RUN DATE 08/15/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 8/17/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS ALVAREZ, ANGELA 4.00 205583 8/03/12 000082 SENIOR HEALTH PARTNERS 57.00 I 205584 7/27/12 000082 4.00 57.00 I 4.00 57.00 205585 8/03/12 000082 205586 8/10/12 000082 40.00 570.00 299.25 205587 8/10/12 000082 21.00 498.75 205588 8/10/12 000082 35.00 205589 8/10/12 000082 32.00 456.00 205590 8/10/12 000082 7.00 1,400.00 8.00 205591 8/03/12 000082 114.00 205592 8/03/12 000082 16.00 228.00 205593 8/10/12 000082 33.00 470.25 205594 8/10/12 000082 135.00 1,923.75 205595 8/10/12 000082 28.00 399.00 205596 8/10/12 000082 3.00 42.75 205597 8/10/12 000082 76.00 1,083.00 205598 8/10/12 20.00 285.00 000082 205599 25.00 8/10/12 000082 356.25 205600 8/10/12 000082 8.00 114.00 40.00 570.00 205601 8/10/12 000082 8.00 205602 8/10/12 000082 114.00 6.00 205603 8/03/12 000082 85.50 205604 8/10/12 18.00 256.50 000082 205605 8/10/12 000082 8.00 114.00 -----_____ 579.00 0.00 9,551.00 CUSTOMER

CATEGORY

579.00

0.00

9,551.00

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	-
511225 0141	.2 0291	200 001		LES REGISTER			BILL WEEK ENDI	· · -
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	TYP SURPLUS
205606	8/10/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48	I
205607	8/10/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96	I
205608	8/10/12	000008	VISITING NURSE SERVICE	ACOSTA, ALBERTO	9.75		142.16	I
205609	8/10/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I
205610	8/10/12	000008	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I
205611	8/10/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM	69.50		1,013.31	I
205612	8/10/12	000008	VISITING NURSE SERVICE	ADUN, JEANETTE	52.75		769.10	I
205613	8/10/12	800000	VISITING NURSE SERVICE	AFZAĹ, AMIR	6.00		87.48	I
				CUSTOMER	266.00	0.00	3,878.29	
				CATEGORY	266.00	0.00	3,878.29	

RUN DATE SALES JRN				REG NY NY			PAGE 1 - ADU ADULT	3
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	8/17/12 SURPLUS
205614	8/10/12	800000	VISITING NURSE SERVICE	AGUILAR, RAFAEL	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			TYSIDE CITYWIDE	556 357 357			PAGE 1 -	4
SALES JRN	NL # 0294	TOG 001		REG NY NY SALES REGISTER			LTC NURSING HOMEV BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205615	8/10/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	5
SALES JRN	IL # 0294	LOC 001		REG NY NY			VCP CHOICE L		
			S	SALES REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205616	7/27/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	24.00		349.92	I	
205617	8/03/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	12.00		174.96	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	6
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205618	8/10/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	8/17/12
				SALES REGISTER			BILL WEEK ENDING	0/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205619 205620	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	30.00 25.00		437.40 I 364.50 I	
				CUSTOMER	55.00	0.00	801.90	
				CATEGORY	55.00	0.00	801.90	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	8	
ı	SALES JRN	L # 0294	LOC 001		REG NY NY			HOA HOSPICE ADUL		
ı				2	SALES REGISTER			BILL WEEK ENDING	8/17/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	205621	8/10/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	47.75		696.20 I		
					CATEGORY	47.75	0.00	696.20		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- -	9
DALLS OWN	H 0254	100 001		SALES REGISTER			BILL WEEK ENI		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205622	8/10/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	19.75		287.96	I	
205623	8/10/12	000008	VISITING NURSE SERVICE	ANDINO, ESTEBAN	20.00		291.60	I	
205624	8/10/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	83.75		1,221.08	I	
205625	8/10/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I	
205626	8/10/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24	I	
				CUSTOMER	207.50	0.00	3,025.36		
				CATEGORY	207.50	0.00	3,025.36		

RUN DATE 08/15/ SALES JRNL # 02		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205627 8/10/ 205628 8/10/		VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	21.75 61.00		317.12 889.38	I I	
			CUSTOMER	82.75	0.00	1,206.50		
			CATEGORY	82.75	0.00	1,206.50		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADUL BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205629	8/10/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	12
DALLO OIGV	<u>н</u> 0251	HOC 001		SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205630 205631	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 45.75		116.64 I 667.04 I	
				CUSTOMER	53.75	0.00	783.68	
				CATEGORY	53.75	0.00	 783.68	

