RUN DATE 10/03/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0301 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 10/05/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ALVAREZ, ANGELA 4.00 210829 9/28/12 000082 SENIOR HEALTH PARTNERS 57.00 I 210830 9/28/12 000082 SENIOR HEALTH PARTNERS BANKS, ANASTAZJ 24.00 342.00 I SENIOR HEALTH PARTNERS BROOKS, NATALIE 256.50 I 210831 9/28/12 000082 18.00 CARRILLO, MARIALE CARRILLO, MARIA COLON, RAYMUNDA GHILIOTTY, FLOR GRAFSTEIN, LILL GUTIERREZ, LUCI HARIDIN, KHAMAT HARIDIN, RAMDIA HERNANDEZ, FRAN LEPORE, CLAIRE MOROCHO, MANUEL RODRIGUEZ, MARI SIERRA, MIRIAM SIMON, LUPE TORRESCAMPOS, J VASOUEZ, CORNEL CARRILLO, MARIA 498.75 210832 9/28/12 000082 SENIOR HEALTH PARTNERS 35.00 210833 9/28/12 000082 SENIOR HEALTH PARTNERS 35.00 498.75 210834 456.00 9/28/12 000082 SENIOR HEALTH PARTNERS 32.00 210835 9/28/12 000082 SENIOR HEALTH PARTNERS 7.00 1,400.00 210836 9/14/12 000082 SENIOR HEALTH PARTNERS 36.00 513.00 210837 9/28/12 000082 SENIOR HEALTH PARTNERS 33.00 470.25 210838 9/28/12 000082 SENIOR HEALTH PARTNERS 135.00 1,923.75 399.00 210839 9/28/12 000082 SENIOR HEALTH PARTNERS 28.00 210840 9/28/12 000082 SENIOR HEALTH PARTNERS 6.00 85.50 210841 9/28/12 000082 SENIOR HEALTH PARTNERS 76.00 1,083.00 210842 9/28/12 000082 SENIOR HEALTH PARTNERS 20.00 285.00 210843 9/28/12 000082 SENIOR HEALTH PARTNERS 25.00 356.25 210844 9/28/12 000082 SENIOR HEALTH PARTNERS 8.00 114.00 210845 9/28/12 SENIOR HEALTH PARTNERS 40.00 570.00 000082 210846 9/21/12 000082 SENIOR HEALTH PARTNERS VASQUEZ, CORNEL 18.00 256.50 210847 WOO, LUZ 171.00 9/28/12 000082 SENIOR HEALTH PARTNERS 12.00 WOO, LUZ 210848 9/28/12 000082 SENIOR HEALTH PARTNERS 4.00 57.00 I _____ CUSTOMER 596.00 0.00 9,793.25

CATEGORY

596.00 0.00

9,793.25

			YSIDE CITYWIDE				PAGE 1	-	2
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S A	LES REGISTER	<u>.</u>		BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210849	9/21/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	8.00		116.64	I	
210850	9/28/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	56.50		823.78	I	
210851	9/28/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96	I	
210852	9/28/12	800000	VISITING NURSE SERVICE	ACOSTA, ALBERTO	34.00		495.73	I	
210853	9/14/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	5.00		72.90	I	
210854	9/28/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I	
210855	9/28/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	34.75		506.66	I	
210856	9/28/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	69.50		1,013.32	I	
210857	9/28/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	49.75		725.36	I	
210858	9/28/12	800000	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32	I	
				CUSTOMER	298.50	0.00	4,352.17		
				CATEGORY	298.50	0.00	4,352.17		

RUN DATE SALES JRN				REG NY NY			PAGE 1 - LTC NURSING HOME	•
INVOICE#	DATE	CUST NO		A L E S R E G I S T E R REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	SURPLUS
210859	9/28/12	000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	38.00		554.04 I	
				CATEGORY	38.00	0.00		

RUN	DATE 1	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	4
SALE	S JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
					SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVO	ICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
2108	60	9/28/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	48.75		710.78	I	
2108	61	9/28/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I	
					CUSTOMER	 68.75	0.00	1,002.38		
					COSTOMER	00.75	0.00	1,002.30		
					CATEGORY	68.75	0.00	1,002.38		

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	5
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210862	9/28/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	29.75		433.76 I	
				CATEGORY	29.75	0.00	433.76	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	6
	- "			SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210863	9/28/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	29.25		426.47 I	
				CATEGORY	29.25	0.00	426.47	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE	L –	7	
SALES JRN	IL # 0301	LOC 001		REG NY NY			VCP CHOICE 1			
			S	SALES REGISTER			BILL WEEK E	NDING	10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
210864	9/28/12	800000	VISITING NURSE SERVICE	ALVARADO, DORA	26.00		379.08	I		
				CATEGORY	26.00	0.00	379.08			

	10/03/12 - VL # 0301			REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	8
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210865	9/28/12	000008	VISITING NURSE SERVICE	ALVAREZ, DALILA	9.00		131.22 I	
				CATEGORY	9.00	0.00		

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	_	9
SALES JRN	rL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE	ADULT	Γ
			5	SALES REGISTER			BILL WEEK E	IDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210866	9/28/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	55.75		812.84	I	
				CATEGORY	55.75	0.00	812.84		

RUN DATE 10/03/12 SALES JRNL # 0301		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
210867 9/28/12 210868 9/28/12 210869 9/28/12 210870 9/28/12 210871 9/28/12	000008 000008 000008	VISITING NURSE SERVICE	ANANIA, GLYGERI ANDINO, ESTEBAN ANDRADE, LOLA ANDREWS, JOHNNI ANGRISANO, RUTH	25.00 22.00 83.25 52.50 28.00		364.50 320.76 1,213.79 765.46 408.24	I I I I
			CUSTOMER	210.75	0.00	3,072.75	
			CATEGORY	210.75	0.00	3,072.75	

RUN DATE 1 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	9/28/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· ,	20.00 60.75		291.60 I 885.74 I	
				CUSTOMER	80.75	0.00	1,177.34	
				CATEGORY	80.75	0.00	1,177.34	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		12
BALLS OIL	ш н озот	100 001		SALES REGISTER			BILL WEEK EN		10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210874	9/28/12	800000	VISITING NURSE SERVICE	AOUN, ODETTE	24.00		349.92	I	
210875 210876	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ARGENTINA, CESS ARIAS, MAGDALEN	8.00 43.00		116.64 626.94	I	
210070	3,20,12	00000	VIBILING NORDE DERVIOE						
				CUSTOMER	75.00	0.00	1,093.50		
				CATEGORY	75.00	0.00	1,093.50		

RUN DATE 10/03/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	13
			SALES REGISTER			BILL WEEK ENDIN	G 10/05/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
210877 9/28/ 210878 9/28/		VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 12.00		87.48 I 174.96 I	
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00	262.44	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
210879	9/28/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

RUN DATE SALES JRN				REGNY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	15
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	
210880	9/28/12	800000	VISITING NURSE SERVICE	AVILES, LEONARD	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	16
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210881	9/28/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	17
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			:	SALES REGISTER			BILL WEEK ENDING	3 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210882	9/28/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96 I	
210883	9/28/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	14.00		204.12 I	
				CUSTOMER	26.00	0.00	379.08	
				COSTONER	20.00	0.00	377.00	
				CATEGORY	26.00	0.00	379.08	

RUN DATE 10/0	03/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
SALES JRNL #	0301 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
		S A	ALES REGISTER			BILL WEEK ENDI	NG 10/05/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
210884 9/2	28/12 000008	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I
210885 9/2	28/12 000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	55.75		812.84	I
210886 9/2	28/12 000008	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I
210887 9/2	28/12 000008	VISITING NURSE SERVICE	BATTLE, JEANETT	49.00		714.43	I
			CUSTOMER	179.75	0.00	2,620.77	
			CATEGORY	179.75	0.00	2,620.77	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	19
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			:	SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210888	9/28/12	000008	VISITING NURSE SERVICE	BAZAN, VICTORIA	19.75		287.96	I	
210889	9/28/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	56.00		816.48	I	
				CUSTOMER	75.75	0.00	1,104.44		
				CATEGORY	75.75	0.00	1,104.44		

			YSIDE CITYWIDE				PAGE 1	-	20
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210890	9/28/12	000008	VISITING NURSE SERVICE	BELLOROFONTE, M	151.00		2,201.58	I	
210891	9/28/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I	
				CUSTOMER	154.00	0.00	2,245.32		
				CATEGORY	154.00	0.00	2,245.32		

RUN DATE 10/03/12 - SUP SUNNYSIDE CITYWIDE	PAGE 1 - 21
SALES JRNL # 0301 LOC 001 SUNNYSIDE CITYWIDE REG NY NY	Y LTC NURSING HOMEW/O WALLS (LT
SALES REG	G I S T E R BILL WEEK ENDING 10/05/12
INVOICE# DATE CUST NO CUSTOMER NAME REFEREN	ENCE HOURS TAX AMT AMOUNT TYP SURPLUS
010000 0.000.410 000000 117.0777770 177.077	
210892 9/28/12 000008 VISITING NURSE SERVICE BETHUNE,	E, HARRYD 33.00 481.14 I
CZ	CATEGORY 33.00 0.00 481.14

			YSIDE CITYWIDE					22
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			VCP CHOICE LHCSA BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210893	9/28/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	35.75		521.24 I	
				CATEGORY	35.75	0.00	521.24	

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	23
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	210894	9/28/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
ı									
ı					CARRICODY.	30.00	0.00	427.40	
ı					CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1	-	24
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENI	TNC	10/05/12
			5	SALES REGISIER			PILL MEEV ENI	TING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210895	9/28/12	800000	VISITING NURSE SERVICE	BHULLA, JIWAN	50.00		729.00	I	
210896	9/28/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	16.00		233.28	I	
210897	9/28/12	000008	VISITING NURSE SERVICE	BIERD, MARIA	6.00		87.48	I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

			YSIDE CITYWIDE					25
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOME	•
				SALES REGISIER			RILL MEEK FUDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210898	9/28/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	26
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010000	0 / 0 0 / 1 0	000000			00 00		201 60 7	
210899	9/28/12	000008	VISITING NURSE SERVICE	E BLUNNIE, ELIZAB	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	
				CAILGORI	20.00	0.00	291.00	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	-	27
Brilling Grav	1 1 0301	100 001		SALES REGISTER			BILL WEEK END	ING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210900 210901	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BOCANEGRA, GLAD BOJOROUEZDECHA,	20.25 36.00		295.25 524.88	I	
210901	9/28/12	000008	VISITING NURSE SERVICE	BONILLA, ESPERA	42.00		612.36	I	
				CUSTOMER	98.25	0.00	1,432.49		
				CATEGORY	98.25	0.00	1,432.49		

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	28 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
210903	9/28/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	22.00		320.76 I		
				CATEGORY	22.00	0.00	320.76		

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
ı				i	SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	210904	9/28/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	20.00		291.60 I	
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010005	0.400.410				10.00		154.06	
210905	9/28/12	000008	VISITING NURSE SERVICE	E BORYSEWICZ, MAR	12.00		174.96 I	
				CA EECODY	10.00	0.00	174.06	
				CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
					SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	210906	9/28/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	29.00		422.82 I	
					CATEGORY	29.00	0.00	422.82	

RUN DATE 10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 32	
SALES JRNL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			SALES REGISTER			BILL WEEK EN	DING 10/05/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
210907 9/28/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	36.00		524.88	I	
210908 9/28/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	43.25		630.59	I	
210909 9/28/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22	I	
			CUSTOMER	88.25	0.00	1,286.69		
			CATEGORY	88.25	0.00	1,286.69		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	33	
SALES JRN	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT			
			5	SALES REGISTER			BILL WEEK END	ING	10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
210910	9/28/12	800000	VISITING NURSE SERVICE	BURITICA, INES	9.00		131.22	I		
				CATEGORY	9.00	0.00	131.22			

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
210911	9/28/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 35
SALES JRN	rL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OME W/O WALLS LT
			:	SALES REGISTER			BILL WEEK END	ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
210912	9/28/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	58.00		845.64	I
				CATEGORY	58.00	0.00	845.64	

			YSIDE CITYWIDE				PAGE	1 -	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE :		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210913	9/28/12	000008	VISITING NURSE SERVICE	CABA, PURA	8.00		116.64	I	
								_	
				CATEGORY	8.00	0.00	116.64		

