SALES JRN			PAGE 1 - VCP CHOICE LHC	302 SA				
0111111	2    02/1	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
186903	3/02/12	800000	VISITING NURSE SERVICE	~ ~ ,	33.75		492.08	I <del>-</del>
186904	3/02/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	14.00		204.12	
				CUSTOMER	47.75	0.00	696.20	
				CATEGORY	47.75	0.00	696.20	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING	- 3(	
SALES OWN	ND # 02/1	10C 001		SALES REGISTER			BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186905	3/02/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	18.75		273.38	I	
186906	3/02/12	800000	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	10.00		145.80	I	
186907	2/24/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	2.50		36.45	I	
186908	3/02/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	15.00		218.70	I	
186909	3/02/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	6.00		87.48	I	
186910	3/02/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	22.00		320.76	I	
186911	3/02/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	12.00		174.96	I	
				CUSTOMER	86.25	0.00	1,257.53		
				CATEGORY	86.25	0.00	1,257.53		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 30	)4
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			\$	SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186912	3/02/12	000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	11.00		160.38	I	
186913	3/02/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	4.00		58.32	I	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE (	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	5
SALES JRNI	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186914	2/24/12	000008	VISITING NURSE SERVICE	VENTURA, ROSA	1.50		21.87 I	
186915	3/02/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	35.00		510.30 I	
186916	3/02/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	14.00		204.12 I	
				CUSTOMER	50.50	0.00	736.29	
				CATEGORY	50.50	0.00	736.29	

RUN DATE 03/07/	12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 306	
SALES JRNL # 02	71 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		5	SALES REGISTER	2		BILL WEEK ENDING	3/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186917 3/02/	12 000008	VISITING NURSE SERVICE	VERAS, JUANA	24.00		349.92 I	
186918 3/02/	12 000008	VISITING NURSE SERVICE	VERAS, JUANA	14.75		215.06 I	
			CUSTOMER	38.75	0.00	564.98	
			CATEGORY	38.75	0.00	564.98	

			YSIDE CITYWIDE				PAGE 1 -	307
SALES JRNI	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGI	STER		BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186919	3/02/12	800000	VISITING NURSE SERVICE	VICEDO, FRE	DELI 1.00		14.58 I	
				CATEG	ORY 1.00	0.00		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADUL BILL WEEK ENDING	T
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186920	3/02/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 309	
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			i i	SALES REGISTER			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
186921	3/02/12	000008	VISITING NURSE SERVICE	VILLAPOL, ANNA	18.00		262.44	I	
186922	3/02/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	12.00		174.96	I	
				CUSTOMER	30.00	0.00	437.40		
							435 40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	310
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186923	3/02/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE 03/07/12 SALES JRNL # 0272		SUNNYSIDE CITYWIDE		NY E G I S T E	I R		PAGE 1 LTC NURSING BILL WEEK EN		WALLS (LT /09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP SU	JRPLUS
186924 3/02/12 186925 3/02/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	CARMEN CARMEN	12.00 12.00		174.96 174.96	I I	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE			YSIDE CITYWIDE	DEC MY MY			-	- 31	2
SALES JRN	L # UZ/I	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE LH BILL WEEK END		3/09/12
			U F				DIDD WEEK BND	TIVO	3/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
106006	2 /02 /12	000000	WESTERING NURSE SERVICE	TATALA COLLA TRANS	F0 00		700 00	-	
186926	3/02/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	50.00		729.00	Τ	
186927	3/02/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	20.00		291.60	I	
186928	3/02/12	800000	VISITING NURSE SERVICE	WALLE, ILEANA	12.00		174.96	I	
186929	3/02/12	000008	VISITING NURSE SERVICE	WALLE, ILEANA	8.00		116.64	I	
186930	3/02/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	20.00		291.60	I	
186931	3/02/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	10.00		145.80	I	
186932	3/02/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	8.00		116.64	I	
186933	3/02/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	4.00		58.32	I	
				CUSTOMER	132.00	0.00	1,924.56		
				CATEGORY	132.00	0.00	1,924.56		
				CAILGORI	132.00	0.00	1,521.50		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 CCL CONGREGATE CA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
186934 186935	3/02/12 3/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	9.00 3.00		131.22 I 43.74 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE 0	3/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 314	
SALES JRNL	# 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 3/09/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
186936	3/02/12	800000	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	18.00		262.44 I	
186937	3/02/12	800000	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	10.00		145.80 I	
186938	3/02/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	11.75		171.32 I	
186939	3/02/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	6.00		87.48 I	
				CUSTOMER	45.75	0.00	667.04	
				CATEGORY	45.75	0.00	667.04	