RUN DATE 08/15/12 SALES JRNL # 0294	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 13 ADU ADULT	3
SALES ORNE # 0274	100 001		SALES REGISTER				8/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205632 8/10/12 205633 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	23.00 12.00		335.34 I 174.96 I	
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		SUP SUNN LOC 001		REG NY NY ALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN	,	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205634 205635 205636 205637	7/20/12 8/03/12 8/10/12 8/10/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ASHLEY, CLYDE ASHLEY, CLYDE ASHLEY, CLYDE AZAD, ABUL	7.00 7.00 49.00 11.75		102.06 102.06 714.42 171.32	I I I	
				CUSTOMER	74.75	0.00	1,089.86		
				CATEGORY	74.75	0.00	1,089.86		

	- 1	PAGE 1				YSIDE CITYWIDE	- SUP SUNN	08/15/12	RUN DATE
	HCSA	VCP CHOICE L			REG NY NY	SUNNYSIDE CITYWIDE	LOC 001	IL # 0294	SALES JRN
8/17/12	DING	BILL WEEK EN		<u>!</u>	SALES REGISTE	5			
SURPLUS	TYP	AMOUNT	TAX AMT	HOURS	REFERENCE	CUSTOMER NAME	CUST NO	DATE	INVOICE#
	I	174.96		12.00	BADILLO, JOVITA	VISITING NURSE SERVICE	000008	8/10/12	205638
	I	393.66		27.00	BAEZ, JUAN	VISITING NURSE SERVICE	800000	8/10/12	205639
		568.62	0.00	39.00	CUSTOMER				
		E60 60	0.00	20 00	CATECODY				
	I I 	393.66	0.00	27.00	BAEZ, JUAN			- , - ,	

RUN DATE 08/15/ SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
205640 8/10/ 205641 8/10/ 205642 8/10/ 205643 8/10/	12 000008 12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BALLAS, VIOLA BAQUERIZO, ANNA BARDEANU, VICTO BATTLE, JEANETT	25.00 56.00 45.00 49.00		364.50 816.48 656.10 714.42	I I I
			CUSTOMER	175.00	0.00	2,551.50	
			CATEGORY	175.00	0.00	2,551.50	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 1 HCSA	L7
	_ "			SALES REGISTER			BILL WEEK EN		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205644	8/10/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	19.00		277.03	I	
205645 205646	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BELLOROFONTE, M BERENBLIT, SARA	151.00 3.00		2,201.58 43.74	I	
203010	0/10/11	00000	VIDITING NONDE DENVIOE						
				CUSTOMER	173.00	0.00	2,522.35		
				CATEGORY	173.00	0.00	2,522.35		

			YSIDE CITYWIDE	DEC NY NY			PAGE 1 -	18
SALES JRN	L # U294	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205647	8/10/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	19
SALES JRN	rL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			9	SALES REGISTER			BILL WEEK ENDIN	G 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205648	8/10/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	35.25		513.95 I	
				CATEGORY	35.25	0.00	 513.95	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	20	
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	8/17/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	205649	8/10/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I		
ı					CATEGORY	30.00	0.00	437.40		

ı	RUN DATE (08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	21
ı	SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
١				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
١									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	005650	0 /10 /10	000000		DINIGO MODUTAG	00 00		001 60 -	
ı	205650	8/10/12	000008	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60 I	
ı									
ı					CA EECODY	20.00	0.00	201 60	
ı					CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	22
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı					SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205651	8/10/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
					CATEGORY	40.00	0.00	 583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	23
BALLO ORN	ш _т одуг	100 001		SALES REGISTER			BILL WEEK ENDI	NG 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
205652 205653	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BOCANEGRA, GLAD BONILLA, ESPERA	20.00 42.00		291.60 612.36	I I
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205654	8/10/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	25
SALES JRN	L # 0294	LOC 001		REG NY NY			LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205655	8/10/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	6
	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL H	EALTH
				5	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205656	8/10/12	000008	VISITING NURSE SERVICE	BORSARI, ANTOIN	4.00		58.32 I	
						4.00			
ı					CATEGORY	4.00	0.00	58.32	

RUN DATE	08/15/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	27
SALES JRI	NL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
				SALES REGISTER			BILL WEEK ENDI	NG 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
205657	8/10/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	8.00		116.64	I
				CATEGORY	8.00	0.00	116.64	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	28
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205658	8/10/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205659	8/10/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	30 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205660	8/10/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	55.50		809.19 I	
				CATEGORY	55.50	0.00	809.19	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 31 CCL CONGREGATE CARE	
DILLEO OIG	0251	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205661	8/10/12	800000	VISITING NURSE SERVICE	BROWN, BETTY	9.00		131.22 I	
				CAMPRODY.			121 22	
1				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				-	32
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0 /1 7 /1 0
				SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205662	8/10/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22 I	
205663	8/10/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48 I	
				CUSTOMER	65.00	0.00	947.70	
				COSTOMER	03.00	0.00	211.10	
				CATEGORY	65.00	0.00	947.70	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
					SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205664	8/10/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	55.75		812.84 I	
					CATEGORY	55.75	0.00	812.84	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY SALES R	NY FGISTE	' D		PAGE 1 VCP CHOICE L BILL WEEK EN	HCSA	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	-	RENCE	HOURS	TAX AMT	AMOUNT		SURPLUS
205665	8/10/12	800000	VISITING NURSE SERVICE	CABA,	PURA	10.00		145.80	I	
					CATEGORY	10.00	0.00	145.80		

