RUN DATE 02/15/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0268 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 2/17/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ALVAREZ, ANGELA ALVAREZ, ANGELA
BROOKS, NATALIE
CARRILLO, MARIA
COLON, RAYMUNDA
DABU, JUANITA
DABU, JUANITA
FENTON, JESSIE
FENTON, JESSIE
GHILIOTTY, FLOR
GUTIERREZ, LUCI
HARIDIN, KHAMAT
HARIDIN, RAMDIA
HERNANDEZ, FRAN
LEPORE, CLAIRE
MOROCHO, MANUEL
RODRIGUEZ, MARI
SIERRA, MIRIAM
SIERRA, MIRIAM
SIERRA, MIRIAM
SIERRA, MIRIAM
SIERRA, MIRIAM
SIMON, LUPE
TORRESCAMPOS, J
VASQUEZ, CORNEL
VIDOT-LINARES,
WOO, LUZ 183874 2/03/12 000082 SENIOR HEALTH PARTNERS 4.00 52.40 I 183875 2/10/12 000082 SENIOR HEALTH PARTNERS 24.00 314.40 I SENIOR HEALTH PARTNERS 34.50 183876 2/10/12 000082 451.96 183877 2/10/12 000082 SENIOR HEALTH PARTNERS 39.00 510.90 DABU, JUANITA 183878 2/10/12 000082 SENIOR HEALTH PARTNERS 16.00 209.60 52.40 183879 2/10/12 000082 SENIOR HEALTH PARTNERS 4.00 183880 2/10/12 000082 SENIOR HEALTH PARTNERS 8.00 104.80 183881 2/10/12 000082 SENIOR HEALTH PARTNERS 4.00 52.40 183882 2/03/12 000082 SENIOR HEALTH PARTNERS 34.00 445.40 183883 2/10/12 000082 SENIOR HEALTH PARTNERS 25.00 327.50 183884 2/10/12 000082 SENIOR HEALTH PARTNERS 33.00 432.30 183885 2/10/12 000082 SENIOR HEALTH PARTNERS 123.00 1,611.30 183886 2/10/12 000082 SENIOR HEALTH PARTNERS 22.00 288.20 183887 2/10/12 000082 SENIOR HEALTH PARTNERS 5.00 65.50 183888 2/10/12 000082 SENIOR HEALTH PARTNERS 76.00 995.60 183889 2/10/12 SENIOR HEALTH PARTNERS 20.00 262.00 000082 183890 1/27/12 SENIOR HEALTH PARTNERS 5.00 65.50 000082 183891 2/03/12 000082 SENIOR HEALTH PARTNERS 21.00 275.10 SENIOR HEALTH PARTNERS 183892 2/10/12 000082 8.00 104.80 SENIOR HEALTH PARTNERS 183893 2/10/12 000082 40.00 524.00 183894 2/10/12 000082 SENIOR HEALTH PARTNERS 8.00 104.80 183895 2/10/12 SENIOR HEALTH PARTNERS 40.00 524.00 000082 183896 2/10/12 000082 SENIOR HEALTH PARTNERS 8.00 104.80 -----_____ 601.50 0.00 CUSTOMER 7,879.66 _____

CATEGORY

601.50

0.00

7,879.66

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	2 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183897	2/10/12	800000	VISITING NURSE SERVICE	ABBOTT, FAY	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	3
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			i	SALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183898	2/10/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48	I	
183899	2/10/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96	I	
				CUSTOMER	68.00	0.00	991.44		
				CODICIENT	00.00	0.00	JJ1.11		
				CATEGORY	68.00	0.00	991.44		

			YSIDE CITYWIDE				PAGE 1 -	4
SALES JRN	L # 0268	LOC 001		REG NY NY			LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183900	2/10/12	800000	VISITING NURSE SERVICE	ACUNA, JOSE	35.00		510.30 I	
				CATECODY	35.00			
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 -		5
SALES JRN	L # U∠68	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER			VCP CHOICE LHC BILL WEEK ENDI		2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP	SURPLUS
183901	2/10/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I	
183902	2/10/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I	
183903	2/10/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	69.50		1,013.31	I	
183904	2/10/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	24.00		349.92	I	
183905	2/10/12	000008	VISITING NURSE SERVICE	AFZAL, AMIR	2.50		36.45	I	
				CUSTOMER	156.00	0.00	2,274.48		
				CATEGORY	156.00	0.00	2,274.48		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	6
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183906	2/10/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	43.50		634.23 I	
				CATEGORY	43.50	0.00	634.23	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	7
	_ "			SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183907	2/03/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	6.00		87.48 I	
183908	2/10/12	800000	VISITING NURSE SERVICE	,	24.00		349.92 I	
183909	2/10/12	000008	VISITING NURSE SERVICE	AKBAR, NASEEM	12.00		174.96 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRI			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY ALES REGISTER			PAGE ADU ADULT BILL WEEK	1 - ENDING	8 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUN	T TYP	SURPLUS
183910	2/10/12	800000	VISITING NURSE SERVICE	ALBANESE, IDA	12.00		174.9	6 I	
				CATEGORY	12.00	0.00	174.9	 6	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- HCSA	9
	_ "			SALES REGISTER			BILL WEEK EN		2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183911 183912	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 26.00		43.74 379.08	I	
183913	2/10/12	000008	VISITING NURSE SERVICE	·	1.00		14.58	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	rL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183914	2/10/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 0: SALES JRNL		SUNNYSIDE CITYWIDE 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	
DALLO GIAVE	т 0200 пос	OUT BONNIBIDE CITIWIDE	SALES REGISTE	E R		BILL WEEK END	
INVOICE#	DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	2/10/12 0000 2/10/12 0000		- , -	48.00 56.00		699.84 816.48	I I
			CUSTOMER	104.00	0.00	1,516.32	
			- CATEGORY	104.00	0.00	1,516.32	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	12	
SALES JRN	L # 0268	LOC 001		REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
183917	2/10/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	11.75		171.32 I		
				CATEGORY	11.75	0.00	171.32		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			2	SALES REGISTER			BILL WEEK END	DING 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
183918	2/10/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I
183919	2/10/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I
				CUSTOMER	81.00	0.00	1,180.98	
				CATECODY	01 00		1 100 00	
				CATEGORY	81.00	0.00	1,180.98	

2/17/12
SURPLUS

	02/15/12 - IL # 0268			REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	15 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183922	2/10/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	2.00		29.16 I	
				CATEGORY	2.00	0.00		

ı	RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	16
ı	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
				S	SALES REGISTER			BILL WEEK ENDING	G 2/17/12
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
ı	183923	2/10/12	800000	VISITING NURSE SERVICE	ASGHAR, MUHAMMA	4.00		58.32 I	
ı									
ı									
ı					CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
183924	2/10/12	800000	VISITING NURSE SERVICE	ASH, MARIE	12.00		174.96	I
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 18	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO		•
			5	SALES REGISTER			BILL WEEK END	ING 2/17/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLU	JS
183925	1/20/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	21.00		306.18	I	
183926	1/27/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	7.00		102.06	I	
183927	2/03/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	7.00		102.06	I	
183928	2/10/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	49.00		714.42	I	
				CUSTOMER	84.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

			YSIDE CITYWIDE	DEC MY MY				- 1	19
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE L BILL WEEK EN		2/17/12
		G11GE 310	G. G		******		31407777		GIID DI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183929	2/10/12	000008	VISITING NURSE SERVICE	AVILA, ENIDIA	19.75		287.96	I	
183930	2/10/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96	I	
183931	2/10/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	33.00		481.14	I	
				CUSTOMER	64.75	0.00	944.06		
				CATEGORY	64.75	0.00	944.06		

RUN DATE 02/15/12 SALES JRNL # 0268			REG NY NY			PAGE 1	- 20 HOMEW/O WALLS (LT
SALES UNIL # 0200	100 001		SALES REGISTER			BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
183932 2/10/12 183933 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	30.00 55.00		437.40 801.90	I I
			CUSTOMER	85.00	0.00	1,239.30	
			CATEGORY	85.00	0.00	1,239.30	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	21 G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183934	2/10/12	800000	VISITING NURSE SERVICE	BARBOSA, CARMEN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	2
SALES JRNL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
		:	SALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183935 2/10/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	44.75		652.46	I	
183936 2/10/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	47.75		696.21	I	
			CUSTOMER	92.50	0.00	1,348.67		
						,		
			CATEGORY	92.50	0.00	1,348.67		
			CAIEGORI	JZ.30	0.00	1,340.07		

			YSIDE CITYWIDE	DDG 191				23
SALES JRNI	L # U268	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183937	2/10/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

			YSIDE CITYWIDE				PAGE 1 -	24
SALES JRN	L # 0268	LOC 001		REG NY NY			VCP CHOICE LHC	
			:	SALES REGISTER			BILL WEEK ENDI	NG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183938	2/10/12	000008	VISITING NURSE SERVICE	BELLOROFONTE, M	151.00		2,201.58	I
				CATEGORY	151.00	0.00	2,201.58	

RUN DATE 02/15/12 SALES JRNL # 0268	- SUP SUNN		REG NY NY			PAGE 1 - ADU ADULT	25
	200 001		SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183939 2/10/12 183940 2/10/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	6.00 4.00		87.48 I 58.32 I	
2/10/12	000000	VIBILING NORTH BERVIOL	CUSTOMER	10.00	0.00	145.80	
			CATEGORY	10.00	0.00	145.80	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WAI	LS (LT
			i	SALES REGISTER			BILL WEEK ENDING 2/17	//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	LUS
183941	2/03/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	4.00		58.32 I	
183942	2/03/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	5.00		72.90 I	
183943	2/10/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	25.00		364.50 I	
183944	2/10/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRN	NL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				SALES REGISTER			BILL WEEK ENDING	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183945	2/10/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEN BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183946	2/10/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183947	2/10/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 30	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	BALES REGISTER			BILL WEEK END	ING 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
183948	2/10/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	16.00		233.28	I	
183949	2/10/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	49.00		714.42	I	
				CUSTOMER	65.00	0.00	947.70		
				CATEGORY	65.00	0.00	947.70		

	02/15/12 - L # 0268			REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183950	2/10/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEN BILL WEEK ENDING	· ·
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183951	2/10/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

ı	RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
١	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
١				5	SALES REGISTER			BILL WEEK ENDIN	G 2/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
١									
ı	183952	2/10/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
ı									
					CATEGORY	12.00	0.00	174.96	

-		02/15/12 - L # 0268		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	34 W/O WALLS (LT
	DILLED GIAV.	1 1 0200	100 001		SALES REGISTER			BILL WEEK ENDING	· ·
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	183953	2/10/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
1					CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	35
DILLEG GIAV	12 0200	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183954	2/10/12	800000	VISITING NURSE SERVICE	- ,	63.00		918.54 I	
183955 183956	2/10/12 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		11.00 53.00		160.38 I 772.74 I	
				CUSTOMER	127.00	0.00	1,851.66	
				CATEGORY	127.00	0.00	1,851.66	