RUN DATE 03/07/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 315 SALES JRNL # 0271 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 3/09/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 186940 332.00 I 3/02/12 000010 186941 3/02/12 212.48 I 000010 186942 3/02/12 000010 186943 3/02/12 000010 186944 3/02/12 000010 186945 3/02/12 000010 186946 3/02/12 000010 186947 3/02/12 000010 186948 3/02/12 000010 186949 3/02/12 000010 186950 3/02/12 000010 186951 3/02/12 000010 186952 3/02/12 000010 186953 3/02/12 000010 186954 2/24/12 000010 186955 3/02/12 000010 186956 3/02/12 000010 186957 3/02/12 000010 186958 3/02/12 000010 186959 3/02/12 000010 186960 3/02/12 000010 186961 3/02/12 000010 186962 3/02/12 000010 186963 3/02/12 000010 186964 3/02/12 000010 186965 2/03/12 000010 186966 3/02/12 000010 186967 3/02/12 000010 186968 3/02/12 000010 186969 3/02/12 000010 186970 3/02/12 000010 186971 2/24/12 000010 186972 3/02/12 000010 186973 3/02/12 000010 186974 3/02/12 000010 3/02/12 186975 000010 186976 3/02/12 000010 186977 3/02/12 000010 186978 3/02/12 000010 GUILDNET 186979 3/02/12 000010 GUILDNET 186980 3/02/12 000010 GUILDNET 186981 000010 GUILDNET 3/02/12 186982 3/02/12 000010 186983 3/02/12 000010 186984 3/02/12 000010 186985 3/02/12 000010 186986 3/02/12 000010 186987 3/02/12 000010 GUILDNET 2/24/12 000010 GUILDNET 186988

			YSIDE CITYWIDE						- 32	16
SALES JRN	NL # 0271	LOC 001	SUNNYSIDE CITYWIDE		NY			GUI GUILDNET		
				SALES	REGISTE	R		BILL WEEK ENI	DING	3/09/12
TATIOT OF	DAME	CIICE NO	GUGEOMED NAME	<del>.</del>				AMOTINE	m.r.	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	r	REFERENCE	HOURS	IAX AMI	AMOUNT	IIP	SURPLUS
186989	3/02/12	000010	GUILDNET	Pl	ICHARDO, MARIA	63.00		836.64	I	
186990	3/02/12	000010	GUILDNET	PF	ROANO, ALICIA	15.00		199.20	I	
186991	3/02/12	000010	GUILDNET	PF	ROANO, ALICIA	6.00		79.68	I	
186992	3/02/12	000010	GUILDNET	PF	ROANO, BRUNO	33.00		438.24	I	
186993	3/02/12	000010	GUILDNET	PF	RYCE, CLYDIA	10.00		132.80	I	
186994	3/02/12	000010	GUILDNET	RI	ESTULA, VINCEN	10.75		142.76	I	
186995	3/02/12	000010	GUILDNET	RI	ESTULA, VINCEN	8.00		106.24	I	
186996	3/02/12	000010	GUILDNET	RI	IVAS, GERTRUDI	12.00		159.36	I	
186997	3/02/12	000010	GUILDNET	RO	DDRIGUEZ, HOLG	63.00		836.64	I	
186998	3/02/12	000010	GUILDNET	RO	DJAS, ANGEL	9.00		119.52	I	
186999	3/02/12	000010	GUILDNET	RO	DJAS, ANGEL	6.00		79.68	I	
187000	3/02/12	000010	GUILDNET	RO	DJAS, HAYDEE	12.00		159.36	I	
187001	3/02/12	000010	GUILDNET	RO	DJAS, HAYDEE	8.00		106.24	I	
187002	2/17/12	000010	GUILDNET	RI	JBIANO, MARIA	24.00		318.72	I	
187003	3/02/12	000010	GUILDNET	SA	ALJANIN, DILJA	61.00		810.08	I	
187004	3/02/12	000010	GUILDNET	SA	ANCHEZ, ELIZAB	43.00		571.04	I	
187005	3/02/12	000010	GUILDNET	SI	HELTON, AGUEDA	35.00		464.80	I	
187006	3/02/12	000010	GUILDNET	SC	OMRAJ, UMILLA	15.00		199.20	I	
187007	3/02/12	000010	GUILDNET	TO	DROSSIAN, PARI	28.00		371.84	I	
187008	3/02/12	000010	GUILDNET	V	ILLACRES, LUZ	8.00		106.24	I	
187009	3/02/12	000010	GUILDNET	VI	LAHOS, MARIE	70.00		929.60	I	
187010	3/02/12	000010	GUILDNET	WE	EISZ, KLARA	8.00		106.24	I	
187011	3/02/12	000010	GUILDNET	WE	EST, BALDWIN	20.00		265.60	I	
187012	3/02/12	000010	GUILDNET	WH	HITLEY, MYRNA	12.00		159.36	I	
187013	3/02/12	000010	GUILDNET	WH	HITLEY, MYRNA	8.00		106.24	I	
187014	3/02/12	000010	GUILDNET	YI	I, CARLOS	24.00		318.72	I	
187015	3/02/12	000010	GUILDNET	Y	IANTSELIS, VIR	7.00		1,260.00	I	
187016	2/24/12	000010	GUILDNET	ZA	ARE, GLORIA	12.00		159.36	I	
187017	3/02/12	000010	GUILDNET	ZA	ARE, GLORIA	71.25		946.20	I	
187018	3/02/12	000010	GUILDNET	Zt	JMAETA, FANNY	64.00		849.92	I	
					CCHARDO, MARIA ROANO, ALICIA ROANO, ALICIA ROANO, BRUNO RYCE, CLYDIA ESTULA, VINCEN ESTULA, ANGEL DIAS, ANGEL DIAS, ANGEL DIAS, HAYDEE LILIAN ESTULA	2,302.50	0.00	35,078.64		
					CATEGORY	2,302.50	0.00	35,078.64		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	17
SALES JRN	NL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIRST	
				REG NY NY SALES REGISTEI	?		BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
187019	3/02/12	000122	HEALTH FIRST	BEGUM, MANWARA	12.00		202.56 I	
187020	3/02/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28 I	
187021	2/17/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	48.00		810.24 I	
187022	3/02/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20 I	
187023	3/02/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24 I	
187024	3/02/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20 I	
187025	3/02/12	000122	HEALTH FIRST	CHARITAR, RAMKA	15.00		253.20 I	
187026	3/02/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40 I	
187027	3/02/12	000122	HEALTH FIRST	DENNISON, KELVI	20.00		337.60 I	
187028	3/02/12	000122	HEALTH FIRST	DORNELLAS, STEL	4.00		67.52 I	
187029	3/02/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	27.00		455.76 I	
187030	3/02/12	000122	HEALTH FIRST	ESTEVES, JOSE	63.00		1.063.44 I	
187031	3/02/12	000122	HEALTH FIRST	FERGERSON. TINA	35.00		590.80 T	
187032	2/24/12	000122	HEALTH FIRST	FERRERA. FRANCI	17.00		286.96 T	
187033	3/02/12	000122	HEALTH FIRST	FONTANES PEDRO	40 00		675 20 T	
187034	3/02/12	000122	HEALTH FIRST	FRANCISCO RICH	56 00		945 28 T	
187035	3/02/12	000122	HEALTH FIRST	HENRY RRENDA	12 00		202 56 T	
187036	3/02/12	000122	HEALTH FIRST	HERRING CHARLE	8 00		135 04 T	
187037	3/02/12	000122	HEALTH FIRST	KAIIR HARRANG	49 00		827 12 T	
187038	3/02/12	000122	HEALTH FIRST	IARA TOMASA	29 50		497 96 T	
187039	3/02/12	000122	HEALTH FIRST	IAZALA GLADVS	168 00		34 030 08 T	
187040	3/02/12	000122	HEALTH FIRST	I.ODEZ-RAMIREZ	74 00		1 249 12 T	
187041	3/02/12	000122	UEALIN FIRST	MACADENA CAHAD	63 00		1 063 44 T	
187042	3/02/12	000122	UEALIN FIRST	MADTIN ADIANA	12 00		202 56 T	
187042	3/02/12	000122	DEVILD EIDOD	OPTI TIII A	25.00		422.30 I	
187043	3/02/12	000122	DEVILD EIDOD	DIVEDA CUDICTO	23.00		422.00 I	
187045	3/02/12	000122	UDALIU LIKOI	RIVERA, CHRISIO	21.00		334.40 I	
187046	3/02/12	000122	DEVILD EIDOD	DODDICIES MADO	21.00		334.40 I	
187047	3/02/12	000122	UEVILLI EIDOL	RUDRIGUEZ, MARG	17 00		337.00 I	
187048	1/06/12	000122	UEVILLI EIDOL	RUIZ UR, SAMUEL	17.00		1 062 44 T	
187048	3/02/12	000122	HEALIH FIRSI	SALAZAR, LUZ MA	40.00		1,003.44 1	
	3/02/12	000122	HEALTH FIRST	SALHUANA, YULAN	40.00		6/5.20 I	
187050	3/02/12	000122	HEALTH FIRST	SPIVEY, PATRICI	15.00		253.20 I	
187051	3/02/12	000122	HEALTH FIRST	ST ROMAINE, CLA	66.00		1,114.08 1	
187052	3/02/12	000122	HEALTH FIRST	SURIEL, GERTRUD	28.00		4/2.64 1	
187053	3/02/12	000122	HEALTH FIRST	TEJADA, PAULA	40.00		6/5.20 I	
187054	3/02/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12 I	
				CUSTOMER	1,346.50	0.00	53,923.16	
				REG NY NY S A L E S R E G I S T E I  REFERENCE  BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DENNISON, KELVI DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD TEJADA, PAULA WILLIAMS, RODNE  CUSTOMER	1,346.50	0.00	53,923.16	