	08/15/12 - JL # 0294		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END		35 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205666	8/10/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60	I	
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE	08/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	J
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
205667	8/10/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	42.75		623.30 I	
				CATEGORY	42.75	0.00	623.30	

١	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3'	7
١	SALES JRN	L # 0294	LOC 001		REG NY NY			HOA HOSPICE ADULT	
١				5	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205668	8/10/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
ı									
١					CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	38
DILLED OIG	0251	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
205669	8/10/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	55.50		809.20 I	
				CATEGORY	55.50	0.00	809.20	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING	8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
005650	0 /10 /10				40.00		610 O6 -		
205670	8/10/12	000008	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I		
					42.00	0.00			
				CATEGORY	42.00	0.00	612.36		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	40
SALES JRN	NL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205671	8/10/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	83.75		1,221.08 I	
				CATEGORY	83.75	0.00	1,221.08	

	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	41
	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
	205672	8/10/12	000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
						25 00			
ı					CATEGORY	35.00	0.00	510.30	

RUN DATE 0 SALES JRNL		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		42
DALLO OIGIL	η 0231	TOC 001		SALES REGISTER			BILL WEEK EN		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205674	8/10/12 8/10/12 8/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CARDOSO, ORLAND CARDOZA, ANAIDA CARELA-REYES, M	80.00 24.75 15.00		1,166.40 360.86 218.70	I I I	
				CUSTOMER	119.75	0.00	1,745.96		
				CATEGORY	119.75	0.00	1,745.96		

RUN DATE	08/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	43
SALES JRN	IL # 0294	LOC 001		REG NY NY			HOA HOSPICE ADUL	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205676	8/10/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	35.00		510.30 I	
				 CATEGORY	35.00	0.00	510.30	

RUN DATE 08 SALES JRNL		JP SUNNY OC 001	SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING H	- 4	
SALES UNIL	# 0294 110	001		SALES REGISTER			BILL WEEK END		8/17/12
INVOICE#	DATE CU	JST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
			VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00 53.00		116.64 772.75	I I	
				CUSTOMER	61.00	0.00	889.39		
				CATEGORY	61.00	0.00	889.39		

	08/15/12 - IL # 0294		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT	45 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205679	8/10/12	800000	VISITING NURSE SERVICE	CARUSO, GIUSEPP	12.00		174.96 I	
				CATEGORY	12.00	0.00		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 46	
SALES JRN	ъ # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 8	3/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
205680	8/10/12	800000	VISITING NURSE SERVICE	CATALLI, ALICE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	47 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205681	8/10/12	800000	VISITING NURSE SERVICE	CELENTANO, ANGE	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

		- SUP SUNN LOC 001		REG NY NY			PAGE 1 VCP CHOICE LE	ICSA	18
			:	SALES REGISTER			BILL WEEK END	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205682 205683 205684	8/10/12 8/10/12 8/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CESPEDES, CRIST	21.00 10.00 30.00		306.18 145.80 437.40	I I I	
				CUSTOMER	61.00	0.00	889.38		
				CATEGORY	61.00	0.00	889.38		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	49
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIE	COSI NO	COSTONER NAME	KELEKENCE	1100105	IAX ANI	AMOUNT TIF	SORFIOS
205685	8/10/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE (08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	50
SALES JRNI	և # 0294	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205606	0 /10 /10	000000	TITATETNA NUDAR ARRIVAR	CHAICA DEDDO	60.00		074 00 +	
205686	8/10/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	
				CAILGORI	00.00	0.00	874.80	

			YYSIDE 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 TYP	SURPLUS
205687	8/10/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	34.75		506.66 I	
				CATEGORY	34.75	0.00		

RUN DATE (08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	52	
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A	
			S	SALES REGISTER			BILL WEEK ENDIN	G 8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
205688	8/10/12	800000	VISITING NURSE SERVICE	CHINGA, CELESTE	30.00		437.40 I		
				CATEGORY	30.00	0.00	437.40		