١	RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
١	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/O WALLS LT
١				S	SALES REGISTER			BILL WEEK ENDI	NG 2/17/12
ı	T1770 T GT	D	GTTGT 170	GUGEOVED WAVE	DEFEDENCE	*******		334017377	
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	183957	2/10/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	56.50		823.77	I
ı					·				
١									
ı					CATEGORY	56.50	0.00	823.77	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	37
SALES URN	11 # 0200	LOC UUI		REGNI NI BALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183958	2/10/12	000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
183959	2/10/12	000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	38.00		554.04 I	
183960	2/10/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	44.00		641.52 I	
183961	2/10/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	36.00		524.88 I	
				CUSTOMER	128.00	0.00	1,866.24	
				CATEGORY	128.00	0.00	1,866.24	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	38
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183962	2/10/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183963	2/10/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183964	2/10/12	800000	VISITING NURSE SERVICE	CANDIDO, ELENA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 4	41
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183965	2/10/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	2/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183966	2/10/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

			YSIDE CITYWIDE				PAGE 1 -	43
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	
			•	SALES REGISTER			BILL WEEK ENDING	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183967	2/10/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE (02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 4	44
SALES JRNI	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	2/17/12
l								
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100000	0 /10 /10						074 00 -	
183968	2/10/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	60.00		874.80 I	
				CA EECODY		0.00	074 00	
				CATEGORY	60.00	0.00	874.80	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	45
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			5	SALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183969	2/10/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	56.00		816.48	I	
183970	2/10/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	19.50		284.31	I	
183971	2/10/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	36.00		524.88	I	
183972	2/10/12	800000	VISITING NURSE SERVICE	CARTAFALSA, NEL	70.00		1,020.60	I	
				CUSTOMER	181.50	0.00	2,646.27		
				CATEGORY	181.50	0.00	2,646.27		

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	· ·
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183973	2/10/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	47
SALES OIGN	IL # 0200	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183974 183975	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		19.75 24.00		287.96 I 349.92 I	
				CUSTOMER	43.75	0.00	637.88	
				CATEGORY	43.75	0.00	637.88	

ı	RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	48	
ı	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME		
ı				:	SALES REGISTER			BILL WEEK ENDING	2/17/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	183976	2/10/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	13.00		189.54 I		
					CATEGORY	13.00	0.00	189.54		

	02/15/12 - JL # 0268		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183977	2/10/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LAD NURSING F BILL WEEK ENI	HOME V	50 W/O WALLS LT 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183978 183979 183980	2/03/12 2/03/12 2/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CHARLES, JOSE CHARLES, JOSE CHARLES, JOSE	5.00 15.00 20.00		72.90 218.70 291.60	I I I	
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

			NYSIDE CITYWIDE				PAGE 1 -	51
SALES JRN	IL # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	ALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183981	2/10/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	52 IG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183982	2/10/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	35.00		510.30	I.
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOMEW	/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183983	2/10/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	J 1
	_ "			SALES REGISTER	-		BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
183984 183985	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CHOUDHURY, SHAM CHU, MOLLY	49.00 40.00		714.42 583.20	I I
183986	2/10/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	28.25		411.89	I
				CUSTOMER	117.25	0.00	1,709.51	
				CATEGORY	117.25	0.00	1,709.51	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - !	55
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	/O WALLS (LT
			S A	ALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183987	2/10/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183988	2/10/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				 CATEGORY	6.00	0.00	 87.48	

			YSIDE CITYWIDE						57
SALES JRN	L # 0268	LOC 001		REG NY NY			LTC NURSING		•
			S	ALES REGISTER	_		BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
102000	0 /10 /10	000000		G011 PD	10 85		007.06	_	
183989	2/10/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	19.75		287.96	Τ	
183990	2/10/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I	
183991	2/10/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I	
183992	2/10/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	30.00		437.40	I	
				CUSTOMER	106.75	0.00	1,556.42		
				CATEGORY	106.75	0.00	1,556.42		-

			YSIDE CITYWIDE				PAGE 1 - 58
SALES JRN	L # 0268	LOC 001		REGNY NY SALES REGISTER			CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 2/17/12
				SALES REGISIER			BILL WEEK ENDING 2/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
183993	2/10/12	000008	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I
				CATEGORY	168.00	0.00	2,449.44

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 59 LTC NURSING HOMEW/O W BILL WEEK ENDING 2/	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
183994	2/10/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	60
SALES JR	NL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			5	SALES REGISTER			BILL WEEK ENDIN	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183995	2/10/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183996	2/10/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 - 62	
SALES JRN	L # U268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 2	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183997 183998	2/03/12 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		2.25 18.50		32.81 I 269.74 I	
				CUSTOMER	20.75	0.00	302.55	
				CATEGORY	20.75	0.00	302.55	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	63
SALES JRN	ъ # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDING	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183999	2/10/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	64
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	
			\$	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184000	2/10/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				CATEGORY	19.00	0.00	 277.02	

			YSIDE CITYWIDE				PAGE 1 -	65
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LAD NURSING HON BILL WEEK ENDIN	ME W/O WALLS LT NG 2/17/12
			•					- , ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
184001	2/10/12	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	32.75		477.50	I
				CATEGORY	32.75	0.00	477.50	

			YSIDE CITYWIDE					56
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0 /1 5 /1 0
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184002	2/10/12	000008	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28 I	
184003	2/10/12	800000	VISITING NURSE SERVICE	CURLEY, INGEBOR	25.00		364.50 I	
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	57
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184004	2/10/12	800000	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	68 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184005	2/10/12	800000	VISITING NURSE SERVICE	DANIELS, DEIRDR	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	59
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184006	2/10/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	70
SALES JRI	NL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184007	2/10/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	71
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184008	2/10/12	800000	VISITING NURSE SERVICE	DEL CARPIO, FEL	40.00		583.20 I	
				CATEGORY	40.00	0.00		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	72
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING 1	HOMEW/	,
			\$	SALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184009	2/10/12	000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	37.00		539.46	I	
184010	2/10/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	30.00		437.40	I	
				CUSTOMER	67.00	0.00	976.86		
				CATEGORY	67.00	0.00	976.86		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 7: VCP CHOICE LHCSA	3
BALLS OIL	L # 0200	100 001		SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184011 184012	2/10/12 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	30.00		437.40 I 116.64 I	
				CUSTOMER	38.00	0.00	554.04	
				CATEGORY	38.00	0.00	554.04	

	02/15/12 - IL # 0268			REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	74 G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
184013	2/10/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	75
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
			i	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184014	2/10/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	76
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184015	2/10/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	42.75		623.32 I	
				CATEGORY	42.75	0.00		

RUN DATE	02/15/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	77
SALES JRN	rL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184016	2/10/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	33.75		492.08 I	
				CATEGORY	33.75	0.00		

RUN DATE	02/15/12 -	- SUP SUNN	IYSIDE CITYWIDE				PAGE 1 -	78
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			S	ALES REGISTER			BILL WEEK ENDI	NG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184017	2/10/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I
184018	2/10/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	42.00		612.36	I
184019	2/10/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	I
184020	2/10/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	70.00		1,020.60	I
				CUSTOMER	183.00	0.00	2,668.14	
				CATEGORY	183.00	0.00	2,668.14	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79
SALES JRN	L # 0268	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184021	2/10/12	800000	VISITING NURSE SERVICE	DIRADURIAN, HAR	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 80	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 2/	17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
184022	2/10/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	35.75		521.24 I	
184023	2/10/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60 I	
				CUSTOMER	55.75	0.00	812.84	
				CATEGORY	55.75	0.00	812.84	

			YSIDE CITYWIDE	DDG 199			PAGE 1 - 8	· -
SALES JRN	L # 0268	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW/ BILL WEEK ENDING	,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184024	2/10/12	800000	VISITING NURSE SERVICE	DOMINICK, GINA	32.50		473.85 I	
				CATEGORY	32.50	0.00	473.85	

ı	RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82	
١	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
				Ş	SALES REGISTER			BILL WEEK ENDING	G 2/17/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
	184025	2/10/12	800000	VISITING NURSE SERVICE	DUGLUS, MAY RUT	42.00		612.36 I		
					CATEGORY	42.00	0.00	612.36		

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	· ·
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184026	2/10/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	84
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184027	2/10/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	85
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184028	2/10/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	42.50		619.66 I	
				CATEGORY	42.50	0.00	619.66	

RUN DATE SALES JRN		LOC 001		REG NY NY LES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	86 3 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184029	2/10/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	4.00		58.32 I	
				CATEGORY	4.00	0.00		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A .
			S	SALES REGISTER			BILL WEEK ENDING	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
184030	2/10/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

F	RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	88
S	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	2/17/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	L84031	2/10/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	89
SALES UKN	⊔ # 0206	TOC 001		SALES REGISTER			BILL WEEK ENDIN	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184032	2/10/12	800000	VISITING NURSE SERVICE	ESPEJO, GRACIEL	18.00		262.44 I	
					10.00			
				CATEGORY	18.00	0.00	262.44	

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA	90 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184033	2/10/12	800000	VISITING NURSE SERVICE	E EVERETT, SHIRLE	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	- 9	1
			\$	SALES REGISTER			BILL WEEK END	ING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ГҮР	SURPLUS
184034	2/10/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	52.50		765.45	I	
184035	2/10/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	12.00		174.96	I	
184036	2/10/12	800000	VISITING NURSE SERVICE	FARIAS, SONIA	14.00		204.12	I	
				CUSTOMER	78.50	0.00	1,144.53		
				CATEGORY	78.50	0.00	1,144.53		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 92	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 2	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
184037	2/10/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	9.00		131.22 I	
				 CATEGORY	9.00	0.00	131.22	

RU	N DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SA	LES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	2/17/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18	4038	2/10/12	800000	VISITING NURSE SERVICE	FARO, VIRGINIA	6.00		87.48 I	
					CATEGORY	6.00	0.00		

RUN DATE 02/15/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0268 LOC 001 SUNNYSIDE CITYWIDE REG NY NY	PAGE 1 – 94 ADU ADULT
SALES REGISTER	BILL WEEK ENDING 2/17/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	AMOUNT TYP SURPLUS
184039 2/10/12 000008 VISITING NURSE SERVICE FAY, JULIA 33.00	481.14 I
CATEGORY 33.00 0.00	481.14

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	95	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE	LHCSA		
			5	SALES REGISTER			BILL WEEK E	NDING	2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
184040	2/10/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	55.25		805.55	I		
				CATEGORY	55.25	0.00	805.55	-		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	96
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAI	RE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184041	2/10/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
			S	SALES REGISTER			BILL WEEK ENDING	G 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
184042	2/10/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70 I		
				CATEGORY	15.00	0.00	218.70		

RUN DATE SALES JRN	- , - ,	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGIS	TER		PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184043	2/10/12	800000	VISITING NURSE SERVICE	FINK, ROSEMAR	IE 6.00		87.48	I
				CATEGOR	Y 6.00	0.00	87.48	

RUN DATE 02/1 SALES JRNL #	15/12 - SUP SUNN 0268 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	03/12 000008 10/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 23.00		87.48 I 335.34 I	
			CUSTOMER	29.00	0.00	422.82	
			CATEGORY	29.00	0.00	422.82	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 100)
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184046	2/10/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	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 L	- 10 HCSA)1
			\$	SALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184047	2/10/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	34.50		503.01	I	
184048	2/10/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	35.00		510.30	I	
184049	2/10/12	800000	VISITING NURSE SERVICE	FRAGALE, CONCET	1.00		14.58	I	
				CUSTOMER	70.50	0.00	1,027.89		
				CATEGORY	70.50	0.00	1,027.89		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 102 ADU ADULT	
DILLES GIAN	_ 0200	200 001		SALES REGISTER			BILL WEEK ENDING 2/17	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
184050	2/10/12	800000	VISITING NURSE SERVICE	FRANCO, RAFAEL	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING E BILL WEEK END	HOMEW/O WALLS (LT	Г
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
184051 184052 184053 184054	2/03/12 2/10/12 2/10/12 2/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FRED, EULALIA FRED, EULALIA FREIJOSO, ROSA FUNES, GEORGINA	8.00 55.50 38.00 30.00		116.64 809.19 554.04 437.40	I I I	
				CUSTOMER	131.50	0.00	1,917.27		
				 CATEGORY	131.50	0.00	1,917.27		