RUN DATE	03/07/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE					PAGE 1	- 31	18
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			NHP NEIGHBORE	HOOD I	HEALTH
				SALE	S REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOITES	тах амт	AMOTINT	TYP	SURPLUS
111101011	21112	0001 110	000101111111111111111111111111111111111		1121 21121102	1100115		11100111		20112 202
187055	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	AKHTER, SELINA	37.00		624.56	I	
187056	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	ARDITTO, PATRIC	30.00		506.40	I	
187057	1/06/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	BRATHWAITE, DON	74.00		1,249.12	I	
187058	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
187059	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
187060	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
187061	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	FLORES, MARITZA	50.00		844.00	I	
187062	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	JONES, CYNTHIA	36.00		607.68	I	
187063	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KHALIL, RASHAN	36.00		607.68	I	
187064	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KHAN, FARUQUE	30.00		506.40	I	
187065	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KROLL, KATHERIN	35.00		590.80	I	
187066	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	MORALES, EDWIN	42.00		708.96	I	
187067	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	MOSKOWITZ, RONA	30.00		506.40	I	
187068	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	OCASIO, VIRGINI	22.00		371.36	I	
187069	2/17/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	RODRIGUEZ, MARI	16.00		270.08	I	
187070	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	SALVATO, MARY	48.00		810.24	I	
187071	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	SCOTT, MICHAEL	40.00		675.20	I	
187072	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	SHEPPARD, ERMA	70.00		1,181.60	I	
187073	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	WELLS, WYNORIA	16.00		270.08	I	
187074	3/02/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	WILSON, SHERYL	34.00		573.92	I	
			NEIGHBORHOOD HEALTH		CUSTOMER	728.00	0.00	12,288.64		
					CATEGORY		0.00	12,288.64		

			YSIDE CITYWIDE				-	- 31	
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO		
				SALES REGISTER			BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187075	3/02/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	63.00		1,062.81	I	
187076	3/02/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	34.75		586.23	I	
187077	3/02/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	15.00		253.05	I	
187078	3/02/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I	
187079	2/24/12	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	24.00		404.88	I	
187080	3/02/12	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	6.00		101.22	I	
187081	3/02/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	45.00		759.15	I	
187082	3/02/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	9.00		151.83	I	
187083	2/03/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	117.25		1,979.06	I	
187084	3/02/12	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	38.50		649.50	I	
187085	3/02/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		674.80	I	
187086	3/02/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	33.00		556.71	I	
				CUSTOMER	509.50	0.00	8,596.32		
				CATEGORY	509.50	0.00	8,596.32		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED HE	- 32	0
				S A L E S R E G I S T E R			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187087	2/17/12	000128	UNITED HEALTH CARE	AHMED, UMARA	72.00		1,235.52	I	
187088	3/02/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	I	
187089	3/02/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
187090	3/02/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	56.00		960.96	I	
187091	3/02/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
187092	3/02/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
187093	3/02/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
187094	3/02/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	12.00		205.92	I 	
				CUSTOMER	331.00	0.00	5,679.96		
				CATEGORY	331.00	0.00	5,679.96		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM H	- 32 EALTH	21
511225 0144	.5    0271	200 001		SALES REGISTER			BILL WEEK EN		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187095	3/02/12	000114	EMBLEM HEALTH	COPE, WILLIE	72.00		1,008.00	I	
187096	3/02/12	000114	EMBLEM HEALTH	COPE, WILLIE	12.00		168.00	I	
187097	2/24/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
187098	3/02/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
187099	3/02/12	000114	EMBLEM HEALTH	KEATON, CATHERI	83.75		1,172.50	I	
187100	3/02/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
187101	3/02/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	285.75	0.00	4,008.00		
				CATEGORY	285.75	0.00	4,008.00		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 32	22
SALES JRN	rL # 0271	LOC 001	SUNNYSIDE CITYWIDE REC	GNY NY ES REGISTER			HIP HEALTH II	NSURAN	ICE PLAN
			SALI	ES REGISTER	2		BILL WEEK EN	DING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187102	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL	14.00		236.32	I	
187103	2/17/12	000136	HEALTH INSURANCE PLAN OF NY	BORLAZA, FRANCI	156.50		2,641.72	I	
187104	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE	8.00		135.04	I	
187105	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	DE JESUS, TIBUR	54.00		911.52	I	
187106	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	GOMES, AGUSTINA	63.00		1,063.44	I	
187107	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	LOYOLA, MARIA	40.00		675.20	I	
187108	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	ORR, LOUISE	35.00		590.80	I	
187109	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	PARADISE, ANITA	16.00		270.08	I	
187110	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	SHAH, HANSIKABE	4.00		67.52	I	
187111	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	TOWLES, ADA	16.00		270.08	I	
187112	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	WILLIAMS, DIANE	20.00		337.60	I	
187113	3/02/12	000136	HEALTH INSURANCE PLAN OF NY	ZAMBRANO, ZOILA	16.00		270.08	I	
				·					
				CUSTOMER	442.50	0.00	7,469.40		
				CATEGORY	442.50	0.00	7,469.40		

RUN DATE 03/ SALES JRNL #	07/12 - SUP SUNN 0271 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HPS HEALTH PI	- 323	
SALES UKIL #	. 0271 LOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK END		3/09/12
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
,	24/12 000138 02/12 000138	HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC	HARDING, EDNA VEGA, GLORIA	36.00 35.00		612.00 595.00	I I	
			CUSTOMER	71.00	0.00	1,207.00		
			CATEGORY	71.00	0.00	1,207.00		

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 32	4
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AFF AFFINITY HEALT	H PLUS
				SALES REGISTER			BILL WEEK ENDING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
187116	1/20/12	000142	AFFINITY HEALTH PLUS	PURNELL, ROSE M	16.00		384.00 I	
				CATEGORY	16.00	0.00	384.00	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 MPH METROPLUS	- 32	
	.2    02/1	200 001		SALES REGISTER			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187117	3/02/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	84.00		1,440.60	I	
187118	3/02/12	000130	METROPLUS HEALTH	ANDERSON, BETH	42.00		720.30	I	
187119	3/02/12	000130	METROPLUS HEALTH	ARTAS NORA	68.00		1,166.20	I	
187120	3/02/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	I	
187121	2/17/12	000130	METROPLUS HEALTH	BRACERO, HELEN	58.00		994.70	I	
187122	3/02/12	000130	METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH	BEDOYA, MONICA BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND	36.00		617.40	I	
187123	3/02/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	9.00		154.35	I	
187124	3/02/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	50.00		857.50	I	
187125	2/24/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	145.00		2,486.75	I	
187126	2/17/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	32.00		548.80	I	
187127	3/02/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
187128	2/17/12	000130	METROPLUS HEALTH	MANIACI, VINCEN	92.00		1.577.80	I	
187129	3/02/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU PERSAD, USHA	40.00		686.00	I	
187130	1/13/12	000130	METROPLUS HEALTH	PERSAD, USHA	82.00		1,406.30	I	
187131	3/02/12	000130	METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH	PUCHUELA, MARIA RAMPERSAID, ALI	56.00		960.40	I	
187132	3/02/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	23.00		394.45	I	
187133	2/24/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	66.00		1,131.90	I	
187134	3/02/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	6.00		102.90	I	
187135	3/02/12	000130	METROPLUS HEALTH	SANTORO, MATTHE SANTORO, MATTHE SHUMON, NUK-FNU	28.00		480.20	I	
				CUSTOMER	987.00		16,927.05		
				CATEGORY	987.00	0.00	16,927.05		

			YSIDE CITYWIDE					PAGE 1	- 32	6
SALES JRN	ъ # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			WEL WELCARE C	F NY	
				SALE	S REGISTER			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187136	3/02/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	55.00		946.00	I	
187137	3/02/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	42.00		722.40	I	
187138	3/02/12	000124	WELCARE OF NEW YORK,	INC.	PEREZ, MAURA	70.00		1,204.00	I	
187139	3/02/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	53.00		911.60	I	
					CUSTOMER	220.00	0.00	3,784.00		
					CATEGORY	220.00	0.00	3,784.00		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 3 NPS NY PRESBYTERI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
187140	3/02/12	000134	NY-PRESBYTERIAN SYSTEM	M SELECT KARASSAVIDIS, A	35.00		600.60 I	
				CATEGORY	35.00	0.00	600.60	

RUN DATE	03/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 32	8
SALES JRN	L # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMG AMERIGROU	P	
				SALES REGISTER			BILL WEEK END	ING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ΓΥΡ	SURPLUS
187141	3/02/12	000132	AMERIGROUP	FERNANDEZ, NORK	42.00		708.54	I	
187142	1/27/12	000132	AMERIGROUP	GERGIS, NIMR	14.00		236.18	I	
187143	2/24/12	000132	AMERIGROUP	GUERRA, LORRAIN	100.00		1,687.00	I	
187144	3/02/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04	I	
				CUSTOMER	164.00	0.00	2,766.76		
				 CATEGORY	164.00	0.00	2,766.76		

שידעת ואוום	02/07/12	CIID CIININ	YSIDE CITYWIDE				PAGE 1	- 3	20
	1L # 0271			NY NY			PAR PRIVATE	- 3	29
SALES OKK	11 # 02/1	HOC OUT		S REGISTE	D		BILL WEEK EN	DING	3/09/12
			SALE	S KEGISIE	K		DILL WEEK EN	DING	3/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187145	3/02/12	000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS	4.00		58.00	I	
187146	3/02/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	3.00		43.50	I	
187147	3/02/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	3.00		43.50	I	
187148	3/02/12	000002	SUNNYSIDE COMMUNITY SERVICES	SAK, FIRDEVS	1.00		14.50	I	
				<u>-</u> -					
				CUSTOMER	11.00	0.00	159.50		
187149	3/02/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	8.00		124.00	I	
187150	3/02/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA			124.00	Ī	
	-,,								
				CUSTOMER	16.00	0.00	248.00		
187151	3/02/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP SERIGNE	15 00		206.85	I	
187152	3/02/12	000049	ELIZABETH SETON PEDIATRIC CTR				137.90	Ī	
187153	3/02/12	000049	ELIZABETH SETON PEDIATRIC CTR		6.00		82.74	Ť	
10,133	3702712	000015	EBIBLIA DETON LEBININIC CIN						
				CUSTOMER	31.00	0.00	427.49		
187154	3/02/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	5.00		966.00	I	
187155	3/02/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	2.00		372.00	I	
				CUSTOMER	7.00	0.00	1,338.00		
187156	3/02/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	4.00		62.00	I	
187157	3/02/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	4.00		62.00	I	
				CUSTOMER	8.00	0.00	124.00		
				CAMEGODY.	72.00		2 206 22		
				CATEGORY	73.00	0.00	2,296.99		

			YSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R				- 33	
SALES JRN	IL # 0271	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN' BILL WEEK ENI		3/09/12
			5	ALES REGISIER			DILL MEEK EMI	JING	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187158	3/02/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	15.00		232.50	I	
187159	3/02/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	10.00		155.00	I	
187160	3/02/12	000088	CHILDREN'S AID SOCIETY		4.00		62.00	I	
187161	3/02/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	2.00		31.00	I	
187162	3/02/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	4.00		62.00	I	
187163	3/02/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	2 00		31 (10)	I	
187164	3/02/12	880000	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN REDDICK, LORENZ REDDICK, LORENZ REDDICK, LORENZ REDDICK, LORENZ	10.00		155.00	I	
187165	1/27/12	880000	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	3.00		46.50	I	
187166	2/24/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	3.00		46.50	I	
187167	3/02/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	17.00		263.50	I	
187168	3/02/12	880000	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	6.00		93.00	I	
187169	2/10/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT			46.50	I	
187170	2/17/12	880000	CHILDREN'S AID SOCIETY	REDDICK, TRINIT			46.50	I	
187171	2/24/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	3.00		46.50	I	
187172	3/02/12	880000	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	17.00		263.50	I	
187173	3/02/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	6.00		93.00	I	
187174	3/02/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	20.00		310.00	I	
187175	3/02/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT SALAS, HELENA SALAS, HELENA	7.75		120.13	I	
					135.75	0.00	2,104.13		
				CATEGORY	135.75	0.00	2,104.13		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK END	-	3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP	SURPLUS
187176 187177	3/02/12 3/02/12	000098 000098	MILDRED PANSE MILDRED PANSE	PANSE, MILDRED PANSE, MILDRED	12.00 8.00		186.00 124.00	I I	
				CUSTOMER	20.00	0.00	310.00		
				CATEGORY	20.00	0.00	310.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 ELD ELDERSERVEHEA BILL WEEK ENDING	332 ALTH 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
187178 187179 187180 187181	3/02/12 3/02/12 3/02/12 3/02/12	000101 000101 000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BEAN, ELMIRA BLACK, DOROTHY BLACK, DOROTHY	15.00 10.00 12.00 4.00		202.50 I 142.50 I 162.00 I 57.00 I	
				CUSTOMER	41.00	0.00	564.00	
				CATEGORY	41.00	0.00	564.00	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - PAR PRIVATE	333
SALLS UKN	L # 02/1	TOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK ENDI	NG 3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
187182 187183	3/02/12 3/02/12	000143 000143	ETTORE COPPOLA ETTORE COPPOLA	COPPOLA, ETTORE COPPOLA, ETTORE	12.00		192.00 62.00	I I
				CUSTOMER	16.00	0.00	254.00	
187184	3/02/12	000145	LARRY EISENBERG	BERGER, TESS	39.00		631.50	I
187185	3/02/12	000145	LARRY EISENBERG	BERGER, TESS	14.00		217.00	I 
				CUSTOMER	53.00	0.00	848.50	
				CATEGORY	69.00	0.00	1,102.50	

RUN DATE 03/07/12 SALES JRNL # 027			REG S A L E				PAGE 1 CCM COMPREHE BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187186 3/02/12 187187 3/02/12		COMPREHENSIVE CARE N		ROSARIO, CELEST ROSARIO, CELEST	24.00 12.00		314.88 157.44	I	
				CUSTOMER	36.00	0.00	472.32		
				CATEGORY	36.00	0.00	472.32		

	03/07/12 - JL # 0271		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK END		3/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
187188 187189	3/02/12 3/02/12	000151 000151	MICHAEL SIANO MICHAEL SIANO	SIANO, ANDREW SIANO, ANDREW	12.00 4.00			I	
				CUSTOMER	16.00	0.00	216.00		
187190 187191	3/02/12 3/02/12	000153 000153	PATRICIA RUECKHER PATRICIA RUECKHER	RUECKHER, PATRI RUECKHER, PATRI	9.00 6.00		139.50 93.00	I	
				CUSTOMER		0.00	232.50		
187192 187193	3/02/12 3/02/12	000155 000155	ROSEMARY JIBAJA ROSEMARY JIBAJA		120.00 48.00		,	I	
				CUSTOMER			2,676.00		
187194 187195	3/02/12 3/02/12	002215 002215	KEITH SALMON KEITH SALMON	LAWRANCE, LILLA LAWRANCE, LILLA	12.00		198.00 124.00	I	
				CUSTOMER			322.00		
187196 187197	3/02/12 3/02/12	003743 003743	VICTOR NICASSIO VICTOR NICASSIO	NICASSIO, VICTO NICASSIO, VICTO	6.00		93.00 46.50	I	
				CUSTOMER			139.50		
187198 187199	3/02/12 3/02/12	004784 004784	CAMILLERI, JOSEPH CAMILLERI, JOSEPH	CAMILLERI, JOSE	15.00 5.00		202.50 67.50	I I	
				CUSTOMER		0.00	270.00		
187200 187201	3/02/12 3/02/12	006337 006337	STEPHEN EDEL STEPHEN EDEL	EDEL, CANDACE EDEL, CANDACE	60.50 26.00		970.38 403.00	I	
						0.00	1,373.38		
187202 187203	3/02/12 3/02/12	007521 007521	DOROTHY GILBERT DOROTHY GILBERT	GILBERT, DOROTH GILBERT, DOROTH	23.00		364.00 186.00	I I	
				CUSTOMER			550.00		
187204 187205	3/02/12 3/02/12	007630 007630	MAUREEN MAIORANA MAUREEN MAIORANA	MAIORANA, MAURE MAIORANA, MAURE	4.00		65.00 65.00	I	
				CUSTOMER			130.00		
187206 187207	3/02/12 3/02/12	007631 007631	MICHAEL MAIRANO MICHAEL MAIRANO	MAIORANA, MICHE	6.00 6.00		97.50 97.50 	I I	
				CUSTOMER		0.00	195.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY S REGISTI	E R		PAGE 2 PAR PRIVATE BILL WEEK EN	- 3: DING	36
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT		SURPLUS
187208 187209	3/02/12 3/02/12	007883 007883	ABBAMONTE, RUTH ABBAMONTE, RUTH	ABBAMONTE, RUTH	2.00		68.00 31.00	I I	
				CUSTOMER	6.00	0.00	99.00		
187210 187211	3/02/12 3/02/12	009498 009498	LOUIS LE NOACH LOUIS LE NOACH	LENOACH, LOUIS LENOACH, LOUIS	6.00 3.00		102.00 46.50	I I	
				CUSTOMER	9.00	0.00	148.50		
187212 187213	3/02/12 3/02/12	009566 009566	ELIZABETH CERNY ELIZABETH CERNY	CERNY, ELIZABET CERNY, ELIZABET			144.00 46.50	I	
				CUSTOMER	12.00	0.00	190.50		
187214 187215	3/02/12 3/02/12	009605 009605	OLGA OBYMAKO OLGA OBYMAKO	OBYMAKO, OLGA OBYMAKO, OLGA	3.00 3.00		46.50 46.50	I I	
				CUSTOMER	6.00	0.00	93.00		
187216	3/02/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
187217	3/02/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
187218 187219	3/02/12 3/02/12	009854 009854	HELEN TAYLOR HELEN TAYLOR	HERNANDEZ, FRAN HERNANDEZ, FRAN			31.00 31.00	I I	
				CUSTOMER	4.00	0.00	62.00		
187220 187221	3/02/12 3/02/12	009857 009857	ALZHEIMER'S ASSOCIATION, NYC ALZHEIMER'S ASSOCIATION, NYC	MARTIN, RUTH MARTIN, RUTH	4.00		62.00 62.00	I	
				CUSTOMER	8.00	0.00	124.00		
187222	3/02/12	009931	MARGUERITE BROWNSTEIN	BROWNSTEIN, MAR	1.00		15.50	I	
187223 187224	3/02/12 3/02/12	009932 009932	JOSEPH SCANDARIATO JOSEPH SCANDARIATO	SCANDARIATOR, J SCANDARIATOR, J			38.75 31.00	I I	
				CUSTOMER	4.50	0.00	69.75		
187225 187226	3/02/12 3/02/12	009933 009933	VICKY GOULINUS POULOS VICKY GOULINUS POULOS	GOULIMIS, GEORG GOULIMIS, GEORG			46.50 46.50	I I	
				CUSTOMER	6.00	0.00	93.00		
187227 187228	3/02/12 3/02/12	997760 997760	MARASA, ANTONIO MARASA, ANTONIO	MARASA, ANTONIO MARASA, ANTONIO	6.00		81.00 40.50	I I	
				CUSTOMER	9.00	0.00	121.50		
				CATEGORY	482.00	0.00	7,575.63		
				LOCATION	22,109.00	0.00	369,950.87		
				COMPANY	22,109.00	0.00	369,950.87		<b></b>

RUN DATE 03/07/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 337
SALES JRNL # 0271 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER

BILL WEEK ENDING 3/09/12

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

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