			YSIDE CITYWIDE				PAGE 1 -	53
SALES JRI	NL # 0294	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	•
			Š	SALES REGISIER			PILL MEEK ENDING	0/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205689	8/10/12	000008	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	54 G 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205690	8/10/12	000008	VISITING NURSE SERVICE	CHRISTOPHER, AS	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	5
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	HCSA	
			5	SALES REGISTER			BILL WEEK ENI	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205691	8/10/12	000008	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I	
205692	8/10/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	26.50		386.37	I	
				CUSTOMER	66.50	0.00	969.57		
				CATEGORY	66.50	0.00	969.57		

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN	HOMEW/	66 O WALLS (LT 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205693 205694	7/13/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CIPRIAN, FREDEV CIPRIAN, FREDEV	5.25 136.00		76.55 1,982.89	I I	
				CUSTOMER	141.25	0.00	2,059.44		
				CATEGORY	141.25	0.00	2,059.44		

	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	57
	S	ALES REGISTER			BILL WEEK ENDING	8/17/12
CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
	LOC 001	S CUST NO CUSTOMER NAME	LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R CUST NO CUSTOMER NAME REFERENCE	LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R CUST NO CUSTOMER NAME REFERENCE HOURS	LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING F	HOMEW	,
			S	SALES REGISTER			BILL WEEK ENI	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205696	8/03/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	4.00		58.32	I	
205697 205698	8/10/12 8/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	COLLER, FELISA COLLER, JOSE	16.00 3.00		233.28 43.74	I	
205699	8/10/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	COLLER, JOSE COLLER, JOSE	15.50		225.99	I	
205700	8/10/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I	
205701	8/10/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	18.00		262.44	I	
				CUSTOMER	98.50	0.00	1,436.13		
				CATEGORY	98.50	0.00	1,436.13		

RUN D	ATE 08/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 5	9
SALES	JRNL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20570	2 8/10/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	
				CAIEGORI	100.00	0.00	4,449.44	

			YSIDE CITYWIDE					50
SALES JRN	IL # 0294	LOC 001		REG NY NY ALES REGISTER			LTC NURSING HOMEW/ BILL WEEK ENDING	,
			5	ALES REGISIER			PILL MEEK ENDING	0/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205703	8/10/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61	
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				2	SALES REGISTER			BILL WEEK ENDING	8/17/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	205704	8/10/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	19.50		284.31 I		
					CATEGORY	19.50	0.00	284.31		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205705	8/10/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	35.00		510.30 I	
				CATEGORY	35.00	0.00	 510.30	

	08/15/12 - L # 0294		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	63
			S	ALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205706	8/10/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	28.50		415.54 I	
				CATEGORY	28.50	0.00	415.54	

			YSIDE CITYWIDE				PAGE 1 -	~ -
SALES JRN	L # 0294	TOG 001		REGNY NY SALES REGISTER			HOA HOSPICE ADUI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
INVOICE#	DAIL	CUSI NO	CUSTOMER NAME	REFERENCE	nouks	IAA AMI	AMOUNI III	SURPLUS
205707	8/10/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				CATEGORY	19.00	0.00	277.02	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	65
SALES JRN	NL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205708	8/10/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	55.50		809.20 I	
				CATEGORY	55.50	0.00	809.20	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	205709	8/10/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	38.25		557.70 I	
ı									
ı					CAMPRODY.	20 25	0.00		
ı					CATEGORY	38.25	0.00	557.70	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67	
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 8/17/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı										
ı	205710	8/10/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28 I		
ı										
ı										
ı					CATEGORY	16.00	0.00	233.28		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	68
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	IE W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDIN	IG 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205711	8/10/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	69 8 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205712	8/10/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	6.00		87.48 I	
				CATEGORY	6.00	0.00		

RUN DATE 08/1	5/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	0
SALES JRNL #	0294 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		•
		:	SALES REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205713 8/1	10/12 000008	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50	I	
205714 8/1	10/12 000008	VISITING NURSE SERVICE	DANNY, RAMDULAR	55.75		812.84	I	
			CUSTOMER	80.75	0.00	1,177.34		
			CATEGORY	80.75	0.00	1,177.34		

RUN DATE 08/15/1 SALES JRNL # 029		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	!SA
INVOICE# DATE	CUST NO		REFERENCE	HOURS	TAX AMT		YP SURPLUS
205715 8/10/1 205716 7/27/1 205717 8/10/1 205718 8/10/1	2 000008 2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DEBAZALAR, ANTO DEBAZALAR, ANTO	39.00 6.00 18.00 19.75		568.62 87.48 262.44 287.96	I I I
			CUSTOMER	82.75	0.00	1,206.50	
			CATEGORY	82.75	0.00	1,206.50	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205719	8/10/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	73
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205720	8/10/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	24.00		349.92 I	
205721	8/03/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32 I	
205722	8/10/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	8.00		116.64 I	
205723	8/10/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	20.00		291.60 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	74
SALES UKN	L # 0294	HOC 001		SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205724	8/10/12	000008	VISITING NURSE SERVICE	DESIMONE, ANGEL	2.00		29.16 I	
				CATEGORY	2.00	0.00		

			YSIDE CITYWIDE				PAGE 1 -	75
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			2	SALES REGISTER			BILL WEEK ENDING	3 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
205725	8/10/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	4.00		58.32 I	
205726	8/10/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	55.75		812.86 I	
				CUSTOMER	59.75	0.00	871.18	
				COSTOMER	59.75	0.00	0/1.10	
				CATEGORY	59.75	0.00	871.18	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	76
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	E W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3 8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
ı									
ı	205727	8/10/12	000008	VISITING NURSE SERVICE	DIAZ, HILDA	41.00		597.78 I	
ı									
ı									
ı					CATEGORY	41.00	0.00	597.78	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 77
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
			Ş	SALES REGISTER			BILL WEEK END	ING 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
205728	8/10/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	34.50		503.01	I
205729	8/10/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	52.00		758.16	I
205730	8/10/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	4.10		380.52	I
205731	8/10/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	35.75		521.24	I
205732	8/10/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I
				CUSTOMER	146.35	0.00	2,454.53	
				CATEGORY	146.35	0.00	2,454.53	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	78 G 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205733	8/10/12	800000	VISITING NURSE SERVICE	DUNNING, JENNIF	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 7	19
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205734	8/10/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	08/15/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	80
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				SALES REGISTER			BILL WEEK ENDIN	G 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205735	8/10/12	000008	VISITING NURSE SERVICE	E ECHEGARAY, MARI	45.00		656.10 I	
					45.00			
				CATEGORY	45.00	0.00	656.10	

	: 08/15/12 :NL # 0294			REGNY NY SALES REGISTER			PAGE 1 - 81 ADU ADULT BILL WEEK ENDING 8/1	17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	RPLUS
205736	8/10/12	000008	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	08/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205737	8/10/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	83
	_ "			ALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205738	8/10/12	800000	VISITING NURSE SERVICE	ENG, PO KING	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

I	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 84	
5	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	ROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING 8/1	L7/12
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
1	205739	8/10/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	85
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205740	8/10/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

	08/15/12 - L # 0294		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	86
			S	A L E S R E G I S T E R			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205741	8/10/12	800000	VISITING NURSE SERVICE	ESPIN, CESAR	62.50		911.25 I	
				CATEGORY	62.50	0.00	911.25	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	0,
DALLO OIGNI	L π 0291	100 001		SALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
205742 205743	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ESPINAL, JOSE EVERETT, SHIRLE	9.00 21.00		131.22 306.18	I I
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205744	8/10/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
TMTOTOTH	DAME	CIICE NO	CHCEOMED NAME	DEFEDENCE	HOHDO	max amm	AMOLINE END	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205745	8/10/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	14.50		211.41 I	
				CATEGORY	14.50	0.00	211.41	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	90
SALES JRN	rL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205746	8/10/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 08		UNNYSIDE CITYWIDE 01 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	91
DIEED OIGNE	11 0251 100 00		ALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205748	8/10/12 000008 8/10/12 000008 8/10/12 000008	8 VISITING NURSE SERVICE	FAROUGIAS, EFTH FAY, JULIA FEENEY, JOHN	20.00 24.75 6.00		291.60 I 360.86 I 87.48 I	
			CUSTOMER	50.75	0.00	739.94	
			CATEGORY	50.75	0.00	739.94	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	92
SALES JRN	JL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205750	8/10/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	54.00		787.32	I	
				CATEGORY	54.00	0.00	787.32	-	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				5	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205751	8/10/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

	08/15/12 - L # 0294		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	94 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205752	8/10/12	800000	VISITING NURSE SERVICE	FERRARA, ANNA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205753	8/10/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	16
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205754	8/10/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	11.25		164.03 I	
					CATEGORY	11.25	0.00	164.03	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 9 ADU ADULT BILL WEEK ENDING	97 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205755	8/10/12	800000	VISITING NURSE SERVICE	FISHER, MYRA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_ 9	18
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205756	7/27/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	8.00		116.64	I	
205757	8/10/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.00		758.17	I	
				CUSTOMER	60.00	0.00	874.81		
				CATEGORY	60.00	0.00	874.81		

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	99
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	ARE PROGRAM
				5	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205758	8/10/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	15.00		218.70 I	
					CATEGORY	15.00	0.00	218.70	

RUN DATE 08/ SALES JRNL #	15/12 - SUP SUNN 0294 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		00 8/17/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205760 8/	10/12 000008 10/12 000008 10/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FONG, ALEFINA	34.50 12.00 35.00		503.01 174.96 510.30	I I I	
			CUSTOMER	81.50	0.00	1,188.27		
			CATEGORY	81.50	0.00	1,188.27		

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 101	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			5	SALES REGISTER			BILL WEEK ENDING 8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
205762	8/10/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	102
SALES JRN	rL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205763	8/10/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	46.25		674.33 I	
				CATEGORY	46.25	0.00	674.33	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	13
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205764	8/10/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	6.00		87.48 I	
205765	8/10/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		510.30 I	
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 104	
SALES JR	NL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 8/17	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
205766	8/10/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.05
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205767	8/10/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	43.50		634.23 I	
				CATEGORY	43.50	0.00	634.23	

			YSIDE CITYWIDE	556 197			PAGE 1 - 106	
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205768	8/10/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	107
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205769	8/10/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	32.00		466.56 I	
205770	8/10/12	000008	VISITING NURSE SERVICE	GARAY, ANGELES	16.00		233.28 I	
205771	8/10/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	18.00		262.44 I	
				CUSTOMER	66.00	0.00	962.28	
				CATEGORY	66.00	0.00	962.28	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	08
SALES JRN	L # 0294	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205772	8/10/12	800000	VISITING NURSE SERVICE	GARCIA-VARGAS,	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY 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
205773	8/03/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	10
SALES URN	L # 0294	TOC 001		SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205774	8/10/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I	
					42.00		 612 26	
				CATEGORY	42.00	0.00	612.36	

RUN DAT	E 08/15/12 ·	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 111	
SALES J	RNL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE	# DAIE	COSI NO	COSTOMER NAME	REFERENCE	HOURS	IAX AMI	AMOUNT TIP	SURPLUS
205775	8/10/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDIN	CARE PROGRAM
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TT TUUOMA	P SURPLUS
205776 205777	7/27/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 56.00		116.64 816.48	<u> </u>
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 113 VCP CHOICE LHCSA BILL WEEK ENDING 8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
205778	8/10/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	 364.50	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	.4
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205779	8/10/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	34.00		495.72	I	
205780	8/10/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	33.00		481.14	I	
							086.06		
				CUSTOMER	67.00	0.00	976.86		
				CATEGORY	67.00	0.00	976.86		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
	.2 0231	200 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205781	8/10/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00		

				YSIDE CITYWIDE				-	16
SZ	ALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/17/12
l									-, ,
1 TI	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	05782	8/10/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN I	DATE 08/15/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 11	17
SALES	JRNL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20578	8/10/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	.8
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205784	8/10/12	000008	VISITING NURSE SERVICE	GONZALEZ, ELBA	20.00		291.60 I	
205785	8/03/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	3.00		43.74 I	
205786	8/10/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	20.75		302.54 I	
				CUSTOMER	43.75	0.00	637.88	
				CATEGORY	43.75	0.00	637.88	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 11 VCP CHOICE LHCSA	.9
			S	GALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205787	8/03/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	4.00		58.32 I	
205788 205789	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA GRAVER, EDNA	8.00 40.00		116.64 I 583.20 I	
203789	0/10/12	000008	VISITING NORSE SERVICE	GRAVER, EDNA				
				CUSTOMER	52.00	0.00	758.16	
				CATEGORY	52.00	0.00	758.16	

RUN DATE (08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	120
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDI	NG 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
205790	7/27/12	000008	VISITING NURSE SERVICE	GREENBAUM, MASA	4.00		58.32	I
205791	8/03/12	800000	VISITING NURSE SERVICE	GREENBAUM, MASA	4.00		58.32	I
205792	8/03/12	800000	VISITING NURSE SERVICE	GREENBAUM, MASA	3.00		43.74	I
205793	8/10/12	800000	VISITING NURSE SERVICE	GREENBAUM, MASA	34.25		499.37	I
				CUSTOMER	45.25	0.00	659.75	
				CATEGORY	45.25	0.00	659.75	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 121
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI	AIDS ADULT POPUL
			Ş	SALES REGISTER			BILL WEEK END	ING 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
205794	6/29/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	7.00		102.06	I
205795	7/27/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	7.00		102.06	I
205796	8/10/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	39.00		568.62	I
				CUSTOMER	53.00	0.00	772.74	
				CATEGORY	53.00	0.00	772.74	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	2
SALES JRN	ъ # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205797	8/10/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

			YSIDE CITYWIDE				PAGE 1 - 1	L23
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 /1 5 /1 0
			2	SALES REGISTER			BILL WEEK ENDING	8/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205798	8/10/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

	08/15/12 - L # 0294		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	, ,
205799	8/10/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	

RUN DAT	E 08/15/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	125
SALES J	RNL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205800	8/10/12	000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	6
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205801	8/10/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	24.00		349.92 I	
205802	8/10/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	31.75		462.92 I	
				CUSTOMER	55.75	0.00	812.84	

				CATEGORY	55.75	0.00	812.84	

			YSIDE CITYWIDE				PAGE 1 -	- 12	7
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	TATO	0 /17 /10
				SALES REGISTER			BILL WEEK END	ING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP	SURPLUS
205803	8/03/12	000008	VISITING NURSE SERVICE	~ - ,	6.00		87.48	I	
205804	8/10/12	800000	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48	I	
				CUSTOMER	62.00	0.00	903.96		
				CATEGORY	62.00	0.00	903.96		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	128
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
205805	8/10/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MARI	41.25		601.43 I	
205806	8/10/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	30.00		437.40 I	
				CUSTOMER	71.25	0.00	1,038.83	
				CATEGORY	71.25	0.00	1,038.83	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	29
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				Ş	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	205807	8/10/12	800000	VISITING NURSE SERVICE	HERRERA, ANGELA	30.75		448.34 I	
ı									
ı									
1					CATEGORY	30.75	0.00	448.34	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	30
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W	N/O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	205808	8/10/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	16.00		233.28 I	
ı									
ı						16.00			
ı					CATEGORY	16.00	0.00	233.28	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	31	
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	8/17/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	205809	8/10/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	25.00		364.50 I		
ı					CATEGORY	25.00	0.00	364.50		

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 1: ADU ADULT BILL WEEK ENDING	32 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	HIGUERA, MARGAR HIGUERA, MARGAR	6.00 4.00		87.48 I 58.32 I	
				CUSTOMER	10.00	0.00	145.80	
				CATEGORY	10.00	0.00	145.80	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	133
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	205812	8/10/12	000008	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20 I	
ı									
ı									
ı					CATEGORY	40.00	0.00	583.20	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 134	
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205813	7/27/12	000008	VISITING NURSE SERVICE	IBASCO, SOFIA	4.00		58.32 I	
205814	8/10/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	35
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W	N/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	005015	0 /10 /10				05 00		264 52 -	
ı	205815	8/10/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	25.00		364.50 I	
ı									
ı					CAMECODY	25.00	0.00	364.50	
ı					CATEGORY	∠5.00	0.00	304.50	

	08/15/12 - NL # 0294	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 13 LAA LOMBARDI AIDS BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205816 205817	8/03/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	INOSTROZA, RAPH INOSTROZA, RAPH	7.00 44.50		102.06 I 648.81 I	
				CUSTOMER	51.50	0.00	750.87	
				CATEGORY	51.50	0.00	750.87	

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY S A L E S	NY R E G I S T E R			PAGE 1 ADU ADULT BILL WEEK END	- 13 DING	7 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205818	8/10/12	800000	VISITING NURSE SERVICE	INS	SERRA, CATHER	48.75		710.78	I	
						40.75		710 70		
					CATEGORY	48.75	0.00	710.78		

RU	UN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	138
SI	ALES JRN	և # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				i	SALES REGISTER			BILL WEEK ENDING	8/17/12
II	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	05819	8/10/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE (08/15/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 13	9
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	re car	E PROGRAM
			S	SALES	REGISTER	2		BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205820	8/10/12	800000	VISITING NURSE SERVICE	JAC	SO, ERZSEBET	15.00		218.70	I	
						15.00				
					CATEGORY	15.00	0.00	218.70		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205821	8/10/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	40.25		586.85 I	
				CATEGORY	40.25	0.00	 586.85	

RUN DATE (SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	SA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
205822 205823 205824 205825	8/10/12 8/10/12 8/10/12 8/10/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JARA DEURUCHIM, JARAMILLO PAL, JEWAT, LUCILLE JHAVERI, RAMESH	5.00 12.00 76.25 23.75		72.90 174.96 1,111.73 346.28	[[[
				CUSTOMER	117.00	0.00	1,705.87	
				CATEGORY	117.00	0.00	1,705.87	

			YSIDE CITYWIDE				PAGE 1 - 1	
SALES JRN	L # 0294	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	8/17/12
								,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205826	8/10/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	143	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
205827	8/10/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	30.00		437.40 I		
				CATEGORY	30.00	0.00	437.40		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	144
SALES JRN	NL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	BALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205828	8/10/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 145	
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WALE BILL WEEK ENDING 8/17	,
				SALES REGISIER			BILL WEEK ENDING 8/1/	/ 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
205829	8/10/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	28.00		408.24 I	
205830	7/13/12	000008	VISITING NURSE SERVICE	JORRIN, NILIO	5.00		72.90 I	
205831	8/10/12	800000	VISITING NURSE SERVICE	JORRIN, NILIO	12.00		174.96 I	
				CUSTOMER	45.00	0.00		
				COSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 146	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 8	3/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
205832	8/10/12	800000	VISITING NURSE SERVICE	E KAUR, SARD	20.00		291.60 I	
				CA EE CODY	20.00	0.00	201 60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	7
SALES JRN	L # 0294	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTE	R		BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205833	8/10/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	20.00		291.60 I	
				 CATEGORY	20.00	0.00	291.60	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	148
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDI	NG 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
005004	0 /10 /10				0 00		116.64	_
205834	8/10/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	8.00		116.64	I
							116.64	
				CATEGORY	8.00	0.00	116.64	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	19
ı	SALES JRN	L # 0294	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				2	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205835	8/10/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	1.00		14.58 I	
					CATEGORY	1.00	0.00	14.58	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	150	
SALES JRN	և # 0294	LOC 001	SUNNYSIDE CITYWIDE		NY			HOA HOSPICE ADUL		
			2	SALES R	EGISTER	<u>.</u>		BILL WEEK ENDING	8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
205836	8/10/12	800000	VISITING NURSE SERVICE	KHAN,	MARGARET	16.00		233.28 I		
					 CATEGORY	16.00	0.00	233.28		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		51
			:	SALES REGISTER			BILL WEEK END	ING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205837	8/10/12	000008	VISITING NURSE SERVICE	KILIMLIAN, PEPR	16.50		240.57	I	
205838	7/27/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	8.00		116.64	I	
205839	8/10/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48	I	
				CUSTOMER	80.50	0.00	1,173.69		
				CATEGORY	80.50	0.00	1,173.69		

	08/15/12 - NL # 0294		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	52
Brilles ord	0251	100 001		SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205840	8/10/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 15 VCP CHOICE LHCSA	53
				SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205841 205842	8/03/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	8.00 48.00		116.64 I 699.84 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 08/15/12 SALES JRNL # 0294	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 154 ADU ADULT	
SALES URINL # 0294		SALES REGISTER				/17/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
205843 8/10/12 205844 8/10/12	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE	LARKIN, THERESA LASAK, MICHAEL	8.00 9.00		116.64 I 131.22 I	
		CUSTOMER	17.00	0.00	247.86	
		CATEGORY	17.00	0.00	247.86	

RUN DATE 08/1 SALES JRNL #	15/12 - SUP SUNN 0294 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	10/12 000008 10/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	16.00 12.00		233.28 174.96	I I
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	156
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205847	8/10/12	800000	VISITING NURSE SERVICE	LEIBOWITZ, AARO	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE	DDG 1997				157
SALES JRNI	⊥ # UZ94	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205848	8/10/12	800000	VISITING NURSE SERVICE	LENDOIRO, JUAN	3.00		43.74 I	
				CATEGORY	3 00	0.00	43 74	
				CATEGORY	3.00	0.00	43.74	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205849 205850 205851 205852	8/10/12 8/10/12 8/10/12 8/10/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LEWIS, CATHERIN LIGARDO, SOL M LIRIANO, FRANCI LITSAS, MARTHA	56.00 24.00 68.00 24.50		816.48 I 349.92 I 991.44 I 357.22 I	
				CUSTOMER	172.50	0.00	2,515.06	
				CATEGORY	172.50	0.00	2,515.06	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	159
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	205853	8/10/12	000008	VISITING NURSE SERVICE	LLANES, ELEAZER	23.50		342.63 I	
ı									
ı									
ı					CATEGORY	23.50	0.00	342.63	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 16	0
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205854	8/10/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	55.75		812.84	I	
205855	8/03/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	6.00		87.48	I	
205856	8/10/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I	
				CHOMOMED	102.75		1 510 60		
				CUSTOMER	103.75	0.00	1,512.68		
				CATEGORY	103.75	0.00	1,512.68		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	51
SALES JRN	L # 0294	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205857	8/10/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.62	
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
				\$	SALES REGISTER			BILL WEEK ENDING	8/17/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	205858	8/10/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	42.00		612.36 I		
					CATEGORY	42.00	0.00	612.36		
1					CATEGORI	12.00	0.00	012.30		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205859 205860	8/10/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		36.50 12.00		532.17 I 174.96 I	
				CUSTOMER	48.50	0.00	707.13	
				CATEGORY	48.50	0.00	707.13	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	164
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	8/17/12
	53.00	G11GE 110	anamanan mana		*******		3.401.DT	CITE DI TIC
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205861	8/10/12	000008	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
203001	0/10/12	000008	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		012.30	
				CATEGORY	42.00	0.00	612.36	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
			٤	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205862	8/10/12	800000	VISITING NURSE SERVