

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
FMT 923	XX/XX/XX	XXXXXXXX
Client Number	Service Number	Page
XXXXXXXX	XXXXXXXX	

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[illegible]

XX	TOTAL DUE
XX	
XX	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XX XXXXX	

Client/Authorization # XXXXXXXXXXXXXXXX

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
* * * * SUB TOTAL	* * * *		XXXXXXXXXXXXXXXXXXXXXXXXXXXX				00000.00			
QUESTIONS: XXX-XXX-XXXX							00000.00			
Payment Is Due Upon Receipt										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
FMT 923	XX/XX/XX	XXXXXXX
Client Number	Service Number	Page
XXXXXXX	XXXXXXX	

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XXXXXXXXXXXXXXXXXXXXXXXXXXXX	TOTAL DUE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXX	
XX XXXX	

Client/Authorization # XXXXXXXXXXXXXXXX

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
* * * * SUB TOTAL * * * *							XXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000.00		

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
2014056	2014056	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BURROUGHS, ANDREW
59-46 PALMETTO ST 2ND FL
RIDGEWOOD
NY 11385
718-456-1827

TOTAL DUE

128.80

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BALKISSOON, JULIE	HHA	10/22/13	1	1:00P-	5:00P		4.00		16.10	64.40
	HHA	10/24/13	1	1:00P-	5:00P		4.00		16.10	64.40
TOTAL							8.00			128.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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2014056	2014056	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BURROUGHS, ANDREW
59-46 PALMETTO ST 2ND FL
RIDGEWOOD
NY 11385
718-456-1827

TOTAL DUE

128.80

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BALKISSOON, JULIE	HHA	10/22/13	1	1:00P-	5:00P		4.00		16.10	64.40
	HHA	10/24/13	1	1:00P-	5:00P		4.00		16.10	64.40
TOTAL							8.00			128.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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2	11/01/13	0264977
Client Number	Service Number	Page
2014270	2014270	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CHUNGA, JOSEPH
84-31 LEFFERTS BLVD IST
KEW GARDENS
QUEENS
NY 11415
718-263-2295

TOTAL DUE
80.50

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ADAMS, PATSY V.	HHA	10/24/13	1	4:00P-	9:00P		5.00		16.10	80.50
TOTAL							5.00			80.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

CUSTOMER NO.	INVOICE DATE	INVOICE NO
2	11/01/13	0264977
Client Number	Service Number	Page
2014270	2014270	Page 1

TOTAL DUE
80.50

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ADAMS, PATSY V.	HHA	10/24/13	1	4:00P-	9:00P		5.00		16.10	80.50
TOTAL							5.00			80.50
QUESTIONS: 718-784-6160										
Payment Is Due Upon Receipt.										

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Client Number	Service Number	Page
2013954	2013954	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DIMAIO, JESSICA
58-45 80TH ST PVT
MIDDLE VILLAGE
QUEENS
NY 11379
718-651-2054

TOTAL DUE

193.20

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CANTERBURY, CLAIRE	HHA	10/21/13	1	9:00A-	1:00P		4.00		16.10	64.40
	HHA	10/23/13	1	9:00A-	1:00P		4.00		16.10	64.40
	HHA	10/25/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							12.00			193.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DIMAIO, JESSICA
58-45 80TH ST PVT
MIDDLE VILLAGE
QUEENS
NY 11379
718-651-2054

TOTAL DUE

193.20

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CANTERBURY, CLAIRE	HHA	10/21/13	1	9:00A-	1:00P		4.00		16.10	64.40
	HHA	10/23/13	1	9:00A-	1:00P		4.00		16.10	64.40
	HHA	10/25/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							12.00			193.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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2014002	2014002	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, CARLOS
39-26 62ND STREET #3A
WOODSIDE
NY 11377
347-808-8866

TOTAL DUE
128.80

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	10/22/13	1	12:10P-	4:10P		4.00		16.10	64.40
	HHA	10/24/13	1	12:10P-	4:10P		4.00		16.10	64.40
TOTAL							8.00			128.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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2	11/01/13	0264979
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2014002	2014002	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, CARLOS
39-26 62ND STREET #3A
WOODSIDE
NY 11377
347-808-8866

TOTAL DUE

128.80

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	10/22/13	1	12:10P-	4:10P		4.00		16.10	64.40
	HHA	10/24/13	1	12:10P-	4:10P		4.00		16.10	64.40
TOTAL							8.00			128.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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2014001	2014001	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, NILA
39- 26 62ND STREET # 3A
WOODSIDE
NY 11377
347-288-5101

TOTAL DUE

48.30

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	10/08/13	1	9:00A-12:00N			3.00		16.10	48.30
TOTAL							3.00			48.30
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, NILA
39- 26 62ND STREET # 3A
WOODSIDE
NY 11377
347-288-5101

TOTAL DUE

48.30

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	10/08/13	1	9:00A-12:00N			3.00		16.10	48.30
TOTAL							3.00			48.30
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

KEILIS, SONIA
65-15 38TH AVE #1E
WOODSIDE
NY 11377
718-651-2272

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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2014309	2014309	Page 1

TOTAL DUE

16.10

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MOSES, BERNADINE	PCA	10/21/13	1	2:00P-	3:00P		1.00		16.10	16.10
TOTAL							1.00			16.10
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	11/01/13	0264981
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

KEILIS, SONIA
65-15 38TH AVE #1E
WOODSIDE
NY 11377
718-651-2272

TOTAL DUE

16.10

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MOSES, BERNADINE	PCA	10/21/13	1	2:00P-	3:00P		1.00		16.10	16.10
TOTAL							1.00			16.10
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

KLAUSNER, MARTIN
67-06 164TH STREET #6G
FLUSHING
NY 11365
718-591-2982

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	11/01/13	0264982
Client Number	Service Number	Page
2014182	2014182	Page 1

TOTAL DUE

116.73

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DERRICK, TIFFANY N.	HHA	10/24/13	1	1:00P-	4:15P		3.25		16.10	52.33
ADAMS, PATSY V.	HHA	10/25/13	1	1:00P-	5:00P		4.00		16.10	64.40
TOTAL							7.25			116.73
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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Client Number	Service Number	Page
2014182	2014182	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

KLAUSNER, MARTIN
67-06 164TH STREET #6G
FLUSHING
NY 11365
718-591-2982

TOTAL DUE

116.73

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DERRICK, TIFFANY N.	HHA	10/24/13	1	1:00P-	4:15P		3.25		16.10	52.33
ADAMS, PATSY V.	HHA	10/25/13	1	1:00P-	5:00P		4.00		16.10	64.40
TOTAL							7.25			116.73
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MERO, FRANKLYN
84-20 85TH RD 2ND FL
WOODHAVEN.
QUEENS
NY 11421
347-445-4598

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PERRIN, LORRAINE	HHA	10/24/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							4.00			64.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
2013616	2014179	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MERO, FRANKLYN
84-20 85TH RD 2ND FL
WOODHAVEN.
QUEENS
NY 11421
347-445-4598

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PERRIN, LORRAINE	HHA	10/24/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							4.00			64.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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2	11/01/13	0264984
Client Number	Service Number	Page
2014140	2014140	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MOSER, JOAN
67-42 152ND ST
1ST FLOOR
FLUSHING
NY 11367
718-793-5878

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VEGA, LUCY	PCA	10/14/13	1	9:00A-	1:00P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

CUSTOMER NO.	INVOICE DATE	INVOICE NO
2	11/01/13	0264984
Client Number	Service Number	Page
2014140	2014140	Page 1

TOTAL DUE
64.40

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VEGA, LUCY	PCA	10/14/13	1	9:00A-	1:00P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	11/01/13	0264985
Client Number	Service Number	Page
2014140	2014140	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MOSER, JOAN
67-42 152ND ST
1ST FLOOR
FLUSHING
NY 11367
718-793-5878

TOTAL DUE
128.80

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VEGA, LUCY	PCA	10/21/13	1	9:00A-	1:00P		4.00		16.10	64.40
	PCA	10/24/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							8.00			128.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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2	11/01/13	0264985
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MOSER, JOAN
67-42 152ND ST
1ST FLOOR
FLUSHING
NY 11367
718-793-5878

TOTAL DUE

128.80

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VEGA, LUCY	PCA	10/21/13	1	9:00A-	1:00P		4.00		16.10	64.40
	PCA	10/24/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							8.00			128.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	11/01/13	0264986
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2014249	2014249	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

OHLDERG, IRVING
83-55 WOODHAVEN BLVD
WOODHAVEN
NY 11421
718-846-7839

TOTAL DUE
112.70

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PERRY, KENDRA	HHA	10/21/13	1	1:00P-	4:00P		3.00		16.10	48.30
	HHA	10/24/13	1	1:00P-	5:00P		4.00		16.10	64.40
TOTAL							7.00			112.70
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	11/01/13	0264986
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

OHLDERG, IRVING
83-55 WOODHAVEN BLVD
WOODHAVEN
NY 11421
718-846-7839

TOTAL DUE
112.70

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PERRY, KENDRA	HHA	10/21/13	1	1:00P-	4:00P		3.00		16.10	48.30
	HHA	10/24/13	1	1:00P-	5:00P		4.00		16.10	64.40
TOTAL							7.00			112.70
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

PYPER, MARY
34-49 81ST ST
6T
JACKSON HEIGHTS
NY 11372
718-651-8751

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	11/01/13	0264987
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2007327	2014135	Page 1

TOTAL DUE

112.70

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LOPEZ-RESTREPO, NANCY	HHA	09/23/13	1	7:30A-	2:30P		7.00		16.10	112.70
TOTAL							7.00			112.70
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

PYPER, MARY
34-49 81ST ST
6T
JACKSON HEIGHTS
NY 11372
718-651-8751

TOTAL DUE
112.70

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LOPEZ-RESTREPO, NANCY	HHA	09/23/13	1	7:30A-	2:30P		7.00		16.10	112.70
TOTAL							7.00			112.70
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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2007327	2014135	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

PYPER, MARY
34-49 81ST ST
6T
JACKSON HEIGHTS
NY 11372
718-651-8751

TOTAL DUE

72.45

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LOPEZ-RESTREPO, NANCY	HHA	10/07/13	1	7:30A-12:00N			4.50		16.10	72.45
					TOTAL		4.50			72.45
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

PYPER, MARY
34-49 81ST ST
6T
JACKSON HEIGHTS
NY 11372
718-651-8751

TOTAL DUE

72.45

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LOPEZ-RESTREPO, NANCY	HHA	10/07/13	1	7:30A-12:00N			4.50		16.10	72.45
						TOTAL	4.50			72.45
						QUESTIONS:	718-784-6160			

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

PYPER, MARY
34-49 81ST ST
6T
JACKSON HEIGHTS
NY 11372
718-651-8751

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	11/01/13	0264989
Client Number	Service Number	Page
2007327	2014135	Page 1

TOTAL DUE

80.50

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LOPEZ-RESTREPO, NANCY	HHA	10/21/13	1	8:00A-	1:00P		5.00		16.10	80.50
TOTAL							5.00			80.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	11/01/13	0264989
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

PYPER, MARY
34-49 81ST ST
6T
JACKSON HEIGHTS
NY 11372
718-651-8751

TOTAL DUE

80.50

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LOPEZ-RESTREPO, NANCY	HHA	10/21/13	1	8:00A-	1:00P		5.00		16.10	80.50
TOTAL							5.00			80.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
2001049	2001049	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUISIN, XENIA
142-31 BOOTH MEMORIAL AVE
PVT
FLUSHING
NY 11355

TOTAL DUE
192.00

DUISIN, CHRISTINE
20 E 35 STREET APT 6G
NEW YORK NY 10016

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JIRAVATANADUMRONG, VORARUTH	HHA	10/19/13	1	9:00A-	1:00P		4.00		17.00	68.00
	HHA	10/24/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/25/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							12.00			192.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUISIN, XENIA
142-31 BOOTH MEMORIAL AVE
PVT
FLUSHING
NY 11355

TOTAL DUE
192.00

DUISIN, CHRISTINE
20 E 35 STREET APT 6G
NEW YORK NY 10016

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JIRAVATANADUMRONG, VORARUTH	HHA	10/19/13	1	9:00A-	1:00P		4.00		17.00	68.00
	HHA	10/24/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/25/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							12.00			192.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GANGAR, PRINCE
25-11 86TH ST
ELMHURST
NY 11369
718-565-6642

TOTAL DUE

290.00

DOMINICAN SISTERS FAM HLTH
225 WEST 34TH STREET
SUITE 403
NEW YORK NY 10122

Client/Authorization # QW33964R

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VEGA, MIREYA	PCA	10/21/13	1	3:00P-	7:00P		4.00		14.50	58.00
	PCA	10/22/13	1	3:00P-	7:00P		4.00		14.50	58.00
	PCA	10/23/13	1	3:00P-	7:00P		4.00		14.50	58.00
	PCA	10/24/13	1	3:00P-	7:00P		4.00		14.50	58.00
	PCA	10/25/13	1	3:00P-	7:00P		4.00		14.50	58.00
TOTAL							20.00			290.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
49	11/01/13	0264991
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GANGAR, PRINCE
25-11 86TH ST
ELMHURST
NY 11369
718-565-6642

TOTAL DUE

290.00

DOMINICAN SISTERS FAM HLTH
225 WEST 34TH STREET
SUITE 403
NEW YORK NY 10122

Client/Authorization # QW33964R

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VEGA, MIREYA	PCA	10/21/13	1	3:00P-	7:00P		4.00		14.50	58.00
	PCA	10/22/13	1	3:00P-	7:00P		4.00		14.50	58.00
	PCA	10/23/13	1	3:00P-	7:00P		4.00		14.50	58.00
	PCA	10/24/13	1	3:00P-	7:00P		4.00		14.50	58.00
	PCA	10/25/13	1	3:00P-	7:00P		4.00		14.50	58.00
TOTAL							20.00			290.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MINTEH, EBURAHINA
818 HOME ST APT 7P
BRONX
NY 10459
347-590-6429

TOTAL DUE

348.00

DOMINICAN SISTERS FAM HLTH
225 WEST 34TH STREET
SUITE 403
NEW YORK NY 10122

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BRUSCH, CAREN	HHA	10/19/13	1	10:00A-	2:00P		4.00		14.50	58.00
	HHA	10/20/13	1	10:00A-	2:00P		4.00		14.50	58.00
RAMIREZ, VELQUIZ	HHA	10/21/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/22/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/23/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/24/13	1	3:30P-	7:30P		4.00		14.50	58.00
TOTAL							24.00			348.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MINTEH, EBURAHINA
818 HOME ST APT 7P
BRONX
NY 10459
347-590-6429

TOTAL DUE

348.00

DOMINICAN SISTERS FAM HLTH
225 WEST 34TH STREET
SUITE 403
NEW YORK NY 10122

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BRUSCH, CAREN	HHA	10/19/13	1	10:00A-	2:00P		4.00		14.50	58.00
	HHA	10/20/13	1	10:00A-	2:00P		4.00		14.50	58.00
RAMIREZ, VELQUIZ	HHA	10/21/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/22/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/23/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/24/13	1	3:30P-	7:30P		4.00		14.50	58.00
TOTAL							24.00			348.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MCDERMOTT, LOUISE
33-44 JUNCTION BLVD
APT 1X
JACKSON HEIGHTS
NY 11372

TOTAL DUE

124.00

MCDERMOTT, LOUISE
33-44 JUNCTION BLVD.
APT. 1X
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GIORDANO, CARMELA M.	PCA	10/22/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/24/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							8.00			124.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
2002851	2002851	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MCDERMOTT, LOUISE
33-44 JUNCTION BLVD
APT 1X
JACKSON HEIGHTS
NY 11372

TOTAL DUE

124.00

MCDERMOTT, LOUISE
33-44 JUNCTION BLVD.
APT. 1X
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GIORDANO, CARMELA M.	PCA	10/22/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/24/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							8.00			124.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	11/01/13	0264994
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DAVIS, LENEESIA
40-25 COLLEGE POINT BOULE
FLUSHING APT 3-D
QUEENS
NY 11354

TOTAL DUE
387.50

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HE, HUI LUN	HHA	10/19/13	1	8:00A-	1:00P		5.00		15.50	77.50
	HHA	10/21/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/22/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/23/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/24/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/25/13	1	3:30P-	7:30P		4.00		15.50	62.00
TOTAL							25.00			387.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	11/01/13	0264994
Client Number	Service Number	Page
2013649	2013649	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DAVIS, LENEESIA
40-25 COLLEGE POINT BOULE
FLUSHING APT 3-D
QUEENS
NY 11354

TOTAL DUE

387.50

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HE, HUI LUN	HHA	10/19/13	1	8:00A-	1:00P		5.00		15.50	77.50
	HHA	10/21/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/22/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/23/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/24/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/25/13	1	3:30P-	7:30P		4.00		15.50	62.00
TOTAL							25.00			387.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

DUNNE, MYEISHA
1440 FREEPORT LOOP
APT 12D
BROOKLYN
NY 11239

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	11/01/13	0264995
Client Number	Service Number	Page
2006795	2006795	Page 1

TOTAL DUE

387.50

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, JEAN	HHA	10/21/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/22/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/23/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/24/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/25/13	1	3:00P-	8:00P		5.00		15.50	77.50
TOTAL							25.00			387.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	11/01/13	0264995
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUNNE, MYEISHA
1440 FREEPORT LOOP
APT 12D
BROOKLYN
NY 11239

TOTAL DUE

387.50

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, JEAN	HHA	10/21/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/22/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/23/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/24/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/25/13	1	3:00P-	8:00P		5.00		15.50	77.50
TOTAL							25.00			387.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

CESPEDES, CRISTOBALI
37-28 107TH ST
PRIVATE HOUSE
CORONA
NY 11368

TOTAL DUE

225.60

Client/Authorization # 47549

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0264996
Client Number	Service Number	Page
2014042	2014042	Page 1

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ZARATE, LEURIE	HHA	10/19/13	1	9:00A-	1:00P		4.00		14.10	56.40
	HHA	10/20/13	1	9:00A-	1:00P		4.00		14.10	56.40
TORIBIO, ROSA	HHA	10/22/13	1	9:00A-	1:00P		4.00		14.10	56.40
	HHA	10/24/13	1	9:00A-	1:00P		4.00		14.10	56.40
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0264996
Client Number	Service Number	Page
2014042	2014042	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CESPEDES, CRISTOBALI
37-28 107TH ST
PRIVATE HOUSE
CORONA
NY 11368

TOTAL DUE

225.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 47549

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ZARATE, LEURIE	HHA	10/19/13	1	9:00A-	1:00P		4.00		14.10	56.40
	HHA	10/20/13	1	9:00A-	1:00P		4.00		14.10	56.40
TORIBIO, ROSA	HHA	10/22/13	1	9:00A-	1:00P		4.00		14.10	56.40
	HHA	10/24/13	1	9:00A-	1:00P		4.00		14.10	56.40
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0264997
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GARCIA1, MARIA
90-31 WHITNEY AVE
APT 5-D
ELMHURST
NY 11373

TOTAL DUE

112.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28642

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CAJAS, GIOCONDA	PCA	10/04/13	1	9:00A-	5:00P		8.00		14.10	112.80
TOTAL							8.00			112.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GARCIA1, MARIA
90-31 WHITNEY AVE
APT 5-D
ELMHURST
NY 11373

TOTAL DUE

112.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28642

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CAJAS, GIOCONDA	PCA	10/04/13	1	9:00A-	5:00P		8.00		14.10	112.80
TOTAL							8.00			112.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

GARCIA1, MARIA
90-31 WHITNEY AVE
APT 5-D
ELMHURST
NY 11373

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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TOTAL DUE

564.00

Client/Authorization # 28642

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
OCANO, GLADYS	PCA	10/21/13	1	9:00A-	5:00P		8.00		14.10	112.80
	PCA	10/22/13	1	9:00A-	5:00P		8.00		14.10	112.80
	PCA	10/23/13	1	9:00A-	5:00P		8.00		14.10	112.80
	PCA	10/24/13	1	9:00A-	5:00P		8.00		14.10	112.80
ANDRADE, ANNELLY M.	PCA	10/25/13	1	9:00A-	5:00P		8.00		14.10	112.80
TOTAL							40.00			564.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0264998
Client Number	Service Number	Page
2010446	2013975	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GARCIA1, MARIA
90-31 WHITNEY AVE
APT 5-D
ELMHURST
NY 11373

TOTAL DUE

564.00

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28642

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
OCANO, GLADYS	PCA	10/21/13	1	9:00A-	5:00P		8.00		14.10	112.80
	PCA	10/22/13	1	9:00A-	5:00P		8.00		14.10	112.80
	PCA	10/23/13	1	9:00A-	5:00P		8.00		14.10	112.80
	PCA	10/24/13	1	9:00A-	5:00P		8.00		14.10	112.80
ANDRADE, ANNELLY M.	PCA	10/25/13	1	9:00A-	5:00P		8.00		14.10	112.80
TOTAL							40.00			564.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0264999
Client Number	Service Number	Page
2014045	2014045	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JACKSON, REGINALD
4-21 27TH AVE APT 15F
ASTORIA
NY 11102

TOTAL DUE

56.40

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 47283

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
WILLIAMS, JACQUELINE N.	HHA	09/21/13	1	9:00A-	1:00P		4.00		14.10	56.40
TOTAL							4.00			56.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0264999
Client Number	Service Number	Page
2014045	2014045	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JACKSON, REGINALD
4-21 27TH AVE APT 15F
ASTORIA
NY 11102

TOTAL DUE

56.40

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 47283

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
WILLIAMS, JACQUELINE N.	HHA	09/21/13	1	9:00A-	1:00P		4.00		14.10	56.40
TOTAL							4.00			56.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265000
Client Number	Service Number	Page
2012126	2012126	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

POOLE, JENNIFER
108- 112 124TH STREET APT
BY LENOX
NEW YORK
NY 10027

TOTAL DUE

126.90

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28542

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BRUSCH, CAREN	HHA	10/19/13	1	3:00P-	6:00P		3.00		14.10	42.30
FLOWERS, VICTORIA MICHELL	HHA	10/22/13	1	11:00A-	2:00P		3.00		14.10	42.30
	HHA	10/24/13	1	11:00A-	2:00P		3.00		14.10	42.30
TOTAL							9.00			126.90
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265000
Client Number	Service Number	Page
2012126	2012126	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

POOLE, JENNIFER
108- 112 124TH STREET APT
BY LENOX
NEW YORK
NY 10027

TOTAL DUE

126.90

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28542

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BRUSCH, CAREN	HHA	10/19/13	1	3:00P-	6:00P		3.00		14.10	42.30
FLOWERS, VICTORIA MICHELL	HHA	10/22/13	1	11:00A-	2:00P		3.00		14.10	42.30
	HHA	10/24/13	1	11:00A-	2:00P		3.00		14.10	42.30
TOTAL							9.00			126.90
QUESTIONS: 718-784-6160										

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Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

QUEREN, MARY
5339 FRANCIS LEWIS BLVD
OAKLAND GARDENS
QUEENS
NY 11364

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265001
Client Number	Service Number	Page
2013957	2013957	Page 1

TOTAL DUE

817.80

Client/Authorization # 89196

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARPER, SHAKILA	HHA	10/20/13	1	9:00A-	6:30P		9.50		14.10	133.95
	HHA	10/21/13	1	9:00A-	7:00P		10.00		14.10	141.00
	HHA	10/22/13	1	9:00A-	6:30P		9.50		14.10	133.95
	HHA	10/23/13	1	9:00A-	6:00P		9.00		14.10	126.90
PRASS, FIONA	HHA	10/24/13	1	9:00A-	7:00P		10.00		14.10	141.00
	HHA	10/25/13	1	9:00A-	7:00P		10.00		14.10	141.00
TOTAL							58.00			817.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265001
Client Number	Service Number	Page
2013957	2013957	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

QUEREN, MARY
5339 FRANCIS LEWIS BLVD
OAKLAND GARDENS
QUEENS
NY 11364

TOTAL DUE

817.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 89196

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARPER, SHAKILA	HHA	10/20/13	1	9:00A-	6:30P		9.50		14.10	133.95
	HHA	10/21/13	1	9:00A-	7:00P		10.00		14.10	141.00
	HHA	10/22/13	1	9:00A-	6:30P		9.50		14.10	133.95
	HHA	10/23/13	1	9:00A-	6:00P		9.00		14.10	126.90
PRASS, FIONA	HHA	10/24/13	1	9:00A-	7:00P		10.00		14.10	141.00
	HHA	10/25/13	1	9:00A-	7:00P		10.00		14.10	141.00
TOTAL							58.00			817.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265002
Client Number	Service Number	Page
2014201	2014201	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RICHARDSON, ROSEMARIE
104-40 QUEENS BOULEVARD
APT 9P
FOREST HILLS
NY 11375

TOTAL DUE

169.20

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
QUINONES, JEOVANA	HHA	10/01/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/02/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/04/13	1	1:00P-	5:00P		4.00		14.10	56.40
TOTAL							12.00			169.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265002
Client Number	Service Number	Page
2014201	2014201	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RICHARDSON, ROSEMARIE
104-40 QUEENS BOULEVARD
APT 9P
FOREST HILLS
NY 11375

TOTAL DUE

169.20

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
QUINONES, JEOVANA	HHA	10/01/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/02/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/04/13	1	1:00P-	5:00P		4.00		14.10	56.40
TOTAL							12.00			169.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265003
Client Number	Service Number	Page
2014201	2014201	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RICHARDSON, ROSEMARIE
104-40 QUEENS BOULEVARD
APT 9P
FOREST HILLS
NY 11375

TOTAL DUE

225.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
QUINONES, JEOVANA	HHA	10/07/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/08/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/09/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/11/13	1	1:00P-	5:00P		4.00		14.10	56.40
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265003
Client Number	Service Number	Page
2014201	2014201	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RICHARDSON, ROSEMARIE
104-40 QUEENS BOULEVARD
APT 9P
FOREST HILLS
NY 11375

TOTAL DUE

225.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
QUINONES, JEOVANA	HHA	10/07/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/08/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/09/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/11/13	1	1:00P-	5:00P		4.00		14.10	56.40
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265004
Client Number	Service Number	Page
2014201	2014201	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RICHARDSON, ROSEMARIE
104-40 QUEENS BOULEVARD
APT 9P
FOREST HILLS
NY 11375

TOTAL DUE
112.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
QUINONES, JEOVANA	HHA	10/14/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/15/13	1	1:00P-	5:00P		4.00		14.10	56.40
TOTAL							8.00			112.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265004
Client Number	Service Number	Page
2014201	2014201	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RICHARDSON, ROSEMARIE
104-40 QUEENS BOULEVARD
APT 9P
FOREST HILLS
NY 11375

TOTAL DUE

112.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
QUINONES, JEOVANA	HHA	10/14/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/15/13	1	1:00P-	5:00P		4.00		14.10	56.40
TOTAL							8.00			112.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265005
Client Number	Service Number	Page
2014201	2014201	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RICHARDSON, ROSEMARIE
104-40 QUEENS BOULEVARD
APT 9P
FOREST HILLS
NY 11375

TOTAL DUE

225.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
QUINONES, JEOVANA	HHA	10/20/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/22/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/23/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/25/13	1	1:00P-	5:00P		4.00		14.10	56.40
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265005
Client Number	Service Number	Page
2014201	2014201	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RICHARDSON, ROSEMARIE
104-40 QUEENS BOULEVARD
APT 9P
FOREST HILLS
NY 11375

TOTAL DUE

225.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
QUINONES, JEOVANA	HHA	10/20/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/22/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/23/13	1	1:00P-	5:00P		4.00		14.10	56.40
	HHA	10/25/13	1	1:00P-	5:00P		4.00		14.10	56.40
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ROSARIO, CELESTINA
53-11 99TH ST APT 4J
CORONA
NY 11368

TOTAL DUE

549.90

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 25636

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265006
Client Number	Service Number	Page
2009376	2009376	Page 1

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
COLLADO, BIENVENIDA	PCA	10/19/13	1	9:00A-	2:00P		5.00		14.10	70.50
PINEDA, EDEMIS	PCA	10/21/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/22/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/23/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/24/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/25/13	1	9:00A-	3:00P		6.00		14.10	84.60
TOTAL							39.00			549.90
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265006
Client Number	Service Number	Page
2009376	2009376	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ROSARIO, CELESTINA
53-11 99TH ST APT 4J
CORONA
NY 11368

TOTAL DUE

549.90

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 25636

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
COLLADO, BIENVENIDA	PCA	10/19/13	1	9:00A-	2:00P		5.00		14.10	70.50
PINEDA, EDEMIS	PCA	10/21/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/22/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/23/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/24/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/25/13	1	9:00A-	3:00P		6.00		14.10	84.60
TOTAL							39.00			549.90
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265007
Client Number	Service Number	Page
2012058	2012323	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RUDA, EDWIN
8921 24TH AVE
1ST FLOOR
ELMHURST
NY 11369

TOTAL DUE

183.30

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 36643

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
WILSON, JODIE A.	HHA	10/19/13	1	9:00A-	3:30P		6.50		14.10	91.65
	HHA	10/20/13	1	9:00A-	3:30P		6.50		14.10	91.65
TOTAL							13.00			183.30
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265007
Client Number	Service Number	Page
2012058	2012323	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RUDA, EDWIN
8921 24TH AVE
1ST FLOOR
ELMHURST
NY 11369

TOTAL DUE

183.30

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 36643

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
WILSON, JODIE A.	HHA	10/19/13	1	9:00A-	3:30P		6.50		14.10	91.65
	HHA	10/20/13	1	9:00A-	3:30P		6.50		14.10	91.65
TOTAL							13.00			183.30
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265008
Client Number	Service Number	Page
2008182	2014053	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

VASQUEZ, CORNELIA
79-08 32ND AVE
JACKSON HEIGHTS
NY 11372

TOTAL DUE

225.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 26769

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALINAS, FLOR	HHA	10/22/13	1	9:00A-	5:00P		8.00		14.10	112.80
	HHA	10/24/13	1	9:00A-	5:00P		8.00		14.10	112.80
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	11/01/13	0265008
Client Number	Service Number	Page
2008182	2014053	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

VASQUEZ, CORNELIA
79-08 32ND AVE
JACKSON HEIGHTS
NY 11372

TOTAL DUE

225.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 26769

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALINAS, FLOR	HHA	10/22/13	1	9:00A-	5:00P		8.00		14.10	112.80
	HHA	10/24/13	1	9:00A-	5:00P		8.00		14.10	112.80
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
155	11/01/13	0265009
Client Number	Service Number	Page
2003531	2003531	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JIBAJA, ROSEMARY
18-37 21ST DRIVE
ASTORIA
NY 11105

TOTAL DUE

2,676.00

ROSEMARY JIBAJA
ATTN GILBERT JIBAJA
18-37 21ST DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GONZAGA, ROSALBA	PCA	10/19/13	1	8:00P-	8:00A		12.00		17.00	204.00
NSIAH, DORIS	HHA	10/19/13	1	8:00A-	8:00P		12.00		17.00	204.00
GONZAGA, ROSALBA	PCA	10/20/13	1	8:00P-	8:00A		12.00		17.00	204.00
TERAN, CARMEN S.	PCA	10/20/13	1	8:00A-	8:00P		12.00		17.00	204.00
DAZA, MARGARITA	HHA	10/21/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/21/13	1	8:00A-	8:00P		12.00		15.50	186.00
DAZA, MARGARITA	HHA	10/22/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/22/13	1	8:00A-	8:00P		12.00		15.50	186.00
DAZA, MARGARITA	HHA	10/23/13	1	8:00P-	8:00A		12.00		15.50	186.00
NSIAH, DORIS	HHA	10/23/13	1	8:00A-	8:00P		12.00		15.50	186.00
GONZAGA, ROSALBA	PCA	10/24/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/24/13	1	8:00A-	8:00P		12.00		15.50	186.00
GONZAGA, ROSALBA	PCA	10/25/13	1	8:00P-	8:00A		12.00		15.50	186.00
NSIAH, DORIS	HHA	10/25/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							168.00			2,676.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
155	11/01/13	0265009
Client Number	Service Number	Page
2003531	2003531	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JIBAJA, ROSEMARY
18-37 21ST DRIVE
ASTORIA
NY 11105

TOTAL DUE

2,676.00

ROSEMARY JIBAJA
ATTN GILBERT JIBAJA
18-37 21ST DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GONZAGA, ROSALBA	PCA	10/19/13	1	8:00P-	8:00A		12.00		17.00	204.00
NSIAH, DORIS	HHA	10/19/13	1	8:00A-	8:00P		12.00		17.00	204.00
GONZAGA, ROSALBA	PCA	10/20/13	1	8:00P-	8:00A		12.00		17.00	204.00
TERAN, CARMEN S.	PCA	10/20/13	1	8:00A-	8:00P		12.00		17.00	204.00
DAZA, MARGARITA	HHA	10/21/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/21/13	1	8:00A-	8:00P		12.00		15.50	186.00
DAZA, MARGARITA	HHA	10/22/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/22/13	1	8:00A-	8:00P		12.00		15.50	186.00
DAZA, MARGARITA	HHA	10/23/13	1	8:00P-	8:00A		12.00		15.50	186.00
NSIAH, DORIS	HHA	10/23/13	1	8:00A-	8:00P		12.00		15.50	186.00
GONZAGA, ROSALBA	PCA	10/24/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/24/13	1	8:00A-	8:00P		12.00		15.50	186.00
GONZAGA, ROSALBA	PCA	10/25/13	1	8:00P-	8:00A		12.00		15.50	186.00
NSIAH, DORIS	HHA	10/25/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							168.00			2,676.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
179	11/01/13	0265010
Client Number	Service Number	Page
2010982	2010982	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TABICKMAN, DOROTHY
41-00 43 AVE
APT 5-E (WEST)
SUNNYSIDE
NY 11104

TOTAL DUE

186.00

DOROTHY TABICKMAN
41-00 43RD AVE APT.5-E WEST
SUNNYSIDE NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BEST, CHERISSE	HHA	10/21/13	1	10:00A-	2:00P		4.00		15.50	62.00
	HHA	10/23/13	1	10:00A-	2:00P		4.00		15.50	62.00
	HHA	10/25/13	1	10:00A-	2:00P		4.00		15.50	62.00
TOTAL							12.00			186.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
179	11/01/13	0265010
Client Number	Service Number	Page
2010982	2010982	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TABICKMAN, DOROTHY
41-00 43 AVE
APT 5-E (WEST)
SUNNYSIDE
NY 11104

TOTAL DUE

186.00

DOROTHY TABICKMAN
41-00 43RD AVE APT.5-E WEST
SUNNYSIDE NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BEST, CHERISSE	HHA	10/21/13	1	10:00A-	2:00P		4.00		15.50	62.00
	HHA	10/23/13	1	10:00A-	2:00P		4.00		15.50	62.00
	HHA	10/25/13	1	10:00A-	2:00P		4.00		15.50	62.00
TOTAL							12.00			186.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
211	11/01/13	0265011
Client Number	Service Number	Page
2012725	2012725	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARLIS, CATHERINE
39-04 48TH STREET
SUNNYSIDE
NY 11104

TOTAL DUE

170.00

CATHERINE BARLIS/
KALLIOPE BARLIS
P.O. BOX 4372
SUNNYSIDE NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GRAY, LATISHA	HHA	10/19/13	1	9:00A-	7:00P		10.00		17.00	170.00
TOTAL							10.00			170.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
211	11/01/13	0265011
Client Number	Service Number	Page
2012725	2012725	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARLIS, CATHERINE
39-04 48TH STREET
SUNNYSIDE
NY 11104

TOTAL DUE

170.00

CATHERINE BARLIS/
KALLIOPE BARLIS
P.O. BOX 4372
SUNNYSIDE NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GRAY, LATISHA	HHA	10/19/13	1	9:00A-	7:00P		10.00		17.00	170.00
TOTAL							10.00			170.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SUSANNE K. HAYES
46 38 PLACIDA AVENUE
TOLUCA LAKE CA 91602

JENSEN, HELGA
72-10 41ST AVE
APT 4V
WOODSIDE
NY 11377

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
219	11/01/13	0265012
Client Number	Service Number	Page
2011394	2011394	Page 1

TOTAL DUE

635.00

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BLAIR, NIKEISHA M.	HHA	10/20/13	1	10:00A-	8:00P		10.00		17.00	170.00
	HHA	10/21/13	1	10:00A-	8:00P		10.00		15.50	155.00
	HHA	10/22/13	1	10:00A-	8:00P		10.00		15.50	155.00
	HHA	10/23/13	1	10:00A-	8:00P		10.00		15.50	155.00
TOTAL							40.00			635.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
219	11/01/13	0265012
Client Number	Service Number	Page
2011394	2011394	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JENSEN, HELGA
72-10 41ST AVE
APT 4V
WOODSIDE
NY 11377

TOTAL DUE

635.00

SUSANNE K. HAYES
46 38 PLACIDA AVENUE
TOLUCA LAKE CA 91602

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BLAIR, NIKEISHA M.	HHA	10/20/13	1	10:00A-	8:00P		10.00		17.00	170.00
	HHA	10/21/13	1	10:00A-	8:00P		10.00		15.50	155.00
	HHA	10/22/13	1	10:00A-	8:00P		10.00		15.50	155.00
	HHA	10/23/13	1	10:00A-	8:00P		10.00		15.50	155.00
TOTAL							40.00			635.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GEORGE MELVIN
60 10 47TH AVENUE
APT. # 17C
WOODSIDE NY 11377

MELVIN, MIRIAM M
6010 47 TH AVE
WOODSIDE
NY 11377

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
223	11/01/13	0265013
Client Number	Service Number	Page
2013711	2013712	Page 1

TOTAL DUE

108.50

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MONTEFORD, MARTINA M.	HHA	10/24/13	1	9:00A-	4:00P		7.00		15.50	108.50
TOTAL							7.00			108.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
223	11/01/13	0265013
Client Number	Service Number	Page
2013711	2013712	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MELVIN, MIRIAM M
6010 47 TH AVE
WOODSIDE
NY 11377

TOTAL DUE

108.50

GEORGE MELVIN
60 10 47TH AVENUE
APT. # 17C
WOODSIDE NY 11377

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MONTEFORD, MARTINA M.	HHA	10/24/13	1	9:00A-	4:00P		7.00		15.50	108.50
TOTAL							7.00			108.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2215	11/01/13	0265014
Client Number	Service Number	Page
2002215	2002215	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LAWRANCE, LILLA
33-47 91 ST.
APT 3-H
JACKSON HEIGHTS
NY 11372

TOTAL DUE

62.00

KEITH SALMON
101 SPARROW RIDGE ROAD
CARMEL NY 10512

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
OBAS, EVELYN	HHA	10/18/13	1	3:00P-	7:00P		4.00		15.50	62.00
					TOTAL		4.00			62.00
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2215	11/01/13	0265014
Client Number	Service Number	Page
2002215	2002215	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LAWRANCE, LILLA
33-47 91 ST.
APT 3-H
JACKSON HEIGHTS
NY 11372

TOTAL DUE

62.00

KEITH SALMON
101 SPARROW RIDGE ROAD
CARMEL NY 10512

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
OBAS, EVELYN	HHA	10/18/13	1	3:00P-	7:00P		4.00		15.50	62.00
					TOTAL		4.00			62.00
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2215	11/01/13	0265015
Client Number	Service Number	Page
2002215	2002215	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LAWRANCE, LILLA
33-47 91 ST.
APT 3-H
JACKSON HEIGHTS
NY 11372

TOTAL DUE

306.50

KEITH SALMON
101 SPARROW RIDGE ROAD
CARMEL NY 10512

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
OBAS, EVELYN	HHA	10/19/13	1	3:00P-	7:00P		4.00		17.00	68.00
BALKISSOON, JULIE	HHA	10/20/13	1	10:00A-	2:00P		4.00		17.00	68.00
OBAS, EVELYN	HHA	10/23/13	1	3:00P-	7:00P		4.00		15.50	62.00
	HHA	10/24/13	1	3:00P-	7:00P		4.00		15.50	62.00
HARPER, SHAKILA	HHA	10/25/13	1	3:00P-	6:00P		3.00		15.50	46.50
TOTAL							19.00			306.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2215	11/01/13	0265015
Client Number	Service Number	Page
2002215	2002215	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LAWRANCE, LILLA
33-47 91 ST.
APT 3-H
JACKSON HEIGHTS
NY 11372

TOTAL DUE

306.50

KEITH SALMON
101 SPARROW RIDGE ROAD
CARMEL NY 10512

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
OBAS, EVELYN	HHA	10/19/13	1	3:00P-	7:00P		4.00		17.00	68.00
BALKISSOON, JULIE	HHA	10/20/13	1	10:00A-	2:00P		4.00		17.00	68.00
OBAS, EVELYN	HHA	10/23/13	1	3:00P-	7:00P		4.00		15.50	62.00
	HHA	10/24/13	1	3:00P-	7:00P		4.00		15.50	62.00
HARPER, SHAKILA	HHA	10/25/13	1	3:00P-	6:00P		3.00		15.50	46.50
TOTAL							19.00			306.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
3108	11/01/13	0265016
Client Number	Service Number	Page
2000867	2003108	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE
NY 11379

TOTAL DUE
310.00

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE NY 11379

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHABLA DUTAN, TERESA	HHA	10/21/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/22/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/23/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/24/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/25/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							20.00			310.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
3108	11/01/13	0265016
Client Number	Service Number	Page
2000867	2003108	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE
NY 11379

TOTAL DUE
310.00

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE NY 11379

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHABLA DUTAN, TERESA	HHA	10/21/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/22/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/23/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/24/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/25/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							20.00			310.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
4784	11/01/13	0265017
Client Number	Service Number	Page
1997786	2004784	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA
NY 11104

TOTAL DUE

337.50

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PETERS, INDERA	PCA	10/21/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/22/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/23/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/24/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/25/13	1	12:00N-	5:00P		5.00		13.50	67.50
TOTAL							25.00			337.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
4784	11/01/13	0265017
Client Number	Service Number	Page
1997786	2004784	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA
NY 11104

TOTAL DUE

337.50

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PETERS, INDERA	PCA	10/21/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/22/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/23/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/24/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/25/13	1	12:00N-	5:00P		5.00		13.50	67.50
TOTAL							25.00			337.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9498	11/01/13	0265018
Client Number	Service Number	Page
2009498	2009498	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LENOACH, LOUIS
30-34 45TH STREET
PVT
ASTORIA
NY 11103

TOTAL DUE
198.00

LOUIS LE NOACH
30 34 45TH STREET
PRIVATE HOUSE
ASTORIA NY 11103

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMDIAL, CAVITA	HHA	10/19/13	1	10:00A-	2:00P		4.00		17.00	68.00
	HHA	10/20/13	1	10:00A-	2:00P		4.00		17.00	68.00
	HHA	10/25/13	1	10:00A-	2:00P		4.00		15.50	62.00
TOTAL							12.00			198.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9498	11/01/13	0265018
Client Number	Service Number	Page
2009498	2009498	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LENOACH, LOUIS
30-34 45TH STREET
PVT
ASTORIA
NY 11103

TOTAL DUE

198.00

LOUIS LE NOACH
30 34 45TH STREET
PRIVATE HOUSE
ASTORIA NY 11103

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMDIAL, CAVITA	HHA	10/19/13	1	10:00A-	2:00P		4.00		17.00	68.00
	HHA	10/20/13	1	10:00A-	2:00P		4.00		17.00	68.00
	HHA	10/25/13	1	10:00A-	2:00P		4.00		15.50	62.00
TOTAL							12.00			198.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9752	11/01/13	0265019
Client Number	Service Number	Page
2009752	2009752	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAPORASO, VINCENZA
21-21 79TH STREET
P HOUSE
EAST ELMHURST
NY 11370

TOTAL DUE

204.00

PETER CAPORASO
23-11 121 STREET
COLLEGE POINT NY 11356

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DUTAN, HILDA M.	HHA	10/13/13	1	7:00P-	7:00A		12.00		17.00	204.00
TOTAL							12.00			204.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9752	11/01/13	0265019
Client Number	Service Number	Page
2009752	2009752	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAPORASO, VINCENZA
21-21 79TH STREET
P HOUSE
EAST ELMHURST
NY 11370

TOTAL DUE

204.00

PETER CAPORASO
23-11 121 STREET
COLLEGE POINT NY 11356

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DUTAN, HILDA M.	HHA	10/13/13	1	7:00P-	7:00A		12.00		17.00	204.00
TOTAL							12.00			204.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9752	11/01/13	0265020
Client Number	Service Number	Page
2009752	2009752	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAPORASO, VINCENZA
21-21 79TH STREET
P HOUSE
EAST ELMHURST
NY 11370

TOTAL DUE

204.00

PETER CAPORASO
23-11 121 STREET
COLLEGE POINT NY 11356

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RODRIGUEZ, ESPERANZA	HHA	10/19/13	1	7:00P-	7:00A		12.00		17.00	204.00
TOTAL							12.00			204.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9752	11/01/13	0265020
Client Number	Service Number	Page
2009752	2009752	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAPORASO, VINCENZA
21-21 79TH STREET
P HOUSE
EAST ELMHURST
NY 11370

TOTAL DUE

204.00

PETER CAPORASO
23-11 121 STREET
COLLEGE POINT NY 11356

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RODRIGUEZ, ESPERANZA	HHA	10/19/13	1	7:00P-	7:00A		12.00		17.00	204.00
TOTAL							12.00			204.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10269	11/01/13	0265021
Client Number	Service Number	Page
2010269	2010269	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MARASA, ANGELINA
25-18 27TH STREET
ASTORIA
NY 11102

TOTAL DUE

139.50

ANGELINA MARASA
25 18 27TH STREET
ASTORIA NY 11102

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JULIEN, EMMANUELA	HHA	10/21/13	1	9:00A-12:00N			3.00		15.50	46.50
	HHA	10/23/13	1	9:00A-12:00N			3.00		15.50	46.50
	HHA	10/25/13	1	9:00A-12:00N			3.00		15.50	46.50
TOTAL							9.00			139.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10269	11/01/13	0265021
Client Number	Service Number	Page
2010269	2010269	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MARASA, ANGELINA
25-18 27TH STREET
ASTORIA
NY 11102

TOTAL DUE

139.50

ANGELINA MARASA
25 18 27TH STREET
ASTORIA NY 11102

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JULIEN, EMMANUELA	HHA	10/21/13	1	9:00A-12:00N			3.00		15.50	46.50
	HHA	10/23/13	1	9:00A-12:00N			3.00		15.50	46.50
	HHA	10/25/13	1	9:00A-12:00N			3.00		15.50	46.50
TOTAL							9.00			139.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

STEPHEN WEISS
17 91 WHITE STREET
NORTH BELLMORE NY 11710

WEISS, STELLA
32-20 89TH STREET
APT 609 RING BELL 18
JACKSON HEIGHT
NY 11369

TOTAL DUE

102.00

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10529	11/01/13	0265022
Client Number	Service Number	Page
2010422	2010529	Page 1

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VELASQUEZ, JASMIN	HHA	10/20/13	1	10:00A-	4:00P		6.00		17.00	102.00
TOTAL							6.00			102.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10529	11/01/13	0265022
Client Number	Service Number	Page
2010422	2010529	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WEISS, STELLA
32-20 89TH STREET
APT 609 RING BELL 18
JACKSON HEIGHT
NY 11369

TOTAL DUE

102.00

STEPHEN WEISS
17 91 WHITE STREET
NORTH BELLMORE NY 11710

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VELASQUEZ, JASMIN	HHA	10/20/13	1	10:00A-	4:00P		6.00		17.00	102.00
TOTAL							6.00			102.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10530	11/01/13	0265023
Client Number	Service Number	Page
2010530	2010530	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ANSELM, PETER
22-72 47TH STREET
PVT 2ND FLOOR
ASTORIA
NY 11105

TOTAL DUE

333.00

DANA SITILDES
248 RAVEN CREST ROAD
YORK TOWN HGTS NY 10598

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHRISTODOULOU, JOANNE	PCA	10/19/13	1	9:00A-	2:00P		5.00		17.00	85.00
	PCA	10/21/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/22/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/23/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/25/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							21.00			333.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10530	11/01/13	0265023
Client Number	Service Number	Page
2010530	2010530	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ANSELM, PETER
22-72 47TH STREET
PVT 2ND FLOOR
ASTORIA
NY 11105

TOTAL DUE

333.00

DANA SITILDES
248 RAVEN CREST ROAD
YORK TOWN HGTS NY 10598

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHRISTODOULOU, JOANNE	PCA	10/19/13	1	9:00A-	2:00P		5.00		17.00	85.00
	PCA	10/21/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/22/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/23/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/25/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							21.00			333.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11016	11/01/13	0265024
Client Number	Service Number	Page
1997749	2011016	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SIANO, ANDREW
30-75 48 STREET
3RD FLOOR
ASTORIA
NY 11103

TOTAL DUE

405.00

MICHAEL SIANO
12 KINGS ROAD
ROCKAWAY NY 07866

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
AGARD WALDRON, PEGGY L.	HHA	10/21/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/22/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/23/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/24/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/25/13	1	8:00A-	2:00P		6.00		13.50	81.00
TOTAL							30.00			405.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11016	11/01/13	0265024
Client Number	Service Number	Page
1997749	2011016	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SIANO, ANDREW
30-75 48 STREET
3RD FLOOR
ASTORIA
NY 11103

TOTAL DUE

405.00

MICHAEL SIANO
12 KINGS ROAD
ROCKAWAY NY 07866

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
AGARD WALDRON, PEGGY L.	HHA	10/21/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/22/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/23/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/24/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/25/13	1	8:00A-	2:00P		6.00		13.50	81.00
TOTAL							30.00			405.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11060	11/01/13	0265025
Client Number	Service Number	Page
2011060	2011060	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WARREN, CYNTHIA
25-80 100TH STREET
PVT
EAST ELMHURST
NY 11369

TOTAL DUE

1,330.25

ROBIN WARREN CHARLES
132-37 SPRINGFIELD BLVD.
SPRINGFIELD GARDENS
NEW YORK NY 11413

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BROWN, MONIQUE	HHA	10/19/13	1	8:00A-	8:00P		12.00		17.00	204.00
	HHA	10/20/13	1	8:00A-	8:00P		12.00		17.00	204.00
GRAY, LATISHA	HHA	10/21/13	1	8:00A-	8:00P		12.00		15.50	186.00
	HHA	10/22/13	1	8:00A-	8:00P		12.00		15.50	186.00
	HHA	10/23/13	1	8:00A-	8:00P		12.00		15.50	186.00
BROWN, MONIQUE	HHA	10/24/13	1	8:00A-	8:00P		12.00		15.50	186.00
	HHA	10/25/13	1	8:00A-	7:30P		11.50		15.50	178.25
TOTAL							83.50			1,330.25
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11060	11/01/13	0265025
Client Number	Service Number	Page
2011060	2011060	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WARREN, CYNTHIA
25-80 100TH STREET
PVT
EAST ELMHURST
NY 11369

TOTAL DUE

1,330.25

ROBIN WARREN CHARLES
132-37 SPRINGFIELD BLVD.
SPRINGFIELD GARDENS
NEW YORK NY 11413

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BROWN, MONIQUE	HHA	10/19/13	1	8:00A-	8:00P		12.00		17.00	204.00
	HHA	10/20/13	1	8:00A-	8:00P		12.00		17.00	204.00
GRAY, LATISHA	HHA	10/21/13	1	8:00A-	8:00P		12.00		15.50	186.00
	HHA	10/22/13	1	8:00A-	8:00P		12.00		15.50	186.00
	HHA	10/23/13	1	8:00A-	8:00P		12.00		15.50	186.00
BROWN, MONIQUE	HHA	10/24/13	1	8:00A-	8:00P		12.00		15.50	186.00
	HHA	10/25/13	1	8:00A-	7:30P		11.50		15.50	178.25
TOTAL							83.50			1,330.25
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12326	11/01/13	0265026
Client Number	Service Number	Page
1999225	2012326	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BIANCO HOPKINS, LORRAINE
199-42 21ST AV
1 FL
WHITESTONE
NY 11360

TOTAL DUE
310.00

LORRAINE BIANCO-HOPKINS
199 42 21ST AVENUE 1ST FLOOR
WHITESTONE NY 11360

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MERCHAN, ELIZABETH	HHA	10/21/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/22/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/23/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/24/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/25/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							20.00			310.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12326	11/01/13	0265026
Client Number	Service Number	Page
1999225	2012326	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BIANCO HOPKINS, LORRAINE
199-42 21ST AV
1 FL
WHITESTONE
NY 11360

TOTAL DUE

310.00

LORRAINE BIANCO-HOPKINS
199 42 21ST AVENUE 1ST FLOOR
WHITESTONE NY 11360

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MERCHAN, ELIZABETH	HHA	10/21/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/22/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/23/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/24/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/25/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							20.00			310.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12565	11/01/13	0265027
Client Number	Service Number	Page
2002664	2012565	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LUSKIND, FRANCES
200 EAST 64TH STREET
APT 30A
MANHATTAN
NY 10065

TOTAL DUE

1,338.00

AMY L. WELTMAN
1 ALEXANDER STREET
APT. 208
YONKERS NY 10701

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALDARRIAGA, BETTY	PCA	10/19/13	1				1.00		204.00	204.00
DICKSON, ELIZABETH	HHA	10/20/13	1	8:00A-	8:00A		1.00		204.00	204.00
	HHA	10/21/13	1				1.00		186.00	186.00
SALDARRIAGA, BETTY	PCA	10/22/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/23/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/24/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/25/13	1				1.00		186.00	186.00
TOTAL							7.00			1,338.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12565	11/01/13	0265027
Client Number	Service Number	Page
2002664	2012565	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LUSKIND, FRANCES
200 EAST 64TH STREET
APT 30A
MANHATTAN
NY 10065

TOTAL DUE

1,338.00

AMY L. WELTMAN
1 ALEXANDER STREET
APT. 208
YONKERS NY 10701

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALDARRIAGA, BETTY	PCA	10/19/13	1				1.00		204.00	204.00
DICKSON, ELIZABETH	HHA	10/20/13	1	8:00A-	8:00A		1.00		204.00	204.00
	HHA	10/21/13	1				1.00		186.00	186.00
SALDARRIAGA, BETTY	PCA	10/22/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/23/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/24/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/25/13	1				1.00		186.00	186.00
TOTAL							7.00			1,338.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12929	11/01/13	0265028
Client Number	Service Number	Page
2012929	2012929	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SPERO, NICHOLAS
19-17 22ND DRIVE
ASTORIA
NY 11105

TOTAL DUE

660.38

JENNA SPERO
1917 22ND DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JEFFREY, WENDY C.	PCA	10/19/13	1	10:00A-	5:00P		7.00		17.00	119.00
	PCA	10/20/13	1	10:00A-	5:00P		7.00		17.00	119.00
EILAM, SHELLY M.	HHA	10/21/13	1	1:00P-	6:00P		5.00		15.50	77.50
	HHA	10/22/13	1	12:00N-	6:00P		6.00		15.50	93.00
	HHA	10/23/13	1	1:00P-	6:00P		5.00		15.50	77.50
	HHA	10/24/13	1	12:00N-	5:15P		5.25		15.50	81.38
RIOS, MARTHA	HHA	10/25/13	1	12:00N-	6:00P		6.00		15.50	93.00
TOTAL							41.25			660.38
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12929	11/01/13	0265028
Client Number	Service Number	Page
2012929	2012929	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SPERO, NICHOLAS
19-17 22ND DRIVE
ASTORIA
NY 11105

TOTAL DUE

660.38

JENNA SPERO
1917 22ND DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JEFFREY, WENDY C.	PCA	10/19/13	1	10:00A-	5:00P		7.00		17.00	119.00
	PCA	10/20/13	1	10:00A-	5:00P		7.00		17.00	119.00
EILAM, SHELLY M.	HHA	10/21/13	1	1:00P-	6:00P		5.00		15.50	77.50
	HHA	10/22/13	1	12:00N-	6:00P		6.00		15.50	93.00
	HHA	10/23/13	1	1:00P-	6:00P		5.00		15.50	77.50
	HHA	10/24/13	1	12:00N-	5:15P		5.25		15.50	81.38
RIOS, MARTHA	HHA	10/25/13	1	12:00N-	6:00P		6.00		15.50	93.00
TOTAL							41.25			660.38
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13561	11/01/13	0265029
Client Number	Service Number	Page
2013558	2013561	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARROW, EDWARD M
315 WEST 70TH ST
APT 17 H
NEW YORK
NY 10023

TOTAL DUE

892.00

EDWARD M. BARROW
315 WEST 70TH STREET
APT. 17H
NEW YORK NY 10023

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARINARINE, RAYWATIE	HHA	10/19/13	1	12:00N-	8:00P		8.00		17.00	136.00
	HHA	10/20/13	1	9:00A-	5:00P		8.00		17.00	136.00
JEFFREY, SANDRA	PCA	10/21/13	1	9:00A-	5:00P		8.00		15.50	124.00
HARINARINE, RAYWATIE	HHA	10/22/13	1	9:00A-	5:00P		8.00		15.50	124.00
JEFFREY, SANDRA	PCA	10/23/13	1	9:00A-	5:00P		8.00		15.50	124.00
HARINARINE, RAYWATIE	HHA	10/24/13	1	9:00A-	5:00P		8.00		15.50	124.00
	HHA	10/25/13	1	9:00A-	5:00P		8.00		15.50	124.00
TOTAL							56.00			892.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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13561	11/01/13	0265029
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2013558	2013561	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARROW, EDWARD M
315 WEST 70TH ST
APT 17 H
NEW YORK
NY 10023

TOTAL DUE

892.00

EDWARD M. BARROW
315 WEST 70TH STREET
APT. 17H
NEW YORK NY 10023

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARINARINE, RAYWATIE	HHA	10/19/13	1	12:00N-	8:00P		8.00		17.00	136.00
	HHA	10/20/13	1	9:00A-	5:00P		8.00		17.00	136.00
JEFFREY, SANDRA	PCA	10/21/13	1	9:00A-	5:00P		8.00		15.50	124.00
HARINARINE, RAYWATIE	HHA	10/22/13	1	9:00A-	5:00P		8.00		15.50	124.00
JEFFREY, SANDRA	PCA	10/23/13	1	9:00A-	5:00P		8.00		15.50	124.00
HARINARINE, RAYWATIE	HHA	10/24/13	1	9:00A-	5:00P		8.00		15.50	124.00
	HHA	10/25/13	1	9:00A-	5:00P		8.00		15.50	124.00
TOTAL							56.00			892.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13729	11/01/13	0265030
Client Number	Service Number	Page
2013729	2013729	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WEHLE, BEATRICE
81-15 35TH AVE
APT.2G
JACKSON HEIGHTS
NY 11372

TOTAL DUE

465.00

ROBERT WEHLE
81-15 35TH AVENUE
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LINDSAY, RENA	HHA	10/21/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/22/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/23/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/24/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/25/13	1	10:30A-	4:30P		6.00		15.50	93.00
TOTAL							30.00			465.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13729	11/01/13	0265030
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WEHLE, BEATRICE
81-15 35TH AVE
APT.2G
JACKSON HEIGHTS
NY 11372

TOTAL DUE

465.00

ROBERT WEHLE
81-15 35TH AVENUE
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LINDSAY, RENA	HHA	10/21/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/22/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/23/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/24/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/25/13	1	10:30A-	4:30P		6.00		15.50	93.00
TOTAL							30.00			465.00
QUESTIONS: 718-784-6160										

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13800	11/01/13	0265031
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE

93.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHARLES, ELIZABETH	HHA	08/19/13	1	3:00A-	9:00A		6.00		15.50	93.00
TOTAL							6.00			93.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE

93.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHARLES, ELIZABETH	HHA	08/19/13	1	3:00A-	9:00A		6.00		15.50	93.00
TOTAL							6.00			93.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13800	11/01/13	0265032
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE

186.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHRISTODOULOU, JOANNE	PCA	10/09/13	1	9:00P-	9:00A		12.00		15.50	186.00
TOTAL							12.00			186.00
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE

186.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHRISTODOULOU, JOANNE	PCA	10/09/13	1	9:00P-	9:00A		12.00		15.50	186.00
TOTAL							12.00			186.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.