			YSIDE CITYWIDE				PAGE 1	-	37
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	TNC	10/05/12
				ALES KEGISIEK			DILL MEEK END	TING	10/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
010014	0 /00 /10	000000		G1.TD0 W1.TT.DT	05 00		264 50	_	
210914 210915	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CAIPO, MATILDE CALABRO, JOSEPH	25.00 70.00		364.50 1,020.60	<u> </u>	
210010	J/20/12	000000	VISITING NORSE SERVICE	CALIABRO, UOSEFII					
				CUSTOMER	95.00	0.00	1,385.10		
				CATEGORY	95.00	0.00	1,385.10		

			YSIDE CITYWIDE				PAGE 1	-	38
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210916	9/28/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	43.75		637.88	I	
210917	9/28/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48	I	
				CUSTOMER	99.75	0.00	1,454.36		
				CATEGORY	99.75	0.00	1,454.36		

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	IEW/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDIN	IG 10/05/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	210918	9/28/12	000008	VISITING NURSE SERVICE	CANO, ADELINA	36.00		524.88	• •
ı									
ı									
ı					CATEGORY	36.00	0.00	524.88	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	40
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE	LHCSA	
			:	SALES REGISTER			BILL WEEK E	NDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210919	9/28/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72	I	
				CATEGORY	84.00	0.00	1,224.72	-	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
210920	9/28/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

-	- , ,		YSIDE CITYWIDE				11102	- 4	.2
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LH BILL WEEK END		10/05/12
			_				5111 WEEK 1115		10,00,11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210921	9/28/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	84.00		1,224.72	I	
210922	9/21/12	000008	VISITING NURSE SERVICE	CARDOZA, ANAIDA	6.00		87.48	I	
210923	9/28/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	22.75		331.70	I	
210924	9/28/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	25.75		375.44	I	
				CUSTOMER	138.50	0.00	2,019.34		
				CATEGORY	138.50	0.00	2,019.34		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	43	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	Т	
			5	SALES REGISTER			BILL WEEK ENDING	10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
210925	9/28/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	42.00		612.36 I		
					40.00				
				CATEGORY	42.00	0.00	612.36		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	rL # 0301	LOC 001		REG NY NY			LAD NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210926	9/28/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45
SALES JRN	L # 0301	LOC 001		REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210927	9/28/12	000008	VISITING NURSE SERVICE	CARUSO, GIUSEPP	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 - 46	5
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0.405.410
			5	SALES REGISTER			BILL WEEK ENDING 1	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210928	9/28/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
210929	9/28/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	14.00		204.12 I	
				CUSTOMER	34.00	0.00	495.72	
				CATEGORY	34.00	0.00	495.72	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	47 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210930	9/28/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	48	
SALES JRN	L # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
210931	9/28/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	11.00		160.38 I		
				CATEGORY	11.00	0.00	160.38		

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	49	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME		
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
210932	9/28/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	20.00		291.60 I		
				CATEGORY	20.00	0.00	291.60		

			YSIDE CITYWIDE				PAGE 1	- 50
SALES JRN	L # 0301	LOC 001		REG NY NY S A L E S R E G I S T E R			VCP CHOICE LI BILL WEEK EN	HCSA DING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
210933	9/28/12	000008	VISITING NURSE SERVICE		30.00		437.40	
210933	9/20/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40	1
				CATEGORY	30.00	0.00	437.40	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	E W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	3 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
INVOICE	DATE	CODI NO	CODIONER WANTE	KEI EKENCE	1100105	IAM AIII	AMOONI III	BORT HOB
210934	9/28/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	52
SALES JR	NL # 0301	LOC 001		REG NY NY			VCP CHOICE LHCS	
			5	SALES REGISTER			BILL WEEK ENDIN	IG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
210935	9/28/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	70.00		1,020.60	<u>.</u> -
				CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53
ı	SALES JRN	L # 0301	LOC 001		REG NY NY			LTC NURSING HOME	•
ı				i	SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	210936	9/28/12	000008	VISITING NURSE SERVICE	CHIANETTA, JOSE	14.00		204.12 I	
ı					CATEGORY	14.00	0.00	204.12	

			YSIDE CITYWIDE	DDG 377			11102		54
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LI BILL WEEK EN		10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210937	9/28/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	24.00		349.92	I	
210938	9/28/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I	
210939	9/28/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	30.75		448.34	I	
				CUSTOMER	94.75	0.00	1,381.46		
				CATEGORY	94.75	0.00	1,381.46		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	55
	_ "			SALES REGISTER			BILL WEEK ENDING	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210940	9/28/12	800000	VISITING NURSE SERVICE	CIANCIULLI, EVE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	56	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	NEW/O WALLS (LT	
			5	SALES REGISTER			BILL WEEK ENDIN	IG 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
210941	9/28/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I		
				CATEGORY	56.00	0.00	816.48		

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	57
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210042	0/20/12	000000	VICTORING NUDGE CEDVICE	COLEMAN TAMEC	6 00		07.40 T	
210942	9/28/12	000008	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	
				CATEGORI	0.00	0.00	07.10	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- :	58
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW	/O WALLS (LT
				SALES REGISTE	R		BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210943	8/31/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	4.00		58.32	I	
210944	9/28/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I	
210945	8/31/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	3.00		43.74	I	
210946	9/28/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I	
210947	9/28/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I	
				CUSTOMER	84.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	59
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE (CARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
210948	9/28/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
210949	9/28/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S 2	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCS: BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
210950	9/28/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRI	NL # 0301	LOC 001		REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIE	COSI NO	COSTOMER NAME	KEFEKENCE	1100105	IAX ANI	AMOUNI III	SUKFLUS
210951	9/28/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

			YSIDE CITYWIDE				PAGE 1 -		
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE AI		
			2	SALES REGISTE	E R		BILL WEEK END	ING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS	
210952	9/28/12	800000	VISITING NURSE SERVICE	COSTA, LUISA	3.00		43.74	I	
				- CATEGORY	3.00	0.00	43.74		

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	64
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
		G11GE 310	GUGEOVED MANG	255555	*******		31401DIE - EVID	GITT DI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210953	9/28/12	000008	VISITING NURSE SERVICE	COVALIU, SIMION	20.00		291.60 I	
210933	9/20/12	000000	VISITING NORSE SERVICE	COVALIO, SIMION	20.00		291.00 1	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	65
SALES JRN	rL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210954	9/28/12	000008	VISITING NURSE SERVICE	COX, PETRA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE :			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	G 10/05/12
INVOICE#	DATE			REFERENCE	HOURS	TAX AMT	AMOUNT TY	
210955	9/28/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	62.25		907.62 I	
				CATEGORY	62.25	0.00	907.62	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 67	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H	OME W/O WALLS LT	
				SALES REGISTER			BILL WEEK END	ING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
210956	9/28/12	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	38.50		561.33	I	
				CATEGORY	38.50	0.00	561.33		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	68
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
210957	9/28/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28	Ι
				CATEGORY	16.00	0.00	233.28	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	69
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210958	9/28/12	000008	VISITING NURSE SERVICE	CRUZ, LIDIA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	70
ı	SALES JRN	L # 0301	LOC 001		REG NY NY			LAD NURSING HOME	
ı				i	SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	210959	9/28/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	15.25		222.35 I	
					CATEGORY	15.25	0.00	222.35	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	71
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			i	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210960	9/14/12	000008	VISITING NURSE SERVICE	DABROWSKI, ALEK	3.00		43.74 I	
210961	9/28/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	9.00		131.22 I	
				 CUSTOMER	12.00	0.00	174.96	
				COBTONER	12.00	0.00	1,1,50	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
210962 210963	9/28/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	20.00 56.00		291.60 816.48	I
				CUSTOMER	76.00	0.00	1,108.08	
				CATEGORY	76.00	0.00	1,108.08	

RUN DATE	10/03/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	73
SALES JRN	L # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210964	9/28/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	35.75		521.24 I	
				CATEGORY	35.75	0.00	521.24	

			YSIDE CITYWIDE				PAGE 1 - 74	
SALES JRN	L # 0301	LOC 001		REG NY NY			CCL CONGREGATE CARE	
			2	SALES REGISTER			BILL WEEK ENDING 10	/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
210965	9/28/12	000008	VISITING NURSE SERVICE	DE LAHOZ, RUTH	19.25		280.67 I	
				CATEGORY	19.25	0.00	280.67	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 75
SALES UKN	п # 0301	TOC 001		ALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
210966	9/28/12	000008	VISITING NURSE SERVICE	DEJESUS, FELIX	20.00		291.60	I
				CATEGORY	20.00	0.00	291.60	

			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	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210967	9/28/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

			YSIDE CITYWIDE				11102		77
SALES JRN	IT # 030T	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		VCP CHOICE L		10/05/10
				SALES REGISTE	R		BILL WEEK EN	JING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210968	9/28/12	000008	VISITING NURSE SERV	CE DELOSSANTOS, MA	28.50		415.53	I	
210969	9/28/12	800000	VISITING NURSE SERV	CE DELPOZO, MIGUEL	20.00		291.60	I	
210970	9/07/12	800000	VISITING NURSE SERV	CE DELUCA, ANTIONE	8.00		116.64	I	
210971	9/21/12	800000	VISITING NURSE SERV	CE DELUCA, ANTIONE	4.00		58.32	I	
210972	9/28/12	800000	VISITING NURSE SERV	CE DELUCA, ANTIONE	28.00		408.24	I	
210973	9/28/12	800000	VISITING NURSE SERV	CE DEY, KRISHNA	9.00		131.22	I	
210974	9/28/12	800000	VISITING NURSE SERV	CE DEZUMARAN, REBE	45.00		656.10	I	
				CUSTOMER	142.50	0.00	2,077.65		
				CATEGORY	142.50	0.00	2,077.65		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210975	9/28/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1		
SALES JRN	⊥ # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LE		/12
			5				DILL WEEK END	1110 10/05/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPL	LUS
010056	0.400.410				24 00		405 50	_	
210976	9/28/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	34.00		495.72	1	
210977	9/28/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	40.00		583.20	I	
210978	9/28/12	000008	VISITING NURSE SERVICE	DIAZ, ROSA	42.00		612.36	I	
210979	9/28/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	63.00		1,078.92	T	
	- , - ,			•				± =	
210980	9/28/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	42.00		612.36	1	
210981	9/28/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
				CUSTOMER	241.00	0.00	3,674.16		
				CATEGORY	241.00	0.00	3,674.16		

RUN DATE SALES JRN				REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	80 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210982	9/28/12	800000	VISITING NURSE SERVICE	DUNNING, JENNIF	1.00		14.58 I	
				CATEGORY	1.00	0.00		

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	81
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210983	9/28/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82
SALES JRN	rL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210984	9/28/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	14.75		215.06 I	
				CATEGORY	14.75	0.00	215.06	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	L –	83
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I		
			\$	SALES REGISTER			BILL WEEK EN	IDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210985	9/28/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	43.50		634.23	I	
				CATEGORY	43.50	0.00	634.23	-	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	84
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010006	0 / 20 / 1 2	00000	THE STEETNES NUMBER OF STREET	DELMAN MILDE	15 00		210 70 +	
210986	9/28/12	000008	VISITING NURSE SERVICE	E EDELMAN, MILDRE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	
				CAILGORI	13.00	0.00	210.70	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	85
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE		
			S	ALES REGISTER			BILL WEEK E	NDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210987	9/28/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32	e I	
				CATEGORY	4.00	0.00	58.32	- :	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 86	5
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	210988	9/28/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	87
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	÷ 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
210989	9/28/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	10/03/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 88
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
				SALES REGISTER			BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
210990	9/28/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	63.00		918.54 I
				CATEGORY	63.00	0.00	918.54

RUN DATE 10/03/12 - SUP SUNNYSIDE CITYWIDE				PAGE 1 -	89
SALES JRNL # 0301 LOC 001 SUNNYSIDE CITY				VCP CHOICE LHCSA	
	SALES REGISTE	R		BILL WEEK ENDING	10/05/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210991 9/28/12 000008 VISITING NURSE S	SERVICE ESPINAL, JOSE	6.00		87.48 I	
210992 9/28/12 000008 VISITING NURSE S	SERVICE EVERETT, SHIRLE	21.00		306.18 I	
	- CUSTOMER		0.00	393.66	
	– CATEGORY		0.00	393.66	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	90
SALES JRN	ъ # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
010000	0 (00 (10	00000			F0 00		F00 00 T	
210993	9/28/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	50.00		729.00 I	
				GARRIGODY	FO 00	0.00	720 00	
1				CATEGORY	50.00	0.00	729.00	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE I BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210994	9/28/12	000008	VISITING NURSE SERVICE	FAMBIATOU, PARA	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

			YSIDE CITYWIDE					92
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	
				SALES REGISIER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210995	9/28/12	000008	VISITING NURSE SERVICE	FARO, JOSEPH	17.75		258.80 I	
				CATEGORY	17.75	0.00	258.80	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	93
DALLS OW	ш # 0301	HOC 001		SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210996	9/28/12	800000	VISITING NURSE SERVICE	FAROUGIAS, ANGE	9.00		131.22 I	
210997	9/21/12	800000	VISITING NURSE SERVICE	FAROUGIAS, EFTH	4.00		58.32 I	
210998	9/28/12	000008	VISITING NURSE SERVICE	FAROUGIAS, EFTH	20.00		291.60 I	
210999	9/28/12	000008	VISITING NURSE SERVICE	FAY, JULIA	25.00		364.50 I	
211000	9/28/12	800000	VISITING NURSE SERVICE	FEENEY, JOHN	5.50		80.20 I	
				CUSTOMER	63.50	0.00	925.84	
				CATEGORY	63.50	0.00	925.84	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	94
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE		
			S	SALES REGISTER			BILL WEEK E	INDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TNUOMA	TYP	SURPLUS
211001	9/28/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	47.75		696.20) I	
				CATEGORY	47.75	0.00	696.20	- –)	

RU	IN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SZ	LES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING	10/05/12
IN	TVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21	1002	9/28/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

	ATE 10/03/12 JRNL # 0301			REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21100	3 9/28/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 97	
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	i
				\$	SALES REGISTER			BILL WEEK ENDING 10/05/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	211004	9/28/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	9.00		131.22 I	
ı					CATEGORY	9.00	0.00	131.22	

RUN DATE 10/03/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 98
SALES JRNL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
		i	SALES REGISTER			BILL WEEK EN	DING 10/05/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211005 9/14/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	7.00		102.06	I
211006 9/28/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	20.00		291.60	I
			CUSTOMER	27.00	0.00	393.66	
			CATEGORY	27.00	0.00	393.66	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 – 99	
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			5	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211007	9/28/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	15.00		218.70 I	
				 CATEGORY	15.00	0.00	218.70	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 100)
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA	
			S	ALES REGISTER			BILL WEEK END	OING 1	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211008	9/28/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	28.00		408.24	I	
211009	9/28/12	800000	VISITING NURSE SERVICE	FONG, ALEFINA	12.00		174.96	I	
211010	9/07/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	5.00		72.90	I	
211011	9/28/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	35.00		510.30	I	
							1 166 10		
				CUSTOMER	80.00	0.00	1,166.40		
				CATEGORY	80.00	0.00	1,166.40		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOM	
	_ "			SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211012	9/28/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATECODY	56.00		816.48	
				CATEGORY	50.00	0.00	810.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT		YP SURPLUS
211013	9/28/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	34.75		506.66	I
				CATEGORY	34.75	0.00	506.66	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 103
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211014	9/28/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	46.00		670.68	I
211015	9/14/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	5.00		72.90	I
211016	9/28/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		510.30	I
							1 052 00	
				CUSTOMER	86.00	0.00	1,253.88	
				CATEGORY	86.00	0.00	1,253.88	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	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	SURPLUS
211017 211018	9/28/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	35.00 6.00		510.30 I 87.48 I	
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	 597.78	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 105
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211019	9/28/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	40.00		583.20	I
211020	9/21/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	4.00		58.32	I
211021	9/28/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	20.00		291.60	I
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 106 ADU ADULT BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211022	9/28/12	800000	VISITING NURSE SERVICE	GARCIA, CARMEN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	107
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
ı					SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	211023	9/28/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				-	108
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	TG 10/05/10
			S	ALES REGISTER			BILL WEEK ENDI	NG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TY TYUOMA	P SURPLUS
211024	9/28/12	800000	VISITING NURSE SERVICE	GARCIA, URANIA	20.00		291.60	Ι
				CATEGORY	20.00	0.00	291.60	

	10/03/12 - IL # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 109 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211025 211026	9/14/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 24.00		116.64 I 349.92 I
				CUSTOMER	32.00	0.00	466.56
				CATEGORY	32.00	0.00	466.56

RUN DATE :			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 11 ADU ADULT	0
			\$	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211027	9/28/12	800000	VISITING NURSE SERVICE	GENAO MOSQUE, A	13.25		193.19 I	
				CATEGORY	13.25	0.00	193.19	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0301	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS	
								, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211028	9/28/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	112
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDIN	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211029	9/28/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	48.75		710.78 I	
					40 75			
				CATEGORY	48.75	0.00	710.78	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 113	
SALES JRN	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	I
			S	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211030	9/28/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	14
SALES JRN	L # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211031	9/28/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 10/03	3/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 13	15
SALES JRNL # (301 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW,	/O WALLS (LT
		S	SALES REGISTER	2		BILL WEEK EN	DING	10/05/12
INVOICE# DAT	CE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211032 9/23	/12 000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	7.00		102.06	I	
211033 9/28	3/12 000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	31.00		451.98	I	
			 CUSTOMER	38.00	0.00	554.04		
				20.00				
			CATEGORY	38.00	0.00	554.04		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 116
SALES JRN	L # 0301	LOC 001		REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK EN	DING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211034	9/28/12	000008	VISITING NURSE SERVICE	GOMEZ, YINIVA	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

			TYSIDE CITYWIDE	556 191			PAGE 1 -	==:
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
211035	9/28/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

	10/03/12 - VL # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 118 ADU ADULT BILL WEEK ENDING 10/05/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
211036	9/28/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DA	ATE 10/03/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	L19
SALES	JRNL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211037	9/28/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 120
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			;	SALES REGISTER			BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211038	9/28/12	000008	VISITING NURSE SERVICE	GONZALEZ, ELBA	9.25		134.87 I
211039	9/28/12	000008	VISITING NURSE SERVICE	GOVERDOVSKIY, N	18.00		262.44 I
				CUSTOMER	27.25	0.00	397.31
				CATEGORY	27.25	0.00	397.31

			YSIDE CITYWIDE				PAGE 1 - 121	
SALES JRN	ъ # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211040	9/28/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	20.00		291.60 I	
211041	9/28/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	36.50		532.17 I	
				CUSTOMER	56.50	0.00	823.77	
				CATEGORY	56.50	0.00	823.77	

RUN DATE :			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 122 ADU ADULT	
SALES OWN	H # 0301	100 001		SALES REGISTER			BILL WEEK ENDING 10	/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
211042	9/28/12	800000	VISITING NURSE SERVICE	GREENBAUM, MASA	47.25		688.91 I	
				CATEGORY	47.25	0.00	688.91	

	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 123
	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI A	AIDS ADULT POPUL
				5	SALES REGISTER			BILL WEEK END	ING 10/05/12
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
ı									
	211043	9/28/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	42.00		612.36	I
ı									
						40.00			
ı					CATEGORY	42.00	0.00	612.36	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	124
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211044	9/28/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72 I	
211045	9/28/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	84.00		1,224.72 I	
				CUSTOMER	168.00	0.00	2,449.44	
				CATEGORY	168.00	0.00	2,449.44	

	10/03/12 - L # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	125 G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
211046	9/28/12	800000	VISITING NURSE SERVICE	HANNA, ENA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 10/03/1 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 12 VCP CHOICE LHCSA BILL WEEK ENDING	10/05/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211047 9/28/1 211048 9/28/1 211049 9/28/1	12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HARRISON, GLORI HENAO, VICTORIA HENDY, BERNICE	55.75 24.00 29.00		812.84 I 349.92 I 422.82 I	
			CUSTOMER	108.75	0.00	1,585.58	
			CATEGORY	108.75	0.00	1,585.58	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	7
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211050	9/28/12	800000	VISITING NURSE SERVICE	HENRIQUEZ, MARI	44.00		641.52 I	
				CATEGORY	44.00	0.00	641.52	

RUN DATE	10/03/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	28
SALES JRI	NL # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211051	9/28/12	800000	VISITING NURSE SERVICE	HERNANDEZ, JUAN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			TYSIDE CITYWIDE	DEC NU NU			PAGE 1 - 129	
SALES JRN	IL # 0301	TOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 10/05/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
211052	9/28/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	-

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 130
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	
				SALES REGISTER			BILL WEEK ENI	DING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
INVOICE#	DAIL	COSI NO	COSTOMER NAME	REFERENCE	поокъ	IAA AMI	AMOUNT	TIP SURPLUS
211053	9/28/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88	I
				,				
				CATEGORY	36.00	0.00	524.88	

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	131	
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·	
ı				\$	SALES REGISTER			BILL WEEK ENDING	10/05/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	211054	9/28/12	800000	VISITING NURSE SERVICE	HERRERA, ANGELA	12.00		174.96 I		
					GA WHI GODY	10.00		174.06		
ı					CATEGORY	12.00	0.00	174.96		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	132
SALES JRN	NL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	
			5	SALES REGISTER			BILL WEEK ENDIN	IG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS
211055	9/28/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

	10/03/12 - IL # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			-	- 133 OMEW/O WALLS (LT ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
211056 211057	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	41.00 40.00		597.78 583.20	I I
				CUSTOMER	81.00	0.00	1,180.98	
				CATEGORY	81.00	0.00	1,180.98	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY ALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211058	9/28/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 135	
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
ı				5	SALES REGISTER			BILL WEEK ENDING 10/05/12	
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
ı									
	211059	9/28/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	19.50		284.31 I	
ı									
ı					CATEGORY	19.50	0.00	284.31	
1					CATEGORI	19.30	0.00	204.31	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	136
SALES JRN	L # 0301	LOC 001		REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211060	9/28/12	800000	VISITING NURSE SERVICE	INGRASCIOTTA, G	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	37
SALES JR	NL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	ADULT POPUL
			\$	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211061	9/28/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	37.50		546.75 I	
1				CATEGORY	37.50	0.00	546.75	

	RUN DATE 1 SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			ADU ADULT	- 138 DING 10/05/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
2	211062	9/28/12	000008	VISITING NURSE SERVICE	INSERRA, CATHER	48.75		710.78	I
					CATEGORY	48.75	0.00	710.78	

			YSIDE CITYWIDE				PAGE 1 - :		
SALES JRN	L # 0301	TOG 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING		
							DIDD WEEK BREING	10/03/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
211063	9/28/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I		
				CATEGORY	30.00	0.00	437.40		

F	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 140	
5	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	i
				Ş	SALES REGISTER			BILL WEEK ENDING 10/05/12	
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
2	211064	9/28/12	000008	VISITING NURSE SERVICE	JACSO, ERZSEBET	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	141
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211065	9/28/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	36.25		528.53 I	
				CATEGORY	36.25	0.00	528.53	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	142
SALES JRN	rL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211066	9/28/12	800000	VISITING NURSE SERVICE	JARAMILLO PAL,	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE :			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 14: ADU ADULT	3
			9	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211067	9/28/12	800000	VISITING NURSE SERVICE	JENSEN, HELGA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	44
SALES JRN	rL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK ENI	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211068	9/28/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	77.00		1,122.66	I	
211069	9/28/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	23.75		346.28	I	
				CUSTOMER	100.75	0.00	1,468.94		
				CATEGORY	100.75	0.00	1,468.94		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211070	9/28/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			•	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
211071	9/28/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L47
SALES JRN	rL # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211072	9/28/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

	10/03/12 - JL # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	148
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211073	8/24/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 149	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	LT
				SALES REGISTER			BILL WEEK ENDING 10/05/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	is
211074	9/28/12	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 150
SALES JRN	L # 0301	LOC 001		REG NY NY			ADU ADULT
			S	ALES REGISTER			BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211075	9/28/12	800000	VISITING NURSE SERVICE	KAKOULLIS, FAY	14.50		211.41 I
				CATEGORY	14.50	0.00	211.41

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	-	NY EGISTE:	R		PAGE 1 VCP CHOICE L BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211076 211077	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	SARD SHARAN	9.50 55.75		138.51 812.84	I	
					CUSTOMER	65.25	0.00	951.35		
					 CATEGORY	 65.25	0.00	951.35		

	ATE 10/03/12 JRNL # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 152 ADU ADULT BILL WEEK ENDING 10	0/05/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
211078	9/28/12	800000	VISITING NURSE SERVICE	KERNAN, DONALD	8.50		123.93 I	
				CATEGORY	8.50	0.00	123.93	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	153
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	Т
			5	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211079	9/28/12	000008	VISITING NURSE SERVICE	KHAN, MARGARET	13.00		189.54 I	
				CATEGORY	13.00	0.00	189.54	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE		PAGE 1 - 154 ADU ADULT			
	2	SALES REGISTER			BILL WEEK END	ING 10/05/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211080 9/28/12 211081 9/28/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	KNOWLES, ANAMAR KOSTIKIAN, MARI	38.00 12.00		554.04 174.96	I I
		CUSTOMER	50.00	0.00	729.00	
		CATEGORY	50.00	0.00	729.00	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	155
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDING	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211082	9/28/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1	- 156
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	10/05/10
			5	SALES REGISTER			BILL WEEK END	ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211083	9/07/12	000008	VISITING NURSE SERVICE	LANDAU, BERNARD	3.00		43.74	I
211084	9/14/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	3.00		43.74	I
211085	9/28/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	5.00		72.90	I
				CUSTOMER	11.00	0.00	160.38	
				CATEGORY	11.00	0.00	160.38	

			YSIDE CITYWIDE				-	57
SALES JRN	L # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	10/05/10
			2	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211086	8/24/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	8.00		116.64 I	
211087	9/28/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	55.00		801.90 I	
				CUSTOMER	63.00	0.00	918.54	
				COSTOMER	63.00	0.00	910.34	
				CATEGORY	63.00	0.00	918.54	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	8
SALES JRN	L # 0301	LOC 001		REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211088	9/28/12	800000	VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 10/03/12 SALES JRNL # 0301		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 159 LTC NURSING HOMEW/O WALLS BILL WEEK ENDING 10/05/12	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
211089 9/28/12 211090 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	29.50 12.00		430.11 I 174.96 I	
			CUSTOMER	41.50	0.00	605.07	_
			CATEGORY	41.50	0.00	605.07	_

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 160	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 1	.0/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211091	9/28/12	800000	VISITING NURSE SERVICE	LENDOIRO, JUAN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	10/03/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 161	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK END	ING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
211092	9/28/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48	I	
211093	9/28/12	800000	VISITING NURSE SERVICE	LIGARDO, SOL M	30.00		437.40	I	
211094	9/28/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	68.00		991.44	I	
211095	9/21/12	000008	VISITING NURSE SERVICE	LITSAS, MARTHA	5.00		72.90	I	
211096	9/28/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	19.25		280.67	I	
				CUSTOMER	178.25	0.00	2,598.89		
				CATEGORY	178.25	0.00	2,598.89		

R	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 162	
S	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
				Ş	SALES REGISTER			BILL WEEK ENDING 10/05/12	
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
2	211097	9/28/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	32.00		466.56 I	
					CATEGORY	32.00	0.00	 466.56	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 163	_
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT	
			5	SALES REGISTER			BILL WEEK EN	DING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
211098	9/21/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	8.00		116.64	I	
211099	9/28/12	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	40.00		583.20	I	
211100	9/28/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	41.50		605.07	I	
				CUSTOMER	89.50	0.00	1,304.91		
				CATEGORY	89.50	0.00	1,304.91		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 164 VCP CHOICE LHCSA
				SALES REGISTER			BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211101	9/28/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	60.00		874.80 I
				CATEGORY	60.00	0.00	874.80

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 165 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211102 211103 211104	9/07/12 9/21/12 9/28/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LONDONO, MARIA	6.00 6.00 43.00		87.48 I 87.48 I 626.94 I
				CUSTOMER	55.00	0.00	801.90
				CATEGORY	55.00	0.00	801.90

	3/12 - SUP SUNN 0301 LOC 001		REG NY NY			PAGE 1 - 16 VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	8/12 000008 8/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	35.50 11.75		517.59 I 171.32 I	
			CUSTOMER	47.25	0.00	688.91	
			CATEGORY	47.25	0.00	688.91	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 167 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211107 211108	9/21/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	6.00 7.00		87.48 I 102.06 I
				CUSTOMER	13.00	0.00	189.54
				CATEGORY	13.00	0.00	 189.54

RUN DATE 1 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211110	9/28/12 9/14/12 9/28/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LUCES, LETICIA LYMN, ANGIE LYMN, ANGIE	20.00 25.00 25.00		291.60 I 364.50 I 364.50 I	
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 169	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211112	9/28/12	000008	VISITING NURSE SERVICE	MACCHIA, CATHY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	0
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211113	9/28/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 171
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			S	SALES REGISTER			BILL WEEK END	ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
211114	9/28/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72	I
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 172 ADU ADULT BILL WEEK ENDING 10	0/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
211115 211116 211117	9/28/12 9/28/12 9/28/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MALDONADO, DOMI	12.50 15.00 9.00		182.25 I 218.70 I 131.22 I	
				CUSTOMER	36.50	0.00	532.17	
				CATEGORY	36.50	0.00	532.17	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 1 HCSA	73
			S	SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211118 211119	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE	MANGAN, JOHN	16.00 7.00		233.28 1,224.72	I	
211119	9/28/12	000008	VISITING NURSE SERVICE	MANNINO, FRANCE	7.00		1,224.72		
				CUSTOMER	23.00	0.00	1,458.00		
				CATEGORY	23.00	0.00	1,458.00		

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 174 DMEW/O WALLS (LT ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
211120	9/28/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	50.00		729.00	I
				CATEGORY	50.00	0.00	729.00	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	175
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	211121	9/28/12	800000	VISITING NURSE SERVICE	MARINO, ANN	18.00		262.44 I	
1					CATEGORY	18.00	0.00	262.44	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	176
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211122	9/28/12	000008	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	177
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211123	9/28/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	78
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211124	9/28/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	7.25		105.71 I	
				 CATEGORY	7.25	0.00	105.71	

			YSIDE CITYWIDE				PAGE 1 - 1	.79
SALES JR	NL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	10/05/10
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
011105	0.400.410						101 00 -	
211125	9/28/12	000008	VISITING NURSE SERVICE	MARTI, DORIS	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 180	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING 1	0/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211126	9/28/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 181	
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	
				SALES REGISTER			BILL WEEK ENDING 10/05	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
211127	9/28/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	182
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
				SALES REGISTER			BILL WEEK ENDIN	NG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211128	9/28/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	<u> </u>
211129	9/14/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	6.00		87.48	[
211130	9/28/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	30.00		437.40	[
211131	9/28/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	39.75		1,221.08	[
				CUSTOMER	105.75	0.00	2,183.36	
				CATEGORY	105.75	0.00	2,183.36	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 183	
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
					SALES REGISTER			BILL WEEK ENDING 10/05/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	211132	9/28/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	33.00		481.14 I	
					CATEGORY	33.00	0.00	481.14	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 184	
SALES JRN	L # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211133	9/28/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	29.75		433.76 I	
				CATEGORY	29.75	0.00	433.76	

RUN DATE 1 SALES JRNL		SUNNYSIDE CITYWIDE 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 18	5
			SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
_	9/28/12 00000 9/28/12 00000		MAZZONE, FRANCE MCBRAYER, SYLVI	59.00 168.00		860.22 2,449.44	I I	
			CUSTOMER	227.00	0.00	3,309.66		
			CATEGORY	227.00	0.00	3,309.66		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	1
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211136	9/28/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 187 ADU ADULT BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211137	9/28/12	800000	VISITING NURSE SERVICE	MEJIA, CLAUDIO	42.00		612.36 I
				CATEGORY	42.00	0.00	612.36

			YSIDE CITYWIDE				PAGE 1 - 188
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 10/05/12
				ALES REGISIER			BILL WEEK ENDING 10/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211138	9/28/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	30.00		437.40 I
211139	9/28/12	000008	VISITING NURSE SERVICE	MEJIA, MARINA	24.00		349.92 I
				CUSTOMER	54.00	0.00	787.32
				0001011211	2 0 0	0.00	
				CATEGORY	54.00	0.00	787.32

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L89	
	SALES JRN	L # 0301	LOC 001		REG NY NY			LTC NURSING HOMEW		
				i	SALES REGISTER			BILL WEEK ENDING	10/05/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	211140	9/28/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	36.50		532.18 I		
ı					CATEGORY	36.50	0.00	532.18		

	10/03/12 - NL # 0301			REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211141	9/28/12	800000	VISITING NURSE SERVICE	MENDEZ, ADA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	W/O WALLS LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211142	9/28/12	000008	VISITING NURSE SERVICE	MENDEZ, NELLY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	10/03/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 192
SALES JE	NL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK END	ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	YP SURPLUS
011140	0 /00 /10	000000		WENDOED	25 00		F10 20	_
211143	9/28/12	000008	VISITING NURSE SERVICE	MENDOZA, JULIO	35.00		510.30	1
				CATEGORY	35.00	0.00	510.30	

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 TYPE	SURPLUS
211144	9/28/12	800000	VISITING NURSE SERVICE	MILEO, MARY	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1	- 1	94
SALES JRN	L # 0301	LOC 001		REG NY NY			ADU ADULT		10/05/10
			:	SALES REGISTER			BILL WEEK ENI	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211145	9/28/12	000008	VISITING NURSE SERVICE	MINADIS, NIKOLA	6.00		87.48	I	
211146	9/28/12	800000	VISITING NURSE SERVICE	MIRANDA, LUIS	15.00		218.70	I	
				CUSTOMER	21.00	0.00	306.18		
				CATEGORY	21.00	0.00	306.18		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 195
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
				SALES REGISTER			BILL WEEK ENDI	ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP SURPLUS
211147	9/28/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	12.00		174.96	I
211148	9/28/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	24.00		349.92	I
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				PAGE 1 - 196	
SALES JRN	L # 0301	LOC 001		REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211149	9/28/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	32.25		470.21 I	
				CATEGORY	32.25	0.00	470.21	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.97
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDING	10/05/12
ı	TATIOTORU	DAME	GIIGE NO	CHOMOMED NAME	DEEDDINGE	HOHDA	max amm	MOINE EVE	GIID DI 11G
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	211150	9/28/12	000008	VISITING NURSE SERVICE	MORALES, CARMEN	15.00		218.70 I	
ı		J, 20, 12		VIDITING NONDE DENVIOL	TIOTALEED, GIRGIEL	13.00		220.70	
ı									
ı					CATEGORY	15.00	0.00	218.70	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	198
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDIN	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211151	9/28/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING 10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	211152	9/28/12	000008	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I
					CATEGORY	20.00	0.00	291.60

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 200	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211153	9/28/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 201	
ı	SALES JRN	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING 1	0/05/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	211154	9/28/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	27.75		404.60 I	
ı									
ı									
ı					CATEGORY	27.75	0.00	404.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 20	02	
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	TE CAF	RE PROGRAM	
			S	SALES	REGISTER			BILL WEEK ENI	DING	10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
									_		
211155	9/28/12	800000	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	52.75		769.10	I		
					CATEGORY	52.75	0.00	769.10			

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211156 211157	9/28/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· •	20.00		291.60 I 291.60 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 10/03/12 SALES JRNL # 0301		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 204 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/05/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211158 9/28/12 211159 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	32.00 34.00		466.56 I 495.72 I
			CUSTOMER	66.00	0.00	962.28
			CATEGORY	66.00	0.00	962.28

			YSIDE CITYWIDE					205
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHC	
				SALES REGISIER			BILL WEEK ENDI	NG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
011160	0.400.410				40 55		510 50	_
211160	9/28/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	48.75		710.78	L
				CATEGORY	48.75	0.00	710.78	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	206
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	211161	9/28/12	800000	VISITING NURSE SERVICE	O'DONNELL, EVEL	7.00		102.06 I	
					CATEGORY	7.00	0.00	102.06	

			IYSIDE CITYWIDE	DEC NY NY				207
SALES URI	NL # 0301	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211162	9/28/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	208
			5	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211163	9/28/12	000008	VISITING NURSE SERVICE	ODONNELL, PATRI	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	209
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	MEW/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDI	NG 10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TYUOMA	YP SURPLUS
	211164	9/28/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	54.00		787.32	I
ı					CATEGORY	54.00	0.00	787.32	