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	104
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGIS	TER		BILL WEEK ENDING	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184055	2/10/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30 I	
				CATEGO		0.00	510.30	

			YSIDE CITYWIDE					-	- 10)5
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY S A L E S	NY REGISTER	1		ADU ADULT BILL WEEK ENI	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	DE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
INVOICE#	DAIL	COSI NO	COSTOMER NAME	KE	FERENCE	HOURS	IAX AMI	AMOUNT	IIP	SURPLUS
184056	2/10/12	800000	VISITING NURSE SERVICE	GAL	ARZA, JOSE	3.25		47.39	I	
					CATEGORY	3.25	0.00	47.39		

	/15/12 - SUP SUNN # 0268 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 106 VCP CHOICE LHCSA BILL WEEK ENDING 2/17/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	/10/12 000008 /10/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	42.00 9.00		612.36 I 131.22 I
			CUSTOMER	51.00	0.00	743.58
			CATEGORY	51.00	0.00	 743.58

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	7
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	IOMEW/	O WALLS (LT
			S	ALES REGISTER			BILL WEEK END	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184059	2/10/12	800000	VISITING NURSE SERVICE	GALLO, BENJAMIN	38.25		557.69	I	
184060	2/10/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	16.00		233.28	I	
				CUSTOMER	54.25	0.00	790.97		
				CATEGORY	54.25	0.00	790.97		

			YSIDE CITYWIDE				PAGE 1 - 108	3
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0.415.410
			2	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184061	2/10/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 109	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 2/17/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	iS
184062	2/10/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	-

- 1	RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END	- 110 ING	2/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	ΓΥΡ	SURPLUS
	184063	2/10/12	800000	VISITING NURSE SERVICE	GARCIA, JUANA	71.75		1,046.12	I	
					CATEGORY	71.75	0.00	1,046.12		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 111
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	ING 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
184064	2/10/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	24.00		349.92	I
184065	2/10/12	000008	VISITING NURSE SERVICE	GARY, MIKE	35.00		510.30	I
184066	2/10/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	32.00		466.56	I
				CUSTOMER	91.00	0.00	1,326.78	
				CATEGORY	91.00	0.00	1,326.78	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	12
SALES JRN	rL # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184067	2/10/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

- 1				YSIDE CITYWIDE				PAGE 1 -	
ı	SALES JRN	L # 0268	LOC 001		REG NY NY			LTC NURSING HOME	•
				2	SALES REGISTER			BILL WEEK ENDING	3 2/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	184068	2/10/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	40.25		586.85 I	
ı					CATEGORY	40.25	0.00	586.85	

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184069	2/10/12	800000	VISITING NURSE SERVICE	GIUNTA, MADELIN	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN I	ATE 02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	15
SALES	JRNL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			i	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVO	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18407	70 2/10/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	.16
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184071	2/10/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 117	
SALES JRN	rL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (I	T
			\$	SALES REGISTER			BILL WEEK ENDING 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184072	2/10/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	28.00		408.24 I	
184073	2/03/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	5.00		72.90 I	
184074	2/10/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	33.00		481.14 I	
				CUSTOMER	66.00	0.00	962.28	
				CATEGORY	66.00	0.00	962.28	

			- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	118 G 2/17/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184	1075	2/10/12	000008	VISITING NURSE SERVICE	GONZALEZ, CARLO	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			'	SALES REGISTER			BILL WEEK ENDING	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184076	2/10/12	000008	VISITING NURSE SERVICE	GONZALEZ, DOLOR	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184077	2/10/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELSA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 121
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			i	SALES REGISTER			BILL WEEK ENDI	ING 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
184078	2/10/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	8.00		116.64	I
184079	2/10/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20	I
				CUSTOMER	48.00	0.00	699.84	
				0021011210	10.00	0.00	0,,,,,,	
				CATEGORY	48.00	0.00	699.84	

RUN DATE 02/15/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0268 LOC 001 SUNNYSIDE CITYWIDE				REGNY NY SALES REGISTER			PAGE 1 - : LAA LOMBARDI AID BILL WEEK ENDING	S ADULT POPUL
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184080	2/10/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

RUN DATE SALES JRN	02/15/12 -		PAGE 1 - 123 VCP CHOICE LHCSA						
511225 0144	2 0200	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK END		2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184081 184082	2/10/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I	
184082	2/10/12	000008	VISITING NURSE SERVICE	GUTIERREZ, ANGE	40.00		583.20		
				CUSTOMER	124.00	0.00	1,807.92		
				CATEGORY	124.00	0.00	1,807.92		

RUN DATE 02/15/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0268 LOC 001 SUNNYSIDE CITYWIDE REG NY NY							PAGE 1 – 124 ADU ADULT			
DALLO OIGV	1 # 0200	100 001		SALES REGISTER			BILL WEEK EN	DING	2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
184083 184084	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	HALPERN, SIDNEY HENAO, BEATRIZ	12.00 12.00		174.96 174.96	I I		
				CUSTOMER	24.00	0.00	349.92			
				CATEGORY	24.00	0.00	349.92			

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 125 VCP CHOICE LHCSA BILL WEEK ENDING 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184085	2/10/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	126
			_	ALES REGISTER			BILL WEEK ENDI	- , ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184086	2/10/12	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	52.00		758.16	I
				CATEGORY	52.00	0.00	758.16	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	27
SALES JRN	rL # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184087	2/10/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

	N DATE 02/15/12 - SUP SUNNYSIDE CITYWIDE LES JRNL # 0268 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER						PAGE 1 - 128 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/17/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184088 184089 184090	2/10/12 2/10/12 2/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HERRERA, ANGELA HERRERA, HORACI HUNGRIA, SABINA	30.75 42.00 40.00		448.34 612.36 583.20	I I I	
				CUSTOMER	112.75	0.00	1,643.90		
				CATEGORY	112.75	0.00	1,643.90		

	02/15/12 - NL # 0268		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDII	129 NG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184091	2/10/12	800000	VISITING NURSE SERVICE	IANNELLO, ROSE	2.00		29.16	I
				CATEGORY	2.00	0.00	29.16	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 130 VCP CHOICE LHCSA BILL WEEK ENDING 2/1	17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
184092	2/10/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	131
SALES JRN	L # 0268	LOC 001		REG NY NY			LAA LOMBARDI AIDS	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184093	2/10/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10 I	
				CAREGORY	45.00			
				CATEGORY	45.00	0.00	656.10	

			YSIDE CITYWIDE					PAGE 1	- 13	32
SALES JRNI	L # 0268	LOC 001	SUNNYSIDE CITYWIDE		1X			VCP CHOICE L		
			5	SALES RE	EGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184094	2/10/12	800000	VISITING NURSE SERVICE	INSER	RA, CATHER	46.25		674.33	I	
					CATEGORY	46.25	0.00	674.33		

RUN DATE	02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	3
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184095	2/10/12	000008	VISITING NURSE SERVICE	IRUSTA, MARIA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	134
	- "			ALES REGISTER			BILL WEEK ENDIN	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184096	2/10/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 135 HOMEW/O WALLS (LT DING 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
184097 184098	2/10/12 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· ·	35.00 46.25		510.30 674.33	I I
				CUSTOMER	81.25	0.00	1,184.63	
				CATEGORY	81.25	0.00	1,184.63	

RUN DATE	02/15/12 -		YSIDE CITYWIDE				PAGE 1	- 13	36
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			:	SALES REGISTER			BILL WEEK END	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184099	2/10/12	000008	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90	I	
184100	2/10/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	4.00		58.32	I	
				CUSTOMER	9.00	0.00	131.22		
				CATEGORY	9.00	0.00	131.22		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 137 ADU ADULT BILL WEEK ENDING 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184101	2/10/12	800000	VISITING NURSE SERVICE	JASZKOWSKI, GEN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 02 SALES JRNL	/15/12 - SUP SUNN # 0268 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE		38 2/17/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184103 2	/20/12 000008 /10/12 000008 /10/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JEWAT, LUCILLE JEWAT, LUCILLE JHAVERI, RAMESH	11.00 76.50 8.00		160.38 1,115.38 116.64	I I	
			CUSTOMER	95.50	0.00	1,392.40		
			CATEGORY	95.50	0.00	1,392.40		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.39
SALES JRNI	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184105	2/10/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	69.75		1,016.96 I	
				 CATEGORY	69.75	0.00	1,016.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY ALES REGISTER			PAGE 1 - 140 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184106	2/10/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

-	- , - ,		YSIDE CITYWIDE	DDG 399			PAGE 1 -	- 141	-
SALES JRN	L # U268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	ING	2/17/12
							D111		2, 1, , 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ΓΥΡ	SURPLUS
184107	2/10/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	12.00		174.96	I	
184108	2/10/12	800000	VISITING NURSE SERVICE	JOHANSSON, MARI	9.00		131.22	I	
184109	2/10/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	16.00		233.28	I	
184110	2/03/12	000008	VISITING NURSE SERVICE	JOHNSON, FANNY	8.00		116.64	I	
184111	2/03/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	4.00		58.32	I	
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	2
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184112	2/03/12	000008	VISITING NURSE SERVICE	JOHNSON, FANNY	8.00		116.64 I	
184113	2/10/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	20.00		291.60 I	
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE (02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 143	
SALES JRNI	և # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 2	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
184114	2/10/12	800000	VISITING NURSE SERVICE	JOHNSON, SULLIV	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	
1				CALEGORI	1.00	0.00	14.30	

RUN DATE 02 SALES JRNL		JP SUNNY DC 001	SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE CU	JST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
			VISITING NURSE SERVICE VISITING NURSE SERVICE	,	24.75 39.00		360.86 568.62	I I	
				CUSTOMER	63.75	0.00	929.48		
				CATEGORY	63.75	0.00	929.48		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	145 IG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184117	2/10/12	800000	VISITING NURSE SERVICE	KAKOULLIS, FAY	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.46
SALES JRN	L # 0268	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184118	2/10/12	800000	VISITING NURSE SERVICE	KARAMUZE, SPERO	17.00		247.86 I	
				CATEGORY	17.00	0.00	247.86	

		- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 14	17
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	_	NY			VCP CHOICE L		
				SALES R	EGISTE	R		BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184119	2/10/12	000008	VISITING NURSE SERVICE	KAUR,	SARD	8.75		127.58	I	
184120	2/10/12	800000	VISITING NURSE SERVICE	KAUR,	SHARAN	51.25		747.23	I	
					- CUSTOMER	60.00	0.00	874.81		
					CATEGORY	60.00	0.00	874.81		

RUN DATE 02/15/	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 14	:8
SALES JRNL # 02	68 LOC 001		REG NY NY			ADU ADULT		
		2	SALES REGISTED	R		BILL WEEK EN	DING	2/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184121 2/03/	12 000008	VISITING NURSE SERVICE	KAVOURIAS, MARI	3.00		43.74	I	
184122 2/03/	12 000008	VISITING NURSE SERVICE	KAVOURIAS, MARI	6.00		87.48	I	
184123 2/10/	12 000008	VISITING NURSE SERVICE	KAVOURIAS, MARI	1.00		14.58	I	
			CUSTOMER	10.00	0.00	145.80		
			CATEGORY	10.00	0.00	145.80		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	149
SALES JRN	L # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184124	2/10/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	0
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184125	2/10/12	800000	VISITING NURSE SERVICE	KING, JOSEPH	3.00		43.74 I	
184126	2/10/12	800000	VISITING NURSE SERVICE	KOPCHYNSKI, HIL	12.00		174.96 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 151	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING 2/	17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
184127	2/10/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	54.25		790.97 I	
				CATEGORY	54.25	0.00	790.97	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - I ADU ADULT	152
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184128	2/10/12	000008	VISITING NURSE SERVICE	•	4.00		58.32 I	
184129	2/10/12	000008	VISITING NURSE SERVICE	- •	16.00		233.28 I	
184130	2/10/12	800000	VISITING NURSE SERVICE	LANDETA, FERNAN	3.00		43.74 I	
				CUSTOMER	23.00	0.00	335.34	
				CATEGORY	23.00	0.00	335.34	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
	.2 0200	200 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184131	2/10/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	154
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184132	2/10/12	800000	VISITING NURSE SERVICE	LEE, GOCK HAN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	55
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
				SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184133	2/10/12	800000	VISITING NURSE SERVICE	LEE, HEE	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184134 184135	2/10/12 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	24.00 20.00		349.92 291.60	I	
				CUSTOMER	44.00	0.00	641.52		
				CATEGORY	44.00	0.00	641.52		

			YSIDE CITYWIDE	REG NY NY			PAGE 1 - 157	
SALES UI	RNL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	2/17/12
INVOICE	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184136	2/10/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

	02/15/12 - NL # 0268		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	158 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184137	2/10/12	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.59
SALES JRN	L # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184138	2/10/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE (02/15/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	L60
SALES JRNI	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184139	2/10/12	000008	VISITING NURSE SERVICE	LITSAS, MARTHA	24.00		349.92 I	
184140	2/10/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	12.00		174.96 I	
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE					- 161	
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		•
				SALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184141	2/10/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	56.00		816.48	I	
184142	2/10/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I	
				CUSTOMER	98.00	0.00	1,428.84		
				CATEGORY	98.00	0.00	1,428.84		

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	- , ,
184143	2/10/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	68.00		991.44 I	
				CATEGORY	68.00	0.00	991.44	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				PAGE 1 - ADU ADULT	163
DIEDO CIUV	L 0200	100 001		SALES REC	GISTER			BILL WEEK ENDING	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREI	NCE :	HOURS	TAX AMT	AMOUNT TY	SURPLUS
184144	2/10/12	800000	VISITING NURSE SERVICE	LOOR, MI	ERCY	23.00		335.34 I	
				Ci.	ATEGORY	23.00	0.00	335.34	
				CA	ALEGORI	23.00	0.00	333.34	

			YSIDE CITYWIDE					164
SALES JRN	L # 0268	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	IG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184145	2/10/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - AUR ADULT REHAB	ONLY
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	. ,
184146	2/10/12	000008	VISITING NURSE SERVICE	LOPEZ, GRACIELA	6.00		87.48 I	
				CATEGORY	6.00	0.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184147	2/10/12	000008	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 16° ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184148	2/10/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	168
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	
			\$	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184149	2/10/12	000008	VISITING NURSE SERVICE	THORG TRUTCEN	19.50		284.32 I	
184150	2/10/12	000008	VISITING NURSE SERVICE	,	30.00		437.40 I	
				CUSTOMER	49.50	0.00	721.72	
				CATEGORY	49.50	0.00	721.72	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	169
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDI	NG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
								_
184151	2/10/12	000008	VISITING NURSE SERVICE	MACCHIA, CATHY	36.00		524.88	I
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0268	LOC 001		REG NY NY SALES REGISTER			CCL CONGREGATE (
				SALES REGISTER			BILL MEEK ENDIN	3 2/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
104150	0 /10 /10				20.00		407.40 -	
184152	2/10/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRI	NL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
				SALES KEGISTER			DILL WEEK ENDIN	G 2/11/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184153	2/10/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	2
SALES JRN	rL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184154	2/10/12	800000	VISITING NURSE SERVICE	MALIA, AGNES	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 02/1 SALES JRNL #			REG NY NY ALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK EN		73 2/17/12
INVOICE# DA	TE CUST NO	_	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	0/12 000008	VISITING NURSE SERVICE	MANGAN, JOHN	19.00	17121 1111	277.02	т.	BOILT HOD
	0/12 000008	VISITING NURSE SERVICE	MANNINO, FRANCE	77.00		1,122.66	I	
			CUSTOMER	96.00	0.00	1,399.68		
			CATEGORY	 96.00	0.00	1,399.68		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	4
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184157	2/10/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	42.00		612.36	I	
184158	2/10/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	21.00		306.18	I	
				CUSTOMER	63.00	0.00	918.54		
				CATEGORY	63.00	0.00	918.54		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTER			PAGE 1 - 175 ADU ADULT BILL WEEK ENDING 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184159	2/10/12	800000	VISITING NURSE SERVICE	MANTILLA, CLEME	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	6
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184160	2/10/12	800000	VISITING NURSE SERVICE	MARINO, ANN	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 177	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184161	2/10/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
184162	2/10/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 179	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 2/3	17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
184163	2/10/12	000008	VISITING NURSE SERVICE	MARTE, JOSE	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	180 SA
	_			SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184164 184165	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTIN, ELAUCAD MARTINEZ, CAMIL	15.00 15.00		218.70 I	[-
101103	2/10/12	000000	VIDITING NORDE BERVICE	CUSTOMER	30.00	0.00	437.40	
				COSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

]	RUN DATE (02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	81
- 13	SALES JRNI	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				5	SALES REGISTE	?		BILL WEEK ENDING	2/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	184166	2/10/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
					CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 182
	_ 0200	200 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
184167	2/10/12	000008	VISITING NURSE SERVICE	, -	30.00		437.40	Ī
184168 184169	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	41.50 84.00		605.08 1,224.72	I
				CUSTOMER	155.50	0.00	2,267.20	
				CATEGORY	155.50	0.00	2,267.20	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	183
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184170	2/10/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	184	
SALES JRN	L # 0268	LOC 001		REG NY NY			HOA HOSPICE ADUL		
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
184171	2/10/12	800000	VISITING NURSE SERVICE	MASI, RAFFAELE	13.00		189.54 I		
				CATEGORY	13.00	0.00	189.54		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 18	5
SALES JRN	rL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184172	2/10/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	35.75		521.24 I	
				CATEGORY	35.75	0.00	521.24	

			YSIDE CITYWIDE				PAGE 1	- 18	36
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			·	SALES REGISTER			BILL WEEK END	ING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184173	2/10/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54	I	
184174	2/10/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44	I	
				CUSTOMER	231.00	0.00	3,367.98		
				CATEGORY	231.00	0.00	3,367.98		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	87
SALES JRN	L # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184175	2/10/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 188 ADU ADULT BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184176	2/10/12	000008	VISITING NURSE SERVICE	MCPARTLAN, CATH	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE	DDG 1911			PAGE 1 - 189	
SALES JRN	IL # U268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 2	2/17/12
							BIBE WEEK ENDING	., ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
184177 184178	2/10/12 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	20.00 23.25		291.60 I 338.99 I	
				CUSTOMER	43.25	0.00	630.59	
				CATEGORY	43.25	0.00	630.59	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	190
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184179	2/10/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	30.75		448.34 I	
				CATEGORY	30.75	0.00	448.34	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	91
SALES JRN	IL # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184180	2/10/12	800000	VISITING NURSE SERVICE	MELILLO, GRACE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 192
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI A	AIDS ADULT POPUL
			\$	SALES REGISTER			BILL WEEK ENDI	ING 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
184181	2/03/12	000008	VISITING NURSE SERVICE	MENDEZ, NELLY	4.00		58.32	I
184182	2/03/12	000008	VISITING NURSE SERVICE	MENDEZ, NELLY	12.00		174.96	I
184183	2/10/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	18.00		262.44	I
				CUSTOMER	34.00	0.00	495.72	
				CATEGORY	34.00	0.00	495.72	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI		3 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184184	2/10/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	71.25		1,038.83	I	
				CATEGORY	71.25	0.00	1,038.83		

			YSIDE CITYWIDE				PAGE 1 - 1:	
SALES JRN	L # 0268	LOC 001		REGNY NY ALES REGISTER			LTC NURSING HOMEW, BILL WEEK ENDING	•
			5 1	ALES REGISTER			DILL WEEK ENDING	2/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184185	2/10/12	000008	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	3 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184186	2/10/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	20.00		291.60 I	
184187	2/10/12	800000	VISITING NURSE SERVICE	MILEO, MARY	22.25		324.41 I	
				CUSTOMER	42.25	0.00	616.01	
				CATEGORY	42.25	0.00	616.01	

			SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 196 ADU ADULT	
					SALES REGISTER			BILL WEEK ENDING	2/17/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	184188	2/10/12	800000	VISITING NURSE SERVICE	MIRANDA, ANDRES	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

RUN DATE (SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		97 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184189 184190 184191	2/10/12 2/10/12 2/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MONSERRAT, DORI MONTES, MARTA MORAITIS, AGATH	5.75 30.00 35.00		83.84 437.40 510.30	I I I	
				CUSTOMER	70.75	0.00	1,031.54		
				CATEGORY	70.75	0.00	1,031.54		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184192	2/10/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 199 ADU ADULT	
DILLES GIAN	_ 0200	200 001		SALES REGISTER			BILL WEEK ENDING 2/17/2	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
184193	2/10/12	800000	VISITING NURSE SERVICE	MORALES, GENERO	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	00
SALES JRN	IL # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184194	2/10/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 201	
ı	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGI	RAM
				5	SALES REGISTER			BILL WEEK ENDING 2/17/	12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JS
	184195	2/10/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184196	2/10/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	20.00		291.60	Ī
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 203	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE	DITTE	CODI NO	CODIONER WILL	KBI BKBICB	110010	17111 11111	11100111 111	30111 1100
184197	2/10/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	49.75		725.36 I	
				CATEGORY	49.75	0.00	725.36	

RUN DA	TE 02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	204
SALES	JRNL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184198	2/10/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

17/12
RPLUS

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 206	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O	WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184202	2/10/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	25.00		364.50	I	
184203	2/10/12	800000	VISITING NURSE SERVICE	•	33.50		488.43	I	
							050.03		
				CUSTOMER	58.50	0.00	852.93		
				CATEGORY	58.50	0.00	852.93		

RUN DATE	- , - ,		YSIDE CITYWIDE	DEC NY NY				- 20)7
SALES JRN	L # UZ08	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	.		VCP CHOICE LE		2/17/12
			•	SALES KEGISIEI	X.		DIDD WEEK EMI	JING	2/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184204	2/10/12	800000	VISITING NURSE SERVICE	NUZIALE, CONCET	49.00		714.42	I	
184205	2/10/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	I	
184206	2/10/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	11.00		160.38	I	
184207	2/10/12	800000	VISITING NURSE SERVICE	ORTIZ, LILIA	6.00		87.48	I	
184208	2/10/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	8.00		116.64	I	
184209	2/10/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	24.00		349.92	I	
				CUSTOMER	141.00	0.00	2,055.78		
				CATEGORY	141.00	0.00	2,055.78		

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY N	=			PAGE 1 ADU ADULT BILL WEEK EN		08 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER.		HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
184210	2/10/12	800000	VISITING NURSE SERVICE	PAPAGI.	ANNAKIS,	3.00		43.74	I		
					CATEGORY	3.00	0.00	43.74			

RUN DATE 02/15/1 SALES JRNL # 026		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 20	19
BILLIO GIAVE II 020	2 100 001		SALES REGISTER			BILL WEEK END		2/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184211 12/30/1	L 000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	10.00		145.80	I	
184212 2/10/1	2 000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	40.50		590.49	I	
184213 2/10/1	2 000008	VISITING NURSE SERVICE	PAPOUTSIS, MARY	6.00		87.48	I	
184214 2/10/1	2 000008	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74	I	
184215 2/10/1	2 000008	VISITING NURSE SERVICE	PARETTI, MARIE	53.00		772.75	I	
			CUSTOMER	112.50	0.00	1,640.26		
			CATEGORY	112.50	0.00	1,640.26		

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	10
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184216	2/10/12	800000	VISITING NURSE SERVICE	PARK, SUNG	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	11
SALES JRI	NL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184217	2/10/12	000008	VISITING NURSE SERVICE	PARTAGAS, ANA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 21 VCP CHOICE LHCSA BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184218 184219	2/10/12 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	• • • •	42.75 25.00		623.31 I 364.50 I	
				CUSTOMER	67.75	0.00	987.81	
				CATEGORY	67.75	0.00	987.81	

	02/15/12 - L # 0268		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 21 ADU ADULT	13
	- "			ALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184220	2/10/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S .	ALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184221	2/10/12	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 215	
SALES JRN	IL # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184222	2/10/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	216
SALES JRN	ъ # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12
		~~						
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
104000	0/10/10	00000	TITATETNA NEDAR ARRIVAR	DEDEG TOTOLIN	10.00		174.06	
184223	2/10/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	
1				CALEGURY	12.00	0.00	1/4.90	

ı	RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	217	
ı	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME		
ı				:	SALES REGISTER			BILL WEEK ENDING	2/17/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	184224	2/10/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	35.00		510.30 I		
					CATEGORY	35.00	0.00	510.30		

			YSIDE CITYWIDE				-	- 21	8
SALES JRN	L # U268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LH BILL WEEK END		2/17/12
							D111 1111 1110		2,1,,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
104005	0/10/10	000000	MITGITHING NUMBER CERTIFICE	DULL IDDG MADY	16.00		222 20	-	
184225	2/10/12	000008	VISITING NURSE SERVICE	,	16.00			I	
184226	2/10/12	000008	VISITING NURSE SERVICE	- ,	3.00		43.74	Τ	
184227	2/10/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50	I	
184228	2/10/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	42.00		612.36	I	
184229	2/10/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	36.00		524.88	I	
				CUSTOMER	122.00	0.00	1,778.76		
				CATEGORY	122.00	0.00	1,778.76		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184230	2/10/12	800000	VISITING NURSE SERVICE	POLISHOOK, FRAN	3.50		51.03 I	
				CATEGORY	3.50	0.00		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	220
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184231	2/10/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I	
				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 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184232 184233	2/10/12 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		28.75 36.00		419.18 I 524.88 I	
				CUSTOMER	64.75	0.00	944.06	
				CATEGORY	64.75	0.00	944.06	

ı	RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	222
ı	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3 2/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
ı									
ı	184234	2/10/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.75		710.78 I	
ı									
ı									
ı					CATEGORY	48.75	0.00	710.78	

ı	RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 223	
ı	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
ı					SALES REGISTER			BILL WEEK ENDING 2/17/12	
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
ı	104005	0 /10 /10				40.00			
ı	184235	2/10/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
ı									
					CATEGORY	40.00	0.00	583.20	

RUN DATE 02/15/12 SALES JRNL # 0268		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 224 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184236 2/10/12 184237 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	43.00 25.00		626.94 I 364.50 I
			CUSTOMER	68.00	0.00	991.44
			CATEGORY	68.00	0.00	991.44

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES J	RNL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AUR ADULT REHAB C	
				SALES REGISIER			DILL MEEK ENDING	2/1//12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184238	2/10/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	226 SA
	_			SALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184239 184240	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMPHAL, INDRIA RANDAZZO, ROSAL	12.00 20.00		174.96 291.60	I T
101210	2/10/12	00000	VIBILING NORDE BERVICE	CUSTOMER	32.00	0.00	466.56	
				COSTOMER	32.00	0.00	400.50	
				CATEGORY	32.00	0.00	466.56	

			YSIDE CITYWIDE				PAGE 1 -	:
SALES JRNI	և # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTA	
			\$	SALES REGISTER			BILL WEEK ENDIN	IG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184241	2/10/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	5.75		83.84 I	
				CATEGORY	5.75	0.00	83.84	

RUN D	ATE 02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	228
SALES	JRNL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18424	2 2/10/12	800000	VISITING NURSE SERVICE	REINA, JOSE	18.25		266.09 I	
				CATEGORY	18.25	0.00		

RUN DATE (02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 229)
SALES JRNI	և # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184243	2/10/12	000008	VISITING NURSE SERVICE	RICOTTA, SAVERI	7.00		102.06 I	
101213	2/10/12	000000	VIBILING NORDE BERVICE	RECOTIN, BRVERE	7.00		102.00	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 230)
SALES JR	NL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184244	2/10/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

l	RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	231
l	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
l				S	SALES REGISTER			BILL WEEK ENDING	2/17/12
l									
l	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
l									
l	184245	2/10/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	55.50		809.19 I	
l									
1									
1					CATEGORY	55.50	0.00	809.19	

RUN DATE (02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	2
SALES JRNI	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184246	2/10/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	20.00		291.60 I	
184247	2/10/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CUSTOMER	40.00	0.00	583.20	
				CATECODY	40.00	0.00	E92 20	
				CUSTOMER CATEGORY	40.00	0.00	583.20 583.20	

			YSIDE CITYWIDE	DDG 1997			PAGE 1 - 233	
SALES JRN.	L # U268	TOG 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/17/12	
TMTOTOR	DAME	CIICE NO	CHICHOMED NAME	DEFEDENCE	HOHDG	max amm	AMOUNT TO GUDDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184248	2/10/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 234	
SALES JRNI	և # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184249	2/10/12	000008	VISITING NURSE SERVICE	RIVERA, LEONOR	6.00		87.48 I	
184250	2/10/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CUSTOMER	34.00	0.00	495.72	
							405 80	
				CATEGORY	34.00	0.00	495.72	

RUN DATE 02/1 SALES JRNL #	5/12 - SUP SUNN 0268 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 235 LTC NURSING HOMEW/O BILL WEEK ENDING	
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	0/12 000008 0/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		52.00 12.00		758.17 I 174.96 I	
			CUSTOMER	64.00	0.00	933.13	
			CATEGORY	64.00	0.00	933.13	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
SALES ORN	IL # 0200	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184253	2/10/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE	02/15/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - :	237
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184254	2/10/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 238 VCP CHOICE LHCSA BILL WEEK ENDING 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184255	2/10/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	20.00		291.60 I
				CATEGORY	20.00	0.00	291.60

			YSIDE CITYWIDE				PAGE 1 -	239
SALES JRN	L # 0268	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 2/17/12
								- , ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184256	2/10/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	40.00		583.21 I	
				CATEGORY	40.00	0.00	583.21	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 240	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRA	M
			\$	SALES REGISTER			BILL WEEK ENDING 2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184257	2/10/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	1
SALES JRI	NL # 0268	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184258	2/10/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARI	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184259	2/10/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	243
SALES UKN.	L # 0200	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184260	2/10/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	40.00		714 42	
1				CATEGORY	49.00	0.00	714.42	

RUN DATE 02/15/12 SALES JRNL # 0268		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING E BILL WEEK END	HOMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
184261 2/10/12 184262 2/10/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	. ~	40.00 48.00		583.20 699.84	I I
			CUSTOMER	88.00	0.00	1,283.04	
			CATEGORY	88.00	0.00	1,283.04	

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 245 ADU ADULT BILL WEEK ENDING 2/17/	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	
184263	2/10/12	000008	VISITING NURSE SERVICE	ROMERO, HERNAN	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 246	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 2	/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
184264	2/10/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE SALES JRN		SUP SUNN LOC 001			NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184265 184266	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	FLOR ANA	56.00 32.00		816.48 466.56	I I	
					CUSTOMER	88.00	0.00	1,283.04		
					CATEGORY	88.00	0.00	1,283.04		

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 24	18
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			ADU ADULT		
				SALES R	E G I S T E R			BILL WEEK EN	DING	2/17/12
	D	GTTGT 370	GUGEOVED VIVE	222		*******		33404737		arm n
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184267	2/10/12	000008	VISITING NURSE SERVICE	POGA	, LUZ E	55.00		801.90	I	
104207	2/10/12	000000	VISITING NORSE SERVICE	ROSA,	, 102 E	33.00		001.50	1	
					CATEGORY	55.00	0.00	801.90		
					CALEGORI	55.00	0.00	801.90		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			•	SALES REGISTER			BILL WEEK ENI	JING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184268	2/10/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
184269 184270	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		36.00 20.50		524.88 298.89	I	
101270	2/10/12	000000	VIBILING NORDE BERVICE						
				CUSTOMER	72.50	0.00	1,057.05		
				CATEGORY	72.50	0.00	1,057.05		

RUN DATE 02/1 SALES JRNL #		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 25 ADU ADULT	50
DALLO OICUL #	0200 100 001		SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	0/12 000008 0/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.00 15.25		291.60 I 222.35 I	
			CUSTOMER	35.25	0.00	513.95	
			CATEGORY	35.25	0.00	513.95	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	251
SALES JRN	rL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	BALES REGISTER			BILL WEEK ENDING	G 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
184273	2/10/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

ı	RUN DATE (02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	252
ı	SALES JRNI	և # 0268	LOC 001		REG NY NY			LTC NURSING HOMEW	•
ı				i	SALES REGISTER			BILL WEEK ENDING	2/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	184274	2/10/12	000008	VISITING NURSE SERVICE	RUFFEN, SANDRA	23.75		346.28 I	
					CATEGORY	23.75	0.00	346.28	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - : ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184275	2/10/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				- 25	
SALES JRNL	# U208 I	LOC 001		REGNY NY SALES REGISTER			LTC NURSING BILL WEEK EN		2/17/12
INVOICE#	DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
			VISITING NURSE SERVICE VISITING NURSE SERVICE	•	6.00 34.00		87.48 495.72	I	
1042// 2	2/10/12 (300006	VISITING NURSE SERVICE	SAAVEDRA, SIELL	34.00		495.72		
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