			YSIDE CITYWIDE				PAGE 1	- 2	10
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	ALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211165	9/28/12	000008	VISITING NURSE SERVICE	ORNANO, BOLIVAR	20.00		291.60	I	
211166	9/28/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	22.00		320.76	I	
211167	9/28/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	8.00		116.64	I	
211168	9/21/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	7.00		102.06	I	
211169	9/28/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	24.00		349.92	I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	211
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211170 211171	9/28/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PAOLONI, MARY PAOLONI, MARY	6.00 3.00		87.48 43.74	I I
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	212
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				SALES REGISTER			BILL WEEK ENDING	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211172	9/28/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00 I	
211173	9/28/12	000008	VISITING NURSE SERVICE	PAPOUTSIS, MARY	6.75		98.42 I	
211174	9/28/12	800000	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74 I	
211175	9/28/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	56.00		816.48 I	
				CUSTOMER	115.75	0.00	1,687.64	
				CATEGORY	115.75	0.00	1,687.64	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 213	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 1	0/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211176	9/28/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DA	ATE 10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	214
SALES	JRNL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211177	7 9/28/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	42.25		616.01 I	
				CATEGORY	42.25	0.00	616.01	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 215	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211178	9/28/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 216
SALES JRN	rL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
				SALES REGISTER			BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
011170	0 100 110						001.60 -
211179	9/28/12	000008	VISITING NURSE SERVI	CE PEREA, LUIS	20.00		291.60 I
				CA EECODY	20.00	0.00	201 60
				CATEGORY	20.00	0.00	291.60

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
211180 211181 211182	9/28/12 9/21/12 9/28/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ, GLADYS	49.00 5.25 30.00		714.42 76.55 437.40	I I I
				CUSTOMER	84.25	0.00	1,228.37	
				CATEGORY	84.25	0.00	1,228.37	

RUN DATE 10/03/12 SALES JRNL # 0301		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	210
		2	SALES REGISTER			BILL WEEK ENDI	NG 10/05/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211183 9/21/12 211184 9/28/12 211185 9/28/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ, JOAQUIN	24.00 30.00 19.75		349.92 437.40 287.96	I I
			CUSTOMER	73.75	0.00	1,075.28	
			CATEGORY	73.75	0.00	1,075.28	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 21	.9
Brilling Grav	11 0301	100 001		LES REGISTER			BILL WEEK EN		10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211186	9/28/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	56.00		816.48	I	
211187	9/28/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	5.75		83.84	I	
211188	9/21/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	10.75		156.74	I	
211189	9/28/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	35.00		510.30	I	
211190	9/14/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	6.00		87.48	I	
211191	9/21/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	6.00		87.48	I	
211192	9/28/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	42.00		612.36	I	
211193	9/28/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	30.00		437.40	I	
				CUSTOMER	191.50	0.00	2,792.08		
				CATEGORY	 191.50	0.00	2,792.08		

			YSIDE CITYWIDE		PAGE 1 - 220			
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211194	9/14/12	000008	VISITING NURSE SERVICE	POLANCO, JUAN	4.00		58.32 I	
211195	9/28/12	000008	VISITING NURSE SERVICE	POLANCO, JUAN	20.00		291.60 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	221
SALES JR	NL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211196	9/28/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20	I
				CATEGORY	40.00	0.00	583.20	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	222
SALES JRN	rL # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211197	9/28/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	55.00		801.90 I	
				CATEGORY	55.00	0.00	801.90	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	223
SALES JRN	JRNL # 0301 LOC 001 SUNNYSIDE CITYWIDE		REG NY NY			CCL CONGREGATE	CARE PROGRAM	
			S	SALES REGISTER			BILL WEEK ENDING	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211198	9/28/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	41.25		601.43 I	
				CATEGORY	41.25	0.00	601.43	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 22	24
511225 0141	2 0301	200 001		SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211199 211200	9/28/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	~	9.00 1.50		131.22 21.87	I I	
				CUSTOMER	10.50	0.00	153.09		
				CATEGORY	10.50	0.00	153.09		

			TYSIDE CITYWIDE	DEC NV NV			PAGE 1 - 2	25
SALES JRNL # 0301 LOC 001 SUNNYSIDE CITYWIDE			REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211201	9/28/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 226 DMEW/O WALLS (LT ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
211202	9/28/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.25		703.49	I
				CATEGORY	48.25	0.00	703.49	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 2	27
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE		NY			ADU ADULT		
			:	SALES R	EGISTE	R		BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211203	9/21/12	000008	VISITING NURSE SERVICE	RAJA,	HANIFA	5.00		72.90	I	
211204	9/28/12	800000	VISITING NURSE SERVICE	RAJA,	HANIFA	24.50		357.21	I	
					CUSTOMER	 29.50	0.00	430.11		
					COSTONER	20.50	0.00	430.11		
					CATEGORY	29.50	0.00	430.11		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 228	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
				SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211205	9/28/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	29
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	10/05/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	211206	9/28/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
ı									
ı									
ı					CATEGORY	43.00	0.00	626.94	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 230	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS I	T
			:	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211207	9/28/12	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	42.00		612.36 I	
				====				
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 - 231	
SALES JRN	L # 0301	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 10/05	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
211208	9/28/12	800000	VISITING NURSE SERVICE	RAMPHAL, INDRIA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 10/03/12	SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	232
SALES JRNL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
		5	SALES REGISTER			BILL WEEK ENDIN	IG 10/05/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211209 9/28/12	8 000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	5.25		76.55	-
211210 9/28/12	800000	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60	- -
211211 9/28/12	2 000008	VISITING NURSE SERVICE	RICCA, MARIE	20.00		291.60	• •
211212 9/28/12	8 000008	VISITING NURSE SERVICE	RICE, SYDNEY	8.00		116.64	<u>-</u> -
			CUSTOMER	53.25	0.00	776.39	
			CATEGORY	 53 25	0.00	 776 39	
			CATEGORY	53.25	0.00	776.39	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 233	
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	E CARE PROGR	.AM
			S	SALES	REGISTER			BILL WEEK END	ING 10/05/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLU	S
211213	9/28/12	800000	VISITING NURSE SERVICE	RI	SCO, GUILEERM	38.25		557.69	I	
										-
1					CATEGORY	38.25	0.00	557.69		

RUN DATE	10/03/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	234
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211214	9/28/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	47.75		696.20	Ι
				CATEGORY	47.75	0.00	696.20	

RUN DATE 10/03/1 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 235 VCP CHOICE LHCSA BILL WEEK ENDING 10/05/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211215 9/28/1 211216 9/28/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	36.00 20.00		524.88 I 291.60 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEV	•
			S	ALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211217	9/28/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 237	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211218	9/28/12	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	10/03/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	38
SALES JR	NL # 0301	LOC 001		REG NY NY			LAD NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211219	9/28/12	800000	VISITING NURSE SERVICE	RIVERA, WANDA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 239	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
				SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
011000	0 / 0 0 / 1 0				40.00		500.04	
211220	9/28/12	000008	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				GA EEGODY	40.00	0.00	600 04	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	240
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211221	9/28/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	29.75		433.76 I	
211222	9/28/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	36.00		524.88 I	
				CUSTOMER	65.75	0.00	958.64	
				CATEGORY	65.75	0.00	958.64	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 241	
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB ONLY	
				Ş	SALES REGISTER			BILL WEEK ENDING 10/05/	12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
	211223	9/28/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ISAB	13.00		189.54 I	
					CATEGORY	13.00	0.00	189.54	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	42
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			:	SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211224	9/21/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	11.50		167.67	I	
211225	9/28/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72	I	
				CUSTOMER	95.50	0.00	1,392.39		
				0001011111		0.00	_,3,2.3,		
				CAREGODY	05 50	0.00	1 202 20		
1				CATEGORY	95.50	0.00	1,392.39		

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	.3
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	10/05/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	211226	9/28/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	25.00		364.50 I	
ı									
ı									
ı					CATEGORY	25.00	0.00	364.50	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	244	
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	4	
			5	SALES REGISTE	R		BILL WEEK ENDING	3 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS	
211227	9/28/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	33.00		481.14 I		
				- CATEGORY	33.00	0.00	481.14		

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	245
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
				SALES REGISTER			BILL WEEK ENDING	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211228	9/28/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 246
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
				SALES REGISTER			BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
011000	0 / 0 0 / 1 0				56.00		016 40 -
211229	9/28/12	800000	VISITING NURSE SERV	ICE RODRIGUEZ, YLMA	56.00		816.48 I
							016 40
				CATEGORY	56.00	0.00	816.48

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	247
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIL	CUSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNI IIP	SURPLUS
211230	9/28/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	39.50		575.91 I	
				CATEGORY	39.50	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 2	48
511225 0141	2 0301	200 001		SALES REGISTER			BILL WEEK ENI		10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211231 211232	8/31/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ROMERO, SANTHY	8.00 41.00		116.64 597.78	I	
211232	9/28/12	000008	VISITING NURSE SERVICE	ROMERO, SANTHY	41.00		597.78		
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY				- 249 HOMEW/O WALLS (LT	
SALES UKN	т # 0301	LOC 001			EGISTE	R			DING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
211233 211234	9/28/12 9/28/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	FLOR ANA	56.00 32.00		816.48 466.56	I T	
	3,20,12		VIDITING NO.02 D2.07102	1105117	CUSTOMER	88.00	0.00	1,283.04		
					_					
					CATEGORY	88.00	0.00	1,283.04		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 250	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 10/05/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
211235	9/28/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48 I	
								_
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE					- 2	51
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			S	ALES REGISTER			BILL WEEK ENI	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211236	9/28/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	17.25		251.51	I	
211237	9/28/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	30.00		437.40	I	
211238	9/21/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	3.00		43.74	I	
211239	9/28/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	22.75		331.70	I	
211240	9/28/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.00		364.50	I	
211241	9/28/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26	I	
				CUSTOMER	145.00	0.00	2,114.11		
				CATEGORY	145.00	0.00	2,114.11		

				YSIDE CITYWIDE				PAGE 1 -	252
5	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				5	SALES REGISTER			BILL WEEK ENDING	10/05/12
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	211242	9/28/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
					CATEGORY	70.00	0.00	1,020.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	53
SALES JRN	L # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211243	9/28/12	800000	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN				REG NY NY BALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211244	9/28/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

			YSIDE CITYWIDE				PAGE 1 - 25	55
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	10/05/12
			•	SALES REGISIER			BILL MEEK ENDING	10/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211245	9/28/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	55.00		801.90 I	
				CATEGORY	55.00	0.00	801.90	

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	56
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211246	9/28/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY			VCP CHOICE L		
			S	SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211247 211248	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SAMPOGNA, LUCY SANCHEZ, LIDIA	24.00 49.00		349.92 714.42	I I	
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

RUN	DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	8
SAL	ES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	10/05/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211	249	9/28/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	259	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	10/05/12	
TMTOTOTH	DAME	CIICE NO	CHOMOMED NAME	DEFEDENCE	HOHDG	max amm	AMOTINE ENVE	GIIDDI IIG	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
211250	9/28/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	42.00		612.36 I		
				,					
				CATEGORY	42.00	0.00	612.36		

			YSIDE CITYWIDE				-	260
SALES JRN	L # 0301	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211251	9/28/12	800000	VISITING NURSE SERVICE	SARRO, MICHELE	14.75		215.06 I	
				CATEGORY	14.75	0.00	215.06	

			YSIDE CITYWIDE	DDG 1911			PAGE 1 -	
SALES JRNI	L # U3UI	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211252	9/28/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	48.75		710.78	
				CATEGORY	48.75	0.00	710.78	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	- 262
			2	SALES REGISTER			BILL WEEK END	ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211253 211254	9/28/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SECONDINI, ANNA SEEBERGER, DOLO	6.00 2.00		87.48 29.16	I I
				CUSTOMER	8.00	0.00	116.64	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE				PAGE 1	- 26	3
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	ALES REGISTER	=		BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211255	9/28/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.00		524.88	I	
211256	9/28/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	59.00		860.23	I	
211257	9/28/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	56.00		816.48	I	
211258	9/28/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36	I	
211259	9/28/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	20.00		291.60	I	
211260	9/21/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80	I	
211261	9/28/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	11.00		160.38	I	
				CUSTOMER	234.00	0.00	3,411.73		
				CATEGORY	234.00	0.00	3,411.73		

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	264
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDI	NG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211262	9/28/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	40.00		583.20	I
				CATEGORY	40.00	0.00	583.20	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	265
SALES JRN	rL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211263	9/28/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40 I	
211264	9/28/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	 656.10	

				YSIDE CITYWIDE				PAGE 1 -	
	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				\$	SALES REGISTER			BILL WEEK ENDING	10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	211265	9/28/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	10.00		145.80 I	
1					CATEGORY	10.00	0.00	145.80	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 267 CCL CONGREGATE CARE	DDOGDAM
SALES URN	т # 0301	LOC UUI		SALES REGISTER			BILL WEEK ENDING 10	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
211266 211267	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		19.25 8.00		280.67 I 116.64 I	
211207	3/20/12	00000	VIBILING NORDE BERVICE	CUSTOMER	27.25	0.00	397.31	
				CATEGORY	27.25	0.00	397.31	

			YSIDE CITYWIDE					268
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
				SALES REGISTER			BILL WEEK ENDING	J 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211268	9/28/12	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211269 211270 211271	9/21/12 9/28/12 9/28/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SOTO, MARCELINA SOTO, MARCELINA STAFILIAS, EVAN	4.00 19.50 56.00		58.32 284.31 816.48	I I
				CUSTOMER	79.50	0.00	1,159.11	
				CATEGORY	79.50	0.00	1,159.11	

			YSIDE CITYWIDE					70
SALES JRN	IL # 0301	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	10/05/12
				Naicibay Cadac			BILL WEEK ENDING	10/03/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
011070	0 / 20 / 1 2	000000	MIGHTING MIDGE GERMAN	CENT ANGLE DODE	0 00		121 22 +	
211272 211273	9/28/12 9/21/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 2.75		131.22 I 40.10 I	
211273	9/28/12	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	56.00		816.48 I	
				CUSTOMER	67.75	0.00	987.80	
				CATEGORY	67.75	0.00	987.80	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	
				SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211275	9/28/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 3 SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	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 TYPE	SURPLUS
211276 211277 211278 211279	9/28/12 9/28/12 9/28/12 9/28/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	STENOS, MOSHOUL STERGIOU, GLORI STICKELL, BLANC STROBL, ALFRED	19.00 20.00 30.50 36.00		277.02 I 291.60 I 444.69 I 524.88 I	
				CUSTOMER	105.50	0.00	1,538.19	
				CATEGORY	105.50	0.00	1,538.19	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 273	
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 10	0/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
211280	9/28/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	19.50		284.32 I	
				CATEGORY	19.50	0.00	284.32	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 274	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
011001	0 /00 /10				00 55		100 75 -	
211281	9/28/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	29.75		433.76 I	
				CATEGORY	29.75	0.00	433.76	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211282	9/28/12	800000	VISITING NURSE SERVICE	SYED, GHULAM	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	76
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			:	SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211283	9/28/12	000008	VISITING NURSE SERVICE	TABOADA, DIMAS	17.50		255.15	I	
211284	9/28/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	56.00		816.48	I	
				CUSTOMER	73.50	0.00	1,071.63		
				CATEGORY	73.50	0.00	1,071.63		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211285 211286	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	45.75 23.50		667.04 I 342.63 I	<u>.</u>
				CUSTOMER	69.25	0.00	1,009.67	
				CATEGORY	69.25	0.00	1,009.67	

	10/03/12 - IL # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 278 VCP CHOICE LHCSA	
BALLS OIGN	1L # 0501	100 001		SALES REGISTER			BILL WEEK ENDING 10/05	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
211287 211288	9/28/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TAVERAS, BERNAR TEJADA, BALDOME	12.00 20.00		174.96 I 291.60 I	
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE 10/03/12 SALES JRNL # 0301			REG NY NY			PAGE 1 - AUR ADULT REHAI	279
SALES URNL # USUI	LOC 001	SUNNYSIDE CITYWIDE	SALES REGISTER			BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211289 9/28/12	800000	VISITING NURSE SERVICE	TEJADA, MARIALU	20.00		291.60	Ι
			CATEGORY	20.00	0.00	291.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	80
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			:	SALES REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211290	9/28/12	000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	43.00		626.94	I	
211291	9/28/12	800000	VISITING NURSE SERVICE	TINOCO, INES	42.00		612.36	I	
				CUSTOMER	85.00	0.00	1,239.30		
				CATEGORY	85.00	0.00	1,239.30		

RUN DATE 10/03/12 SALES JRNL # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	281
		S	ALES REGISTER			BILL WEEK ENDING	3 10/05/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
211292 9/28/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	24.75		360.86 I	
			CATEGORY	24.75	0.00	360.86	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
211293 211294 211295 211296	9/28/12 9/28/12 9/28/12 9/28/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TORO VEGA, LUZV TORO, PURA TORRES, EMELINA TORRES, LUZ M	24.75 83.75 32.75 83.75		360.86 1,221.08 477.50 1,221.08	I I I
				CUSTOMER	225.00	0.00	3,280.52	
				CATEGORY	225.00	0.00	3,280.52	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 283	
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
ı				Š	SALES REGISTER			BILL WEEK ENDING 10	/05/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
ı									
ı	211297	9/28/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	31.50		459.27 I	
ı									
ı									
ı					CATEGORY	31.50	0.00	459.27	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	284
T3770 T GT	D.100	G11GT 110		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY 510.30 I	
211298	9/28/12	000008	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC NY NY			PAGE 1 -	
SALES JRN	т # 0301	TOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCS. BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211299 211300	9/21/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TRUJILLO, AMPAR	8.00 4.00		116.64 I 58.32 I	
211301 211302	9/28/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUONG, TINH TSOLISOS, FOTIN	11.75 52.75		171.32 I 769.10 I	
				CUSTOMER	76.50	0.00	1,115.38	
				CATEGORY	76.50	0.00	1,115.38	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	286
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211303	9/28/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK ENI		7 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211304 211305	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	63.00 13.71		918.54 1,276.04	I	
				CUSTOMER	76.71	0.00	2,194.58		
				 CATEGORY	76.71	0.00	2,194.58		

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	288
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDIN	G 10/05/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı	TITTOTCE	DITTE	CODI NO	CODIONER WILL	REI ERENGE	1100110	11111 11111	11100111 11	
	211306	9/28/12	800000	VISITING NURSE SERVICE	URBINA, ANA	30.00		437.40 I	
ı									
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 289	
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			S	SALES REGISTER			BILL WEEK ENDING 10,	/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
211307	9/28/12	800000	VISITING NURSE SERVICE	VALENCIA, BERNA	20.00		291.60 I	
				 CATEGORY	20.00	0.00	291.60	
				CALEGORI	20.00	0.00	△୬⊥.00	

			JYSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0301	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			VCP CHOICE LHCSA BILL WEEK ENDING	
T1770 T G77 II		GTTGT 170	GUGEOVER MAN		********			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211308	9/28/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	91
SALES JRN	ъ # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT		
			:	SALES REGISTER			BILL WEEK END	ING	10/05/12
T1770 T G7 II		G11GE 110	GUGEOMED MANE	25552545			71/07777		G11D D7 11G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211309	9/28/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN	55.50		809.19	Т	
211309	9/20/12	000008	VISITING NORSE SERVICE	VALENII, HELEN	33.30		009.19	_	
				CATEGORY	55.50	0.00	809.19		

RUN DATE I SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	272
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211310	9/28/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	17.75		258.80	I
				CATEGORY	17.75	0.00	258.80	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 293	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211311	9/28/12	800000	VISITING NURSE SERVICE	VAROL, ELMAS	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	CSA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211312 211313	9/21/12 9/28/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ ~ ,	13.00 39.25		189.54 572.28	I I
				CUSTOMER	52.25	0.00	761.82	
				CATEGORY	52.25	0.00	761.82	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 295 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211314 211315	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ '	33.00 21.00		481.14 I 306.18 I
				CUSTOMER	54.00	0.00	787.32
				CATEGORY	54.00	0.00	787.32

RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 296
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHA	AB ONLY
			2	SALES REGISTER			BILL WEEK ENDI	ING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
211316	9/28/12	800000	VISITING NURSE SERVICE	VASQUEZSOTO, AR	36.00		524.88	I
				CATEGORY	36.00	0.00	 524.88	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	297
SALES JRN	NL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDI	NG 10/05/12
TATTOTOTOTI	DAME	GIIGH NO	CHOMOMED NAME	DEEDDENGE	HOHDG	max anm	AMOUNTE IT	AND GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211317	9/28/12	000008	VISITING NURSE SERVICE	VAZOUEZ, ESTHER	40.00		583.20	I
				~ ,				
				CATEGORY	40.00	0.00	583.20	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	298
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDI	NG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TYUOMA	YP SURPLUS
211318	9/28/12	800000	VISITING NURSE SERVICE	VEGA, BETTY	4.00		58.32	I
				CATEGORY	4.00	0.00	58.32	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	299
SALES JRN	և # 0301	LOC 001		REG NY NY			VCP CHOICE LHCS	
			5	SALES REGISTER			BILL WEEK ENDING	G 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211319	9/28/12	000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

ı	RUN DATE	10/03/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	300
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				i	SALES REGISTER			BILL WEEK ENDING	10/05/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	011000	0 400 410				40.00		514.40 -	
ı	211320	9/28/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	49.00		714.42 I	
ı									
ı					CARECODY	40.00	0.00	714 40	
ı					CATEGORY	49.00	0.00	714.42	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 3	01	
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY	YY			VCP CHOICE L	HCSA		
			S	SALES R	EGISTEF	3		BILL WEEK EN	DING	10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
211321	9/28/12	800000	VISITING NURSE SERVICE	VERAS	, JUANA	56.00		816.48	I		
					CATEGORY	56.00	0.00	816.48			

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 302	
SALES JRN	IL # 0301	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 10/	/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	URPLUS
211322	9/28/12	800000	VISITING NURSE SERVICE	VERDESOTO, JUAN	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

			YSIDE CITYWIDE				PAGE 1 - 303	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 10/05/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211323	9/28/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	304
SALES JRN	IL # 0301	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211324	9/28/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 305	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE I	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 10	05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
211325	9/28/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

ı	RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	06
ı	SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	10/05/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	211326	9/28/12	000008	VISITING NURSE SERVICE	VITO, CARMEN	23.75		346.28 I	
ı									
ı									
ı					CATEGORY	23.75	0.00	346.28	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211327 211328 211329	9/14/12 9/21/12 9/28/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VIVACQUA, EMMA VIVACQUA, EMMA VIVACQUA, EMMA	9.00 10.00 70.00		131.22 145.80 1,020.60	I I I
				CUSTOMER	89.00	0.00	1,297.62	
				CATEGORY	89.00	0.00	1,297.62	

RUN DATE SALES JRN	- , ,	LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211330	9/28/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	309
SALES JRNI	և # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADU	
			:	SALES REGISTER			BILL WEEK ENDIN	IG 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211331	9/28/12	000008	VISITING NURSE SERVICE	WASHINGTON, JAM	15.00		218.70	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 -	310
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	~ 10/05/10
			2	SALES REGISTER			BILL WEEK ENDING	3 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211332	9/28/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	19.00		277.02 I	
				CATEGORY	19.00	0.00	277.02	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 31 ICSA	11
			S	SALES REGISTER			BILL WEEK ENI	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211333 211334	9/28/12 9/28/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	WEINHAUS, SUSAN YAGHDJIAN, SIRA	10.00 16.00		145.80 233.28	I	
211334	9/20/12	000000	VISITING NORSE SERVICE	IAGHDUIAN, SIRA					
				CUSTOMER	26.00	0.00	379.08		
				CATEGORY	26.00	0.00	379.08		

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 312	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROG	3RAM
			Ş	SALES REGISTER			BILL WEEK ENDING 10/05/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	JUS
211335	9/28/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 313	
SALES JRNI	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 10	/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
211336	9/28/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	14
SALES JRN	rL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL H	HEALTH
			:	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211337	9/28/12	800000	VISITING NURSE SERVICE	ZELLE, EVE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	10/03/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	315
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211338	9/28/12	800000	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE 10/03/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 316 SALES JRNL # 0301 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 10/05/12 REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS INVOICE# DATE CUST NO CUSTOMER NAME 211339 9/28/12 355.74 I 000010 211340 9/28/12 000010 I 211341 9/28/12 000010 211342 9/28/12 000010 211343 9/28/12 000010 211344 9/28/12 000010 211345 9/28/12 000010 211346 9/28/12 000010 211347 9/28/12 000010 211348 9/28/12 000010 211349 9/28/12 000010 211350 9/28/12 000010 211351 9/28/12 000010 211352 9/28/12 000010 211353 9/28/12 000010 211354 9/28/12 000010 211355 9/28/12 000010 211356 9/28/12 000010 211357 9/28/12 000010 211358 9/28/12 000010 211359 9/28/12 000010 211360 9/28/12 000010 211361 9/28/12 000010 211362 9/28/12 000010 211363 9/28/12 000010 211364 9/28/12 000010 211365 9/28/12 000010 211366 8/24/12 000010 211367 9/28/12 000010 211368 9/28/12 000010 211369 9/28/12 000010 211370 9/28/12 000010 211371 9/28/12 000010 211372 9/28/12 000010 211373 9/28/12 000010 211374 9/28/12 000010 211375 9/28/12 000010 211376 9/28/12 000010 211377 9/28/12 000010 GUILDNET 211378 9/28/12 000010 GUILDNET 211379 9/28/12 000010 GUILDNET 211380 000010 GUILDNET 9/28/12 000010 GUILDNET 211381 9/28/12 211382 9/28/12 000010 211383 9/28/12 000010 211384 9/28/12 000010