RUN DATE	02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	55
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184278	2/10/12	000008	VISITING NURSE SERVICE	SAKELL, CHRYSAN	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 256 VCP CHOICE LHCSA	6
DILLEO CIUV	L 0200	100 001		SALES REGISTER				2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184279	2/10/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	77.00		1,122.66 I	
				CATEGORY	77.00	0.00	1,122.66	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	257
	_ "			ALES REGISTER			BILL WEEK ENDI	NG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
184280	2/10/12	800000	VISITING NURSE SERVICE	SALCEDO, JOSE	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

			TYSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AUR ADULT REHAB BILL WEEK ENDING	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184281	2/10/12	800000	VISITING NURSE SERVICE	SALERNO, PEARL	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	02/15/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	259
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184282	2/10/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184283 184284 184285	2/10/12 2/10/12 2/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SALVUCCI, YOLAN SAMPOGNA, LUCY SANCHEZ, LIDIA	12.00 16.00 38.25		174.96 233.28 557.69	I I I	
				CUSTOMER	66.25	0.00	965.93		
				CATEGORY	66.25	0.00	965.93		

1	RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	61
1	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING	2/17/12
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	184286	2/10/12	000008	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 262	2
SALES JRN	rL # 0268	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184287	2/10/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

TONIER TONIE # 0000 TOR 001 REMNINGTOR CIRCUITOR DEC NIX NIX	
	ADU ADULT
S A L E S R E G I S T E R B	BILL WEEK ENDING 2/17/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	AMOUNT TYP SURPLUS
184288 2/10/12 000008 VISITING NURSE SERVICE SCOTT, CATHERIN 56.00	816.48 I
CATEGORY 56.00 0.00	816.48

	02/15/12 - JL # 0268			REGNY NY SALES REGISTER			PAGE 1 - 264 VCP CHOICE LHCSA BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184289	2/10/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

RUN DATE SALES JRN	- , - ,	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				265 MEW/O WALLS (LT NG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184290	2/10/12	800000	VISITING NURSE SERVICE	SEO, INJA	36.00		524.88	I
				CATEGORY	36.00	0.00	524.88	

-	- , - ,		YSIDE CITYWIDE				PAGE 1		5
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	ALES REGISTER			BILL WEEK END	ING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184291	2/10/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	56.00		816.48	I	
184292	2/10/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	56.00		816.48	I	
184293	2/10/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	41.75		608.72	I	
184294	2/10/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	4.00		58.32	I	
				CUSTOMER	157.75	0.00	2,300.00		
				CATEGORY	157.75	0.00	2,300.00		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	267
SALES JRN	ъ # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184295	2/10/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE O		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	
	2/10/12 2/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ·	30.00 15.00		437.40 I 218.70 I	- - - -
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	269
SALES OIGN	u # 0200	100 001		SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184298	2/10/12	000008	VISITING NURSE SERVICE	SKOUTELAS, ARIS	5.75		83.84 I	
				CATEGORY	 5.75	0.00	83.84	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	270
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDIN	G 2/17/12
TATTOTOTI	DAME	GIIGH NO	CHOMOMED NAME	DEFEDENCE	HOHDG	max anm	AMOTINE EST	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184299	2/10/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
101277	2,10,12	00000	VIDITING NONDE DENVIOL	DOLLHIL, HONDII	3.00		72.70	
				CATEGORY	5.00	0.00	72.90	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 271	L
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	E PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184300	2/10/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
184301	2/10/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 273 ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING 2/	17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
184302	2/10/12	800000	VISITING NURSE SERVICE	SOTO, ELSA	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	274
DALLO ORN	L # 0200	100 001		LES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184303	2/10/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	56.00		816.48 I	
1				CATEGORY	56.00	0.00	816.48	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	275	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	Т	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
184304	2/10/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I		
				CATEGORY	21.00	0.00	306.18		

			YSIDE CITYWIDE				PAGE 1 - 2	76
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDING	2/17/12
				SALES REGISIER			BILL MEEK ENDING	2/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184305	2/10/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	77
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184306	2/10/12	000008	VISITING NURSE SERVICE	STICKELL, BLANC	28.00		408.24 I	
184307	2/10/12	000008	VISITING NURSE SERVICE	STROBL, ALFRED	33.00		481.14 I	
				CUSTOMER	61.00	0.00	889.38	
				CATEGORY	61.00	0.00	889.38	

١	RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	278
ı	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
١				i	SALES REGISTER			BILL WEEK ENDING	2/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	184308	2/10/12	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	19.25		280.67 I	
ı	101300	2,20,22		VIDITING NONDE BENVIOL	Dolland, 100111	17.15		200.07	
ı									
ı					CATEGORY	19.25	0.00	280.67	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	79
SALES JRN	rL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184309	2/10/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

ı	RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	280	
ı	SALES JRN	L # 0268	LOC 001		REG NY NY			LTC NURSING HOMEW	•	
ı					SALES REGISTER			BILL WEEK ENDING	2/17/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	184310	2/10/12	000008	VISITING NURSE SERVICE	TADDEO, LENA	32.00		466.56 I		
					CATEGORY	32.00	0.00	466.56		

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 - ADU ADULT	281
				SALES R	EGISTE	R		BILL WEEK ENDI	NG 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
184311	2/10/12	800000	VISITING NURSE SERVICE	TAN,	RONGZHAO	9.00		131.22	<u> </u>
					CATEGORY	9.00	0.00	131.22	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	32
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184312	2/10/12	800000	VISITING NURSE SERVICE	TAVANO, SILVIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	3
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	•
				SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184313	2/10/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

	02/15/12 · NL # 0268		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	284
DALLO OIC	NL # 0200	100 001		SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184314	2/10/12	800000	VISITING NURSE SERVICE	TAWADROUS, ANWA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

			SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUL	
					SALES REGISTE	R		BILL WEEK ENDING	
INV	DICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1843	315	2/10/12	800000	VISITING NURSE SERVICE	TEMBELIS, DAPHN	15.00		218.70 I	
					CATEGORY		0.00		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 286 ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 2	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
184316	2/10/12	800000	VISITING NURSE SERVICE	TERRERO, RAMONI	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
			S	SALES REGISTER			BILL WEEK END	ING 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
184317	2/10/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	38.00		554.04	I
184318	2/10/12	000008	VISITING NURSE SERVICE	TINOCO, INES	35.00 		510.30	
				CUSTOMER	73.00	0.00	1,064.34	
				CATEGORY	 73.00	0.00	1,064.34	

RUN DATE 02/15/ SALES JRNL # 02			REG NY NY			PAGE 1 - ADU ADULT	288
DALLO ORNE # 02	100 100 001		SALES REGISTER			BILL WEEK ENDI	NG 2/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184319 2/10/ 184320 2/10/		VISITING NURSE SERVICE VISITING NURSE SERVICE	·	3.00 14.50		43.74 211.41	I I
			CUSTOMER	17.50	0.00	255.15	
			CATEGORY	17.50	0.00	255.15	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 28	19
Brilles orde	1 0200	100 001		SALES REGISTER			BILL WEEK END		2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
184321	2/10/12	800000	VISITING NURSE SERVICE	TORO, PURA	84.00		1,224.72	I	
184322	2/10/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	70.00		1,020.60		
				CUSTOMER	154.00	0.00	2,245.32		
				CATEGORY	154.00	0.00	2,245.32		

	02/15/12 - NL # 0268		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : LTC NURSING HOME	290 W/O WALLS (LT
	"			SALES REGISTER			BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184323	2/10/12	000008	VISITING NURSE SERVICE	TORRES, MARGOT	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	91
				:	S A L E S R E G I S T E R			BILL WEEK ENDING	2/17/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184	1324	2/10/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	11.75		171.32 I	
					CATEGORY	11.75	0.00	171.32	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	2
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	SALES REGISTER			BILL WEEK END	ING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184325	2/10/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	20.00		291.60	I	
184326	2/10/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	55.25		805.55	I	
				CUSTOMER	75.25	0.00	1,097.15		
				CATEGORY	75.25	0.00	1,097.15		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	193	
SALES JRN	L # 0268	LOC 001		REG NY NY			LTC NURSING HOMEW		
			:	SALES REGISTER			BILL WEEK ENDING	2/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
184327	2/10/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I		
				CATEGORY	20.00	0.00			

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 29	4
DILLEG GIGN	0200	100 001		SALES REGISTER			BILL WEEK END		2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ΓΥΡ	SURPLUS
184328 184329	2/10/12 2/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	56.00 7.00		816.48 1,224.72	I I	
				CUSTOMER	63.00	0.00	2,041.20		
				CATEGORY	63.00	0.00	2,041.20		

RUN DATE 02/15/12 SALES JRNL # 0268		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 295 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
184330 1/20/12 184331 2/10/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	5.00 30.00		72.90 I 437.40 I
			CUSTOMER	35.00	0.00	510.30
			CATEGORY	35.00	0.00	510.30

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 296	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 2/	17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
184332	2/10/12	800000	VISITING NURSE SERVICE	VALENCIANO-ROJ,	32.00		466.56 I	
				CATEGORY	32.00	0.00	 466.56	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	297
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184333	2/10/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 298	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER	-		BILL WEEK ENDING 2	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
184334	2/10/12	000008	VISITING NURSE SERVICE	VAROL, ELMAS	4.00		58.32 I	
184335	2/10/12	000008	VISITING NURSE SERVICE	VAROL, ELMAS	2.00		29.16 I	
184336	2/10/12	800000	VISITING NURSE SERVICE	VAROL, MUSTAFA	6.00		87.48 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	299
SALES JRN	NL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184337	2/10/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE (SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184338 184339 184340	2/10/12 2/10/12 2/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, EUSTAG VASQUEZ, RAPHAE VAZQUEZ, ESTHER	33.00 21.00 40.00		481.14 306.18 583.20	I I I	
				CUSTOMER	94.00	0.00	1,370.52		
				CATEGORY	94.00	0.00	1,370.52		

1:	RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	01
Н	SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	2/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	104041	0 /10 /10				4 00		50.00	
1	184341	2/10/12	000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	4.00		58.32 I	
I						4 00			
1					CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
184342	2/10/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	303
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184343	2/10/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 30 ADU ADULT)4
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184344	2/10/12	800000	VISITING NURSE SERVICE	VICEDO, FREDELI	8.75		127.58 I	
				CATEGORY	 8.75	0.00	127.58	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 30 HOA HOSPICE ADULT	5
DALLO OIU	1 m 0200	100 001		SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184345	2/10/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				11101	- 306	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		0/17/10
				SALES REGISTER			BILL WEEK END	ING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184346	1/27/12	000008	VISITING NURSE SERVICE	VILLAPOL, ANNA	6.00		87.48	I	
184347	2/10/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	30.00		437.40	I	
				CUSTOMER	36.00	0.00	524.88		
				COSTONER	30.00	0.00	324.00		
				CATEGORY	36.00	0.00	524.88		

RUN DATE	02/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 307	
SALES JRN	NL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING 2	/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
184348	2/10/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
					4 00			
1				CATEGORY	4.00	0.00	58.32	

RUN DA	TE 02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 308	
SALES	JRNL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			\$	SALES REGISTER			BILL WEEK ENDING 2/17/12	
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
184349	2/10/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 VCP CHOICE LHCSA BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184350 184351 184352	2/10/12 2/10/12 2/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VOLASTRO, JOHN	59.75 3.00 20.00		871.16 I 43.74 I 291.60 I	
				CUSTOMER	82.75	0.00	1,206.50	
				CATEGORY	82.75	0.00	1,206.50	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 3 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184353	2/10/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - :	
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
							DIDD WEEK ENDING	2/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184354	2/10/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

	TE 02/15/12 · JRNL # 0268		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 312 ADU ADULT	
011220	01412 0200	200 001		SALES REGISTER				/17/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
184355	2/10/12	800000	VISITING NURSE SERVICE	WITTKOWSKI, ELF	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	.3
SALES JRN	rL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184356	2/10/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	314
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184357	2/10/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 02/15/12 SALES JRNL # 0268		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 31 ADU ADULT	
		5	SALES REGISTER			BILL WEEK ENDING	2/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184358 2/10/12 184359 2/10/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	ZAMBRANO, CRUZM ZAMBRANO, VICTO	28.00 21.00		408.24 I 306.18 I	
			CUSTOMER	49.00	0.00	714.42	
			CATEGORY	49.00	0.00	714.42	

RUN DATE 02/15/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 316 SALES JRNL # 0268 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 2/17/12 R NAME

REFERENCE

HOURS

TAX AMT

ACERNO, CLAIRE
ALI, ANEUNISSA
20.00

AVALA, ENELQUE
BEGUM, JAMILA
BANGA, JAMILA
BANGA, BANILA
BANGA, BANILA
BANGA, BANILA INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 184360 305.44 I 2/10/12 000010 GUILDNET 265.60 I 184361 2/10/12 000010 GUILDNET 184362 2/03/12 000010 GUILDNET 184363 2/10/12 000010 GUILDNET 184364 GUILDNET 2/10/12 000010 184365 GUILDNET 2/10/12 000010 GUILDNET 184366 2/10/12 000010 184367 000010 GUILDNET 2/10/12 184368 2/10/12 000010 GUILDNET 184369 2/10/12 000010 GUILDNET 184370 2/10/12 000010 GUILDNET GUILDNET 184371 2/10/12 000010 184372 2/10/12 000010 GUILDNET 184373 2/10/12 000010 GUILDNET 184374 2/10/12 000010 GUILDNET 184375 2/10/12 000010 GUILDNET 184376 1/20/12 000010 GUILDNET 184377 2/10/12 000010 GUILDNET 184378 2/10/12 000010 GUILDNET 184379 2/10/12 000010 GUILDNET 184380 GUILDNET 2/10/12 000010 184381 GUILDNET 2/10/12 000010 184382 GUILDNET 2/10/12 000010 184383 2/10/12 000010 GUILDNET 184384 2/10/12 000010 GUILDNET 184385 2/10/12 000010 GUILDNET 184386 2/10/12 000010 GUILDNET 184387 2/10/12 000010 GUILDNET 184388 2/10/12 000010 GUILDNET 184389 2/10/12 000010 GUILDNET 184390 2/10/12 000010 GUILDNET 184391 2/10/12 000010 GUILDNET 184392 2/10/12 000010 GUILDNET 184393 2/10/12 000010 GUILDNET 184394 2/10/12 000010 GUILDNET 184395 2/10/12 000010 GUILDNET 184396 2/10/12 000010 GUILDNET 184397 2/10/12 000010 GUILDNET 184398 2/10/12 000010 GUILDNET 184399 000010 GUILDNET 2/10/12 184400 2/10/12 000010 GUILDNET 184401 000010 GUILDNET 2/03/12 000010 GUILDNET 184402 2/10/12 184403 2/10/12 000010 GUILDNET 184404 2/10/12 000010 GUILDNET 184405 2/10/12 000010 GUILDNET 184406 2/10/12 000010 GUILDNET 184407 2/10/12 000010 GUILDNET 2/10/12 000010 GUILDNET 184408

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC NV NV			PAGE 2 GUI GUILDNET	- 31	L7
DALLES OKN	IL # 0200	100 001	SOUNTSIDE CITIWIDE	REG NY NY SALES REGISTER			BILL WEEK EN	TNG	2/17/12
							DIDD WEEK BIN	J1110	2/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184409	2/10/12	000010	GUILDNET	RODRIGUEZ, HOLG	18.00		239.04 597.60 199.20 265.60 212.48 780.20 106.24 571.04 557.76 53.12 371.84 106.24 929.60 106.24 212.48 258.96 332.00 1,260.00 1,115.52	I	
184410	2/10/12	000010	GUILDNET	RODRIGUEZ, HOLG	45.00		597.60	I	
184411	2/10/12	000010	GUILDNET	ROJAS, ANGEL	15.00		199.20	I	
184412	2/10/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		265.60	I	
184413	2/10/12	000010	GUILDNET	RUBIANO, MARIA	16.00		212.48	I	
184414	2/10/12	000010	GUILDNET	SALJANIN, DILJA	58.75		780.20	I	
184415	2/03/12	000010	GUILDNET	SANCHEZ, ELIZAB	8.00		106.24	I	
184416	2/10/12	000010	GUILDNET	SANCHEZ, ELIZAB	43.00		571.04	I	
184417	2/03/12	000010	GUILDNET	SHELTON, AGUEDA	42.00		557.76	I	
184418	2/10/12	000010	GUILDNET	SOMRAJ, UMILLA TOROSSIAN, PARI	4.00		53.12	I	
184419	2/10/12	000010	GUILDNET	TOROSSIAN, PARI	28.00		371.84	I	
184420	2/10/12	000010	GUILDNET	VILLACRES, LUZ	8.00		106.24	I	
184421	2/10/12	000010	GUILDNET	VLAHOS, MARIE WEISZ, KLARA	70.00		929.60	I	
184422	2/10/12	000010	GUILDNET	WEISZ, KLARA	8.00		106.24	I	
184423	2/10/12	000010	GUILDNET	MECT DAIDMIN	16.00		212.48	I	
184424	2/10/12	000010	GUILDNET	WESI, BALDWIN WHITLEY, MYRNA	19.50		258.96	I	
184425	2/03/12	000010	GUILDNET	YI, CARLOS	25.00		332.00	I	
184426	2/10/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,260.00	I	
184427	2/10/12	000010	GUILDNET	YIANTSELIS, VIR ZARE, GLORIA	84.00		1,115.52	I	
184428	2/10/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		849.92	I	
				CUSTOMER	2,266.25	0.00	34,597.24		
				CATEGORY	2,266.25	0.00	34,597.24		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	318
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIRST	
				REGNY NY SALES REGISTER	?		BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184429	2/10/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64 I	
184430	2/10/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28 I	
184431	2/10/12	000122	HEALTH FIRST	BOCHENEC TOLAN	42.00		708.96 I	
184432	2/10/12	000122	HEALTH FIRST	CARMONA. LUZ	32.00		540.16 I	
184433	2/10/12	000122	HEALTH FIRST	CARRION. MARIA	40.00		675.20 I	
184434	1/27/12	000122	HEALTH FIRST	CEBALLOS ANA	8.00		135.04 I	
184435	2/10/12	000122	HEALTH FIRST	CHARTTAR, RAMKA	29.50		497.96 I	
184436	2/10/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40 I	
184437	2/03/12	000122	HEALTH FIRST	DENNISON, KELVI	24.00		405.12 I	
184438	2/10/12	000122	HEALTH FIRST	DORNELLAS, STEL	26.00		438.88 I	
184439	2/10/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	27.75		468.42 I	
184440	2/10/12	000122	HEALTH FIRST	ESTEVES, JOSE	63.00		1,063.44 I	
184441	2/10/12	000122	HEALTH FIRST	FERGERSON. TINA	28.00		472.64 I	
184442	2/10/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20 I	
184443	2/10/12	000122	HEALTH FIRST	FONTANES, PEDRO	42.00		708.96 I	
184444	2/10/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28 I	
184445	2/10/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56 I	
184446	2/10/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56 I	
184447	2/10/12	000122	HEALTH FIRST	HERRING, CHARLE	8.00		135.04 I	
184448	2/10/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12 I	
184449	2/10/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64 I	
184450	1/27/12	000122	HEALTH FIRST	LAZALA, GLADYS	108.00		1,823.04 I	
184451	2/10/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	76.00		1,282.88 I	
184452	2/10/12	000122	HEALTH FIRST	MACARENA, SAHAR	63.00		1,063.44 I	
184453	2/10/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56 I	
184454	2/10/12	000122	HEALTH FIRST	ORTIZ, TULA	25.00		422.00 I	
184455	2/10/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48 I	
184456	2/10/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48 I	
184457	2/10/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60 I	
184458	2/10/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96 I	
184459	2/10/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	48.00		810.24 I	
184460	2/10/12	000122	HEALTH FIRST	SALHUANA, YOLAN	32.75		552.82 I	
184461	2/10/12	000122	HEALTH FIRST	SPIVEY, PATRICI	20.00		337.60 I	
184462	2/10/12	000122	HEALTH FIRST	ST ROMAINE, CLA	46.00		776.48 I	
184463	2/10/12	000122	HEALTH FIRST	SURIEL, GERTRUD	28.00		472.64 I	
184464	2/10/12	000122	HEALTH FIRST	TEJADA, PAULA	39.00		658.32 I	
184465	2/10/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12 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 FRIAS, BARBARA 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	1,257.00	0.00	21,218.16	
				CATEGORY	1,257.00	0.00	21,218.16	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E				PAGE 1	- 32	19
SALES JRN	rL # 0268	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			NHP NEIGHBORE	HOOD I	HEALTH
			SALE	S REGISTER			BILL WEEK ENI	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184466	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AHMED, UMARA	48.00		810.24	I	
184467	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AKHTAR, SELINA	54.00		911.52	I	
184468	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	ARDITTO, PATRIC	30.00		506.40	I	
184469	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	BRATHWAITE, DON	20.00		337.60	I	
184470	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
184471	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
184472	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
184473	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	80.00		1,350.40	I	
184474	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	45.00		759.60	I	
184475	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHALIL, RASHAN	36.00		607.68	I	
184476	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHAN, FARUQUE	30.00		506.40	I	
184477	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHERIN	14.00		236.32	I	
184478	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES, EDWIN	42.00		708.96	I	
184479	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	35.75		603.46	I	
184480	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	22.00		371.36	I	
184481	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	4.00		67.52	I	
184482	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SALVATO, MARY	47.00		793.36	I	
184483	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SANCHEZ, CHRIST	9.00		151.92	I	
184484	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SCOTT, MICHAEL	38.00		641.44	I	
184485	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SHEPPARD, ERMA	70.00		1,181.60	I	
184486	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WELLS, WYNORIA	16.00		270.08	I	
184487	2/10/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	34.00		573.92	I	
			NEIGHBORHOOD HEALTH PROVIDERS	CUSTOMER	756.75	0.00	12,773.94		
				CATEGORY	756.75	0.00	12,773.94		

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 32	20
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/F	IDELIS
				SALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184488	2/10/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	63.00		1,063.44	I	
184489	2/10/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.80	I	
184490	2/10/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	20.00		337.60	I	
184491	2/10/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.92	I	
184492	2/10/12	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	6.00		101.28	I	
184493	2/10/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,063.44	I	
184494	2/10/12	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	24.00		405.12	I	
184495	2/10/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	38.00		641.44	I	
184496	2/10/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	33.00		557.04	I	
				 CUSTOMER	366.00	0.00	6,178.08		
				CATEGORY	366.00	0.00	6,178.08		

			IYSIDE CITYWIDE	DEG NV NV			_	- 32	21
SALES JRN	L # UZ08	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			UHC UNITED HE BILL WEEK END		2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184497	2/10/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	I	
184498	2/10/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
184499	2/10/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	56.00		960.96	I	
184500	2/10/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	55.75		956.67	I	
184501	2/10/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
184502	2/10/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
184503	2/10/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	13.00		223.08	I	
				CUSTOMER	259.75	0.00	4,457.31		
				CATEGORY	259.75	0.00	4,457.31		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM HE	- 32 EALTH	22
				SALES REGISTER			BILL WEEK ENI	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184504	2/10/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
184505	2/10/12	000114	EMBLEM HEALTH	COPELAND, ELISE	29.75		423.94	I	
184506	2/10/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
184507	2/10/12	000114	EMBLEM HEALTH	KEATON, CATHERI	83.75		1,172.50	I	
184508	2/10/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
184509	2/10/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	55.75		780.50	I	
				CUSTOMER	285.25	0.00	4,000.94		
				CATEGORY	285.25	0.00	4,000.94		

			YSIDE CITYWIDE					- 32	
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE R				HIP HEALTH II		
			S A L	ES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184510	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL	11.00		185.68	I	
184511	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL BORLAZA, FRANCI	84.00		1,417.92	I	
184512	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE	3.75		63.30	I	
184513	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	DE JESUS, TIBUR	63.00		1,063.44	I	
184514	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	GOMES, AGUSTINA	63.00		1,063.44	I	
184515	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	,	47.00		793.36	I	
184516	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	- ,			506.40	I	
184517	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	•			303.84	I	
184518	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	•				I	
184519	2/10/12	000136	HEALTH INSURANCE PLAN OF NY				303.84	I	
184520	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	- ,			67.52	I	
184521	2/10/12	000136	HEALTH INSURANCE PLAN OF NY	ZAMBRANO, ZOILA	8.00		135.04	I	
				CUSTOMER	365.75	0.00	6,173.86		
				CATEGORY	365.75	0.00	6,173.86		

			YSIDE CITYWIDE	DEG NV NV			-	324
SALES JRN	L # U268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			HPS HEALTH PLUS BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184522 184523	1/27/12 2/10/12	000138 000138	HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC	HARDING, EDNA VEGA, GLORIA	36.00 35.00		612.00 I 595.00 I	
				CUSTOMER	71.00	0.00	1,207.00	
				CATEGORY	71.00	0.00	1,207.00	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - : AFF AFFINITY HEAD BILL WEEK ENDING	LTH PLUS
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184524	2/10/12	000142	AFFINITY HEALTH PLUS	PURNELL, ROSE M	17.25		414.00 I	
				CATEGORY	17.25	0.00	414.00	

RUN DATE	02/15/12	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1	- 32	6
SALES JRN	IL # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLUS	HEAL	ЛН
				SALES REGISTER			BILL WEEK END	ING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
111101011	21112	0001 1.0		TELL ETTELLOS	110 0110		11100111		20112 202
184525	2/10/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	84.00		1,440.60	I	
184526	2/10/12	000130	METROPLUS HEALTH	ANDERSON, BETH	42.00		720.30	I	
184527	2/10/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
184528	2/10/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	I	
184529	2/10/12	000130	METROPLUS HEALTH	BRACERO, HELEN	32.00		548.80	I	
184530	2/10/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	44.00		754.60	I	
184531	2/10/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I	
184532	2/10/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50	I	
184533	1/27/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	145.00		2,486.75	I	
184534	2/10/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00	I	
184535	1/20/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	32.00		548.80	I	
184536	2/10/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	4.00		68.60	I	
184537	2/10/12	000130	METROPLUS HEALTH	GALAS, TERESA	37.00		634.55	I	
184538	2/10/12	000130	METROPLUS HEALTH	MANIACI, VINCEN	72.00		1,234.80	I	
184539	2/10/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
184540	2/10/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I	
184541	2/10/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	16.00		274.40	I	
184542	2/10/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	40.00		686.00	I	
184543	2/10/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	23.00		394.45	I	
184544	2/10/12	000130	METROPLUS HEALTH	RYALS, CHARLES	35.00		600.25	I	
184545	2/10/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	12.00		205.80	I	
184546	2/10/12	000130	METROPLUS HEALTH	VALLE, BLASINA	45.00		771.75	I	
				ABBAS, SENOWARA ANDERSON, BETH ARIAS, NORA BEDOYA, MONICA BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA DURHAM, CYNTHIA GALAS, TERESA MANIACI, VINCEN MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA PUCHUELA, MARIA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE VALLE, BLASINA	982.00	0.00	16,841.30		
						0.00			

RUN DATE	02/15/12		YSIDE CITYWIDE					PAGE 1	- 32	27
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG :	NY NY			WEL WELCARE	OF NY	
				SALE	S REGISTE	R		BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184547	2/10/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	55.00		946.00	I	
184548	2/10/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	24.00		412.80	I	
184549	2/10/12	000124	WELCARE OF NEW YORK,	INC.	PEREZ, MAURA	64.00		1,100.80	I	
184550	2/10/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	58.50		1,006.20	I	
					CUSTOMER	201.50	0.00	3,465.80		
					CATEGORY	201.50	0.00	3,465.80		

			YSIDE CITYWIDE						328
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG I				NPS NY PRESBYT	
				заце,	S REGISIER			BILL WEEK ENDI	NG 2/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
184551	2/10/12	000134	NY-PRESBYTERIAN SYSTEM	M SELECT	KARASSAVIDIS, A	35.00		600.60	I
					CATEGORY	35.00	0.00	600.60	

RUN DATE 02/15/12 SALES JRNL # 0268		SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 AMG AMERIGROU BILL WEEK ENI		2/17/12
INVOICE# DATE	CUST NO (CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184552 2/10/12 184553 2/03/12 184554 2/03/12	000132 A	AMERIGROUP AMERIGROUP AMERIGROUP	FERNANDEZ, NORK GUERRA, LORRAIN PRUITT, JOHNNY	40.25 80.00 16.00		679.02 1,349.60 270.08	I I I	
			CUSTOMER	136.25	0.00	2,298.70		
			CATEGORY	136.25	0.00	2,298.70		

RUN DATE	02/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 330
SALES JRN	L # 0268	LOC 001					PAR PRIVATE	
			SALE	S REGISTEF	3		BILL WEEK END	ING 2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
184555	2/10/12	000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS	4.00		58.00	I
184556	2/10/12	000002	SUNNYSIDE COMMUNITY SERVICES	BUTLER, MARY	7.50		108.75	I
184557	2/10/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	6.00		87.00	I
184558	2/10/12	000002	SUNNYSIDE COMMUNITY SERVICES	KRITSONIS-KOLLA	4.00		58.00	I
184559	2/10/12	000002	SUNNYSIDE COMMUNITY SERVICES	MAZZA, ROLAND	4.00		58.00	I
184560	2/10/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, MARIA	4.00		58.00	I
184561	2/10/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, TIRSO	4.00		58.00	I
184562	2/10/12	000002	SUNNYSIDE COMMUNITY SERVICES	SAK, FIRDEVS	7.75		112.38	I
				CUSTOMER	41.25	0.00	598.13	
184563	2/10/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	16.00		248.00	I
184564	2/10/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	25.00		344.75	I
184565	2/10/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I
184566	2/10/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I
				CATEGORY	97.25	0.00	2,652.88	

RUN DATE	02/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 33	31
SALES JRN	L # 0268	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN	'S AII	O SOCIETY
			S A	ALES REGISTER			BILL WEEK EN	DING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184567	2/10/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I	
184568	2/10/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
184569	2/10/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
184570	2/10/12	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	20.00		310.00	I	
184571	1/20/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	3.00		46.50	I	
184572	2/10/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	23.00		356.50	I	
184573	1/27/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	3.00		46.50	I	
184574	2/10/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	20.00		310.00	I	
184575	1/13/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	4.00		62.00	I	
184576	1/27/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	4.00		62.00	I	
184577	2/10/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	27.75		430.13	I	
				CUSTOMER	141.75	0.00	2,197.13		
							,		
				CATEGORY	141.75	0.00	2,197.13		

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 PAR PRIVATE	332
				S A L E S R E G I S T E R			BILL WEEK ENDING	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184578 184579	1/27/12 2/10/12	000098 000098	MILDRED PANSE MILDRED PANSE	PANSE, MILDRED PANSE, MILDRED	4.00		62.00 I 310.00 I	
101373	2, 10, 12	000000	11201100	CUSTOMER	24.00	0.00	372.00	
							372.00	
				CATEGORY	24.00	0.00	372.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ELD ELDERSERVEHE. BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
184580 184581	2/10/12 2/10/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 20.00		337.50 I 270.00 I	
				CUSTOMER	45.00	0.00	607.50	
				CATEGORY	45.00	0.00	607.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
184582	2/10/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	12.00		192.00	I
184583	2/10/12	000145	LARRY EISENBERG	BERGER, TESS	53.00		848.50	I
				CATEGORY	65.00	0.00	1,040.50	

RUN	DATE 0	2/15/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 33	5
SAL	ES JRNL	# 0268	LOC 001	SUNNYSIDE CITYWIDE	_				CCM COMPREHEN	SIVE	-
					SALES	REGISTER			BILL WEEK END	ING	2/17/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184	584	2/10/12	000150	COMPREHENSIVE CARE N	MANAGEMENT F	ROSARIO, CELEST	33.75		442.80	I	
						CATEGORY	33.75	0.00	442.80		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 PAR PRIVATE BILL WEEK EN	- 33	2/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
184585	2/10/12	000151	MICHAEL SIANO	SIANO, ANDREW	16.00		216.00	I	
184586	2/10/12	000153	PATRICIA RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
184587	2/10/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	167.75		2,671.76	I	
184588	2/10/12	002215	KEITH SALMON	LAWRANCE, LILLA	19.25		310.38	I	
184589	2/10/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
184590	2/10/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
184591 184592	2/03/12 2/10/12	004784 004784	CAMILLERI, JOSEPH CAMILLERI, JOSEPH	CAMILLERI, JOSE CAMILLERI, JOSE	5.00 25.00		67.50 337.50	I I	
				CUSTOMER	30.00	0.00	405.00		
184593	2/10/12	006337	STEPHEN EDEL	EDEL, CANDACE	80.75		1,275.63	I	
184594	2/10/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	35.00		550.00	I	
184595	2/10/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
184596	2/10/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
184597	2/10/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
184598	2/10/12	009036	MR. FERNANDO RIVERA	RIVERA, ALCIRA	9.00		139.50	I	
184599	2/10/12	009226	ALZHEIMER'S ASSOCIATIO	N CARDENAS, GUSTA	8.00		124.00	I	
184600	2/10/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
184601	2/10/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	9.00		139.50	I	
184602	2/10/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
184603	2/10/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
184604	2/10/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
184605	2/10/12	009801	JOSEPH HEPPT	HEPPT, EDWARD	75.00		1,186.50	I	
184606	2/10/12	997760	MARASA, ANTONIO	MARASA, ANTONIO	9.00		121.50	I	
				CATEGORY	570.75	0.00	8,941.77		
				LOCATION	21,911.50		333,875.69		
				COMPANY		0.00	333,875.69		

RUN DATE 02/15/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 337
SALES JRNL # 0268 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

CALES JRNL # 0268 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 2/17/12

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

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