211385

211386

211387

9/28/12

9/28/12

000010

9/28/12 000010 GUILDNET

000010 GUILDNET

RUN DATE	10/03/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE					PAGE 2	- 3	17
SALES JRN	IL # 0301	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			GUI GUILDNET		
				SALES	REGISTE	R		BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	REFERENCE	HOURS	'I'AX AM'I'	AMOUN'I'	JAB	SURPLUS
211388	9/28/12	000010	GUILDNET	ad.	NA. WALESKA	55.50		805.86	I	
211389	9/28/12	000010	GUILDNET	PE	EREZ, MARIA	24.00		348.48	I	
211390	9/28/12	000010	GUILDNET	PI	CHARDO, MARIA	36.00		522.72	I	
211391	9/28/12	000010	GUILDNET	PI	NILLA, VICTOR	29.75		431.97	Ī	
211392	9/28/12	000010	GUILDNET	PR	RADO, NANCY	12.00		174.24	I	
211393	9/28/12	000010	GUILDNET	PR	ROANO, ALICIA	18.00		279.36	I	
211394	9/28/12	000010	GUILDNET	PR	ROANO, BRUNO	29.00		450.08	I	
211395	9/28/12	000010	GUILDNET	RA	AMOS, ESTHER	18.00		261.36	Ī	
211396	9/28/12	000010	GUILDNET	RE	STULA, VINCEN	18.00		261.36	I	
211397	9/28/12	000010	GUILDNET	RI	VAS, GERTRUDI	30.00		435.60	I	
211398	9/28/12	000010	GUILDNET	RC	DRIGUEZ, FABI	28.00		406.56	I	
211399	9/28/12	000010	GUILDNET	RC	DRIGUEZ, HOLG	63.00		914.76	I	
211400	9/28/12	000010	GUILDNET	RC	JAS, ANGEL	15.00		232.80	I	
211401	9/28/12	000010	GUILDNET	RC	JAS, HAYDEE	20.00		310.40	I	
211402	9/28/12	000010	GUILDNET	RU	JBIANO, MARIA	20.00		290.40	I	
211403	9/28/12	000010	GUILDNET	SA	ALJANIN, DILJA	61.00		885.72	I	
211404	9/28/12	000010	GUILDNET	SA	NCHEZ, ELIZAB	32.00		464.64	I	
211405	9/28/12	000010	GUILDNET	SH	ELTON, AGUEDA	40.00		580.80	I	
211406	9/28/12	000010	GUILDNET	SC	MRAJ, UMILLA	15.00		217.80	I	
211407	9/28/12	000010	GUILDNET	TR	ROISI, DELIA	48.00		696.96	I	
211408	9/28/12	000010	GUILDNET	VL	LAHOS, MARIE	64.00		929.28	I	
211409	9/28/12	000010	GUILDNET	WE	ISZ, KLARA	4.00		58.08	I	
211410	9/28/12	000010	GUILDNET	WE	ST, BALDWIN	20.00		290.40	I	
211411	9/28/12	000010	GUILDNET	YI	, CARLOS	24.00		348.48	I	
211412	9/21/12	000010	GUILDNET	YI	ANTSELIS, VIR	8.00		1,509.76	I	
211413	9/28/12	000010	GUILDNET	ZA	ARE, GLORIA	40.75		591.69	I	
211414	9/28/12	000010	GUILDNET	ZU	JMAETA, FANNY	64.00		929.28	I	
					REFERENCE ENA, WALESKA EREZ, MARIA ICHARDO, MARIA ICHARDO, MARIA ICHARDO, NANCY RADO, NANCY ROANO, ALICIA ROANO, BRUNO AMOS, ESTHER ESTULA, VINCEN IVAS, GERTRUDI IDDRIGUEZ, FABI IDDRIGUEZ, HOLG IDRIGUEZ, HOLG IDRIGUE	2,718.00	0.00	43,205.56		
					CATEGORY	2,718.00	0.00	43,205.56		

RUN DATE SALES JRN	10/03/12 - IL # 0301	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 HFS HEALTH FI BILL WEEK ENI	- 3 IRST DING	18
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211415	9/28/12	000122	HEALTH FIRST	BEGUM, MANWARA	24.00		405.12	I	
211416	9/28/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
211417	9/28/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	42.00		708.96	I	
211418	9/28/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
211419	9/28/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
211420	9/28/12	000122	HEALTH FIRST	CEBALLOS, ANA	24.00		405.12	I	
211421	9/28/12	000122	HEALTH FIRST	CHARITAR, RAMKA	8.00		135.04	I	
211422	9/07/12	000122	HEALTH FIRST	CORTES DE GALIN	42.00		708.96	I	
211423	9/28/12	000122	HEALTH FIRST	DELACRUZ, ANA	70.00		1,181.60	I	
211424	9/28/12	000122	HEALTH FIRST	DORNELLAS, STEL	16.00		270.08	I	
211425	9/28/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64	I	
211426	9/28/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96	I	
211427	9/28/12	000122	HEALTH FIRST	FERGERSON, TINA	32.00		540.16	I	
211428	9/28/12	000122	HEALTH FIRST	FERRERA, FRANCI	5.00		84.40	I	
211429	9/21/12	000122	HEALTH FIRST	FONTANES, PEDRO	54.00		911.52	I	
211430	9/28/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
211431	9/28/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
211432	9/28/12	000122	HEALTH FIRST	HERRING, CHARLE	8.00		135.04	I	
211433	9/28/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
211434	9/28/12	000122	HEALTH FIRST	LARA, TOMASA	48.00		810.24	I	
211435	9/28/12	000122	HEALTH FIRST	LAZALA, GLADYS	35.00		590.80	I	
211436	9/28/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	76.00		1,282.88	I	
211437	9/28/12	000122	HEALTH FIRST	MACARENA, SAHAR	84.00		1,417.92	I	
211438	9/21/12	000122	HEALTH FIRST	PALAZZOLO, FLOR	168.00		2,835.84	Ī	
211439	9/28/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	Ī	
211440	9/28/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
211441	9/28/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	Ī	
211442	9/28/12	000122	HEALTH FIRST	SPIVEY, PATRICI	21.00		354.48	I	
211443	9/28/12	000122	HEALTH FIRST	ST ROMAINE, CLA	68.00		1,147.84	I	
211444	9/28/12	000122	HEALTH FIRST	VASOUEZ, OLGA	20.00		337.60	Ī	
211445	9/28/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	Ī	
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DELACRUZ, ANA DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR PALAZZOLO, FLOR RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA VASQUEZ, OLGA VEGA, GLORIA	1,332.00	0.00	22,484.16		
				CATEGORY	1,332.00	0.00	22,484.16		

RUN DATE SALES JRN	10/03/12 - IL # 0301	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTER	8		PAGE 1 NHP NEIGHBORE BILL WEEK ENI	- 3: HOOD :	19 HEALTH 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	тах амт	AMOIINT	TYP	SURPLUS
211446	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS AHMED, UMARA	55.00		928.40	I	
211447	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS AKHTER, SELINA	36.00		607.68	I	
211448	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS CHUKWUJIORAH, T	50.00		844.00	I	
211449	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS DIAZ, CARMEN	28.00		472.64	I	
211450	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS FERNANDEZ, MARI	12.00		202.56	I	
211451	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS FLORES, MARITZA	70.00		1,181.60	I	
211452	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS HAMPTON, PRISCI	42.00		708.96	I	
211453	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS JONES, CYNTHIA	15.00		253.20	I	
211454	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	ERS KHALIL, RASHAN	29.00		489.52	I	
211455	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	ERS KHAN, FARUQUE	84.00		1,417.92	I	
211456	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS KROLL, KATHERIN	35.00		590.80	I	
211457	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS MORALES HERNAD	42.00		708.96	I	
211458	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS MOSKOWITZ, RONA	24.00		405.12	I	
211459	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS OCASIO, VIRGINI	24.00		405.12	I	
211460	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS RODRIGUEZ, JESS	25.00		422.00	I	
211461	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS RODRIGUEZ, MARI	16.00		270.08	I	
211462	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS SALVATO, MARY	56.00		945.28	I	
211463	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS SHEPPARD, ERMA	70.00		1,181.60	I	
211464	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS WELLS, WYNORIA	16.00		270.08	I	
211465	9/28/12	000120	NEIGHBORHOOD HEALTH PROVID	DERS WILSON, SHERYL	36.00		607.68	I	
			NEIGHBORHOOD HEALTH PROVID NEIGHBORHOOD HEALTH P	CUSTOMER	765.00	0.00	12,913.20		
						0.00	12,913.20		

			YSIDE CITYWIDE				11102	- 320
SALES JRN	Г # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			FID NY CATHOI BILL WEEK END	- ,
				SALES REGISTER			DILL MEEK END	JING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
								_
211466	9/28/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	1
211467	9/28/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49	I
211468	9/28/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	49.00		826.63	I
211469	9/28/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	14.00		236.18	I
211470	9/28/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	48.00		809.76	I
211471	9/28/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,062.81	I
211472	9/28/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	4.00		67.48	I
211473	9/14/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	48.00		809.76	I
211474	9/28/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	53.00		894.11	I
				CUSTOMER	355.00	0.00	5,988.85	
				CATEGORY	355.00	0.00	5,988.85	

			YSIDE CITYWIDE				-	- 3	
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			UHC UNITED H		10/05/12
				SALES REGISIER			BILL MEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211475	9/28/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	I	
211476	9/28/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	49.00		840.84	I	
211477	9/28/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	12.00		205.92	I	
211478	9/28/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
211479	9/28/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	20.00		343.20	I	
				CUSTOMER	207.00	0.00	3,552.12		
				CATEGORY	207.00	0.00	3,552.12		
				CITEOULI	207.00	0.00	3,332.12		

			YSIDE CITYWIDE				PAGE 1	- 32	22
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			EHP EMBLEM H		10/05/12
				SALES REGISTER			BILL MEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211480	9/28/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	16.00		224.00	I	
211481	9/28/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
211482	9/28/12	000114	EMBLEM HEALTH	COPELAND, ELISE	42.00		598.50	I	
211483	9/28/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
211484	9/28/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	63.00		882.00	I	
211485	9/28/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
211486	9/28/12	000114	EMBLEM HEALTH	KEATON, CATHERI	83.25		1,165.50	I	
211487	9/28/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
211488	9/14/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	85.75		1,200.50	I	
211489	9/28/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	48.00		672.00	I	
				CUSTOMER	489.00	0.00	6,856.50		
				CATEGORY	489.00	0.00	6,856.50		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE RE S A L	G NY NY ES REGISTEI	?		PAGE 1 HIP HEALTH IN BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211490 211491 211492 211493 211494 211495	9/28/12 9/28/12 9/28/12 9/28/12 9/28/12 9/28/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE DE JESUS, TIBUR LOYOLA, MARIA ORR, LOUISE WILLIAMS, DIANE	20.00 20.00 63.00 40.00 35.00 20.00		337.60 337.60 1,063.44 675.20 590.80 337.60	I I I I I	
				CUSTOMER	198.00	0.00	3,342.24		
				 CATEGORY	198.00	0.00	3,342.24		

RUN DATE 10/03/12 - SUP SUNNYSIDE CITYWIDE PAGE SALES JRNL # 0301 LOC 001 SUNNYSIDE CITYWIDE REG NY NY MPH METRO	1 - 324 PLUS HEALTH
	ENDING 10/05/12
	21,511.6 10, 00, 12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOU	NT TYP SURPLUS
211496 9/28/12 000130 METROPLUS HEALTH ANDERSON, BETH 30.00 514. 211497 9/28/12 000130 METROPLUS HEALTH ARIAS, NORA 64.00 1,097.	
211498 9/28/12 000130 METROPLUS HEALTH CORDERO, ROSEND 57.00 977.	
211499 9/28/12 000130 METROPLUS HEALTH DAVIS, ANGIE 133.00 2,280.	95 I
211500 9/07/12 000130 METROPLUS HEALTH DOBBINS, SANDRA 216.00 3,704.	40 I
211501 9/28/12 000130 METROPLUS HEALTH DURHAM, CYNTHIA 12.00 205.	80 I
211502 9/28/12 000130 METROPLUS HEALTH GALAS, TERESA 35.00 600.	25 I
211503 9/28/12 000130 METROPLUS HEALTH MURDOCK, GERTRU 40.00 686.	00 I
211500 9/07/12 000130 METROPLUS HEALTH DOBBINS, SANDRA 216.00 3,704.	80 I
211505 9/28/12 000130 METROPLUS HEALTH PERSAD, USHA 71.00 1,217.	65 I
211506 9/07/12 000130 METROPLUS HEALTH RAMPERSAID, ALI 31.00 531.	
211506 9/07/12 000130 METROPLUS HEALTH RAMPERSAID, ALI 31.00 531. 211507 9/28/12 000130 METROPLUS HEALTH RYALS, CHARLES 32.00 548.	80 I
211508 9/28/12 000130 METROPLUS HEALTH SANTORO, MATTHE 18.00 308.	70 I
211509 9/28/12 000130 METROPLUS HEALTH SANTORO, MATTHE 20.00 343.	00 I
211510 9/28/12 000130 METROPLUS HEALTH SHUMON, NUK-FNU 28.00 480.	20 I
211509 9/28/12 000130 METROPLUS HEALTH SANTORO, MATTHE 20.00 343. 211510 9/28/12 000130 METROPLUS HEALTH SHUMON, NUK-FNU 28.00 480. 211511 9/21/12 000130 METROPLUS HEALTH VALLE, BLASINA 88.00 1,509.	20 I
CUSTOMER 887.00 0.00 15,212.	05
CATEGORY 887.00 0.00 15,212.	05

RUN DATE 1 SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 WEL WELCARE (BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211513	9/28/12 9/28/12 9/28/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 42.00 63.00		842.80 722.40 1,083.60	I I I	
					CUSTOMER	154.00	0.00	2,648.80		
					CATEGORY	154.00	0.00	2,648.80		

	10/03/12 - L # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AMG AMERIGRO	- 32	6
SALES UKN	п # 0301	TOC 001	SONNISIDE CITIMIDE	SALES REGISTER	1		BILL WEEK EN		10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211515	9/28/12	000132	AMERIGROUP	DENNISON, KELVI	22.00		371.36	I	
211516	9/28/12	000132	AMERIGROUP	ESPERSON, CLAUD	16.00		270.08	I	
211517	9/21/12	000132	AMERIGROUP	FERNANDEZ, NORK	50.00		844.00	I	
211518	9/21/12	000132	AMERIGROUP	FRASIEUR, GARY	10.00		168.80	I	
211519	9/28/12	000132	AMERIGROUP	GUERRA, LORRAIN	62.00		1,046.56	I	
211520	9/28/12	000132	AMERIGROUP	HARDING, EDNA	30.00		506.40	I	
211521	9/28/12	000132	AMERIGROUP	MICHEL, VERULIA	32.00		540.16	I	
211522	9/28/12	000132	AMERIGROUP	PRUITT, JOHNNY	4.00		67.52	I	
211523	9/21/12	000132	AMERIGROUP	WALTERS, BYRON	50.00		844.00	I	
211524	9/21/12	000132	AMERIGROUP	YOUNG, KALEILE	36.00		607.68	I	
				CUSTOMER	312.00	0.00	5,266.56		
				CATEGORY	312.00	0.00	5,266.56		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 HCP HEALTHCA BILL WEEK EN	RE PA	27 RTNERS 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211525 211526 211527	9/28/12 9/28/12 9/28/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 16.00 16.00		1,063.44 270.08 270.08	I I I	
				CUSTOMER	95.00	0.00	1,603.60		
				CATEGORY	95.00	0.00	1,603.60		

RUN DATE 10/03			DEG 1911 1911				- 328 - 328
SALES JRNL # 03	301 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REG	ISTER		BILL WEEK EN	ENCE CARE SYSTEMS DING 10/05/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENC	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211528 9/28, 211529 9/28,		INDEPENDENCE CARE SYS' INDEPENDENCE CARE SYS'		S, MA 46.50 SAMUEL 25.00		739.36 397.50	I I
			CUS	TOMER 71.50	0.00	1,136.86	
			CAT	 TEGORY 71.50	0.00	1,136.86	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCS VNSNY CHOI BILL WEEK ENDI	CE SELECTHEALTH
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	YP SURPLUS
211530	9/21/12	000170	VNSNY CHOICE SELECTHE	EALTH CLMS KARASSAVIDES, A	35.00		600.60	I
				 CATEGORY	35.00	0.00	600.60	

			YSIDE CITYWIDE				-	- 3	30
SALES JRN	L # 0301	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY S R E G I S T E R			PAR PRIVATE		
			SALE	S REGISTER			BILL WEEK EN	DING	10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211531	9/28/12	000002	SUNNYSIDE COMMUNITY SERVICES	CAGAN, RUMANDO	8.00		116.00	I	
211532	9/28/12	000002	SUNNYSIDE COMMUNITY SERVICES	DIAZ, CIRILO	4.00		58.00	I	
211533	9/28/12	000002	SUNNYSIDE COMMUNITY SERVICES	ESCOBAR, MARIA	8.00		116.00	I	
211534	9/21/12	000002	SUNNYSIDE COMMUNITY SERVICES	MONTELEONE, CAL	4.00		58.00	I	
211535	9/28/12	000002	SUNNYSIDE COMMUNITY SERVICES	MONTELEONE, CAL	12.00		174.00	I	
211536	9/28/12	000002	SUNNYSIDE COMMUNITY SERVICES	RICKS, WALTER	4.00		58.00	I	
211537	9/28/12	000002	SUNNYSIDE COMMUNITY SERVICES	RIZZO, SALVATOR	7.00		101.50	I	
				CUSTOMER	47.00	0.00	681.50		
211538	9/28/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
211539	9/28/12	000049	DOMINICAN SISTERS FAM HLTH SVO	DIOP. SERIGNE	4.75		68.88	Т	
211540	9/28/12	000049	DOMINICAN SISTERS FAM HLTH SVO	MORSHELINA, NAS	15.00		217.50	Ī	
	-,,								
				CUSTOMER	19.75	0.00	286.38		
211541	9/28/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	94.75	0.00	1,401.88		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 CAS CHILDREN' BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211542 211543 211544 211545 211546 211547	9/28/12 9/28/12 9/28/12 9/28/12 9/28/12 9/28/12	000088 000088 000088 000088 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN	25.00 6.00 6.00 27.75 13.50		387.50 93.00 93.00 430.13 209.25 209.25	I I I I I	
				CUSTOMER	91.75	0.00	1,422.13		
				CATEGORY	91.75	0.00	1,422.13		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 332 PAR PRIVATE BILL WEEK ENDING 10/0)5/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
211548	9/28/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
				CATEGORY	20.00	0.00	310.00	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ELD ELDERSERV BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211549 211550	9/28/12 9/28/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 19.75		356.25 281.44	I I
				CUSTOMER	44.75	0.00	637.69	
				CATEGORY	44.75	0.00	637.69	

	10/03/12 - IL # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY				PAR PRIVATE	334
TARKOT GRU	DAME	GHOW NO	CHCECNED NAME		REGISTER	HOHDG	77. AM	BILL WEEK ENDI	
INVOICE#	DATE 9/28/12	CUST NO 000143	CUSTOMER NAME ETTORE COPPOLA		REFERENCE OPPOLA, ETTORE	HOURS 20.00	TAX AMT	AMOUNT T	YP SURPLUS
211331	9/20/12	000143	ETTORE COPPOLA	C	OPPOLA, ETTORE	20.00			
					CATEGORY	20.00	0.00	310.00	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	; NY NY			-	- 335
SALES URN	L # 0301	TOC 001	SUNNYSIDE CITYWIDE REG S A L E		R		CCM COMPREHENS BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
211552	9/28/12	000150	COMPREHENSIVE CARE MANAGEMENT	BONES, ANA	19.25		271.43	I
211553	9/28/12	000150	COMPREHENSIVE CARE MANAGEMENT	GARCIA, MARIA	36.00		507.60	I
211554	9/28/12	000150	COMPREHENSIVE CARE MANAGEMENT	MELAMED, ESTER	16.00		225.60	I
211555	9/28/12	000150	COMPREHENSIVE CARE MANAGEMENT	PULLIAM, WILLIE	30.00		423.00	I
211556	9/28/12	000150	COMPREHENSIVE CARE MANAGEMENT	ROSARIO, CELEST	30.00		423.00	I
				CUSTOMER	131.25	0.00	1,850.63	
				CATEGORY	131.25	0.00	1,850.63	

			YSIDE CITYWIDE	DEG M	37 3737			-	- 3	36
SALES JRN	L # U3U1	LOC 001	SUNNYSIDE CITYWIDE	REG N S A L E S				PAR PRIVATE BILL WEEK ENI	OING	10/05/12
										., ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211557	9/28/12	000155	ROSEMARY JIBAJA		JIBAJA, ROSEMAR	168.00		2,676.00	I	
211558	9/28/12	000167	AMY L. WELTMAN		LUSKIND, FRANCE	7.00		1,338.00	I	
211559	9/28/12	000179	DOROTHY TABICKMAN		TABICKMAN, DORT	13.00		201.50	I	
211560	9/28/12	000181	EDELMAN, MILDRED		EDELMAN, MILDRE	22.00		359.00	I	
211561	9/28/12	000183	STEPHEN EDEL		EDEL, CANDACE	81.00		1,279.50	I	
211562	9/28/12	000189	RHONDA SCHWARTZ		SCHORR, NORMA	6.00		93.00	I	
					CATEGORY	297.00	0.00	5,947.00		
					CALEGORI	491.00	0.00	5,347.00		

	10/03/12 - NL # 0301		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 337 HHH HHH HOME CARE INC. BILL WEEK ENDING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211563	9/28/12	000192	HHH HOME CARE INC.	TOVAR, ELENA	29.00		435.00 I
				CATEGORY	29.00	0.00	435.00

RUN DATE 10/03/12 - SALES JRNL # 0301		SUP SUNN LOC 001	SUNNYSIDE CITYWIDE REG	NY NY S R E G I S T E	R		PAR PRIVATE	- 338 DING 10/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211564	9/28/12	000193	ALZHEIMER'S ASSOCIATION, NYC	ESPINOZA, LUPE	20.00		310.00	I
211565	9/28/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I
211566	9/28/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I
211567	9/28/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I
211568	9/28/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I
211569	9/28/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	3.00		49.50	I
211570	9/28/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I
211571	9/28/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	5.00		77.50	I
211572	9/28/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I
211573	9/28/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I
211574	9/28/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I
211575	9/28/12	010375	DOMINICA IRAOLA	IRAOLA, LILIAN	15.00		243.75	I
211576	9/28/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	15.00		243.75	I
211577	9/28/12	010529	STEPHEN WEISS	WEISS, STELLA	6.00		102.00	I
211578	9/28/12	010530	DANA SITILDES	ANSELMI, PETER	27.75		442.13	I
211579	9/28/12	010952	ARISTA THEOHARIS	THEOHARIS, ARIS	18.00		279.00	I
211580	9/28/12	011016	MICHAEL SIANO	SIANO, ANDREW	30.00		465.00	I
211581	9/28/12	011027	SALVATORE DINARO	DINARO, SALVATO	12.00		186.00	I
211582	9/28/12	011060	ROBIN WARREN CHARLES	WARREN, CYNTHIA	121.00		1,914.50	I
211583	9/28/12	011245	SHEEHAN MARGARET	SHEEHAN, MARGAR	13.25		205.38	I
211584	9/28/12	011399	ALZHEIMER'S ASSOCIATION	CESPEDES, ANTON	8.00		136.00	I
				CATEGORY	414.00	0.00	6,521.51	
					23,309.46	0.00	359,868.24	
				COMPANY	23,309.46		359,868.24	

RUN DATE 10/03/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 339
SALES JRNL # 0301 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 10/05/12

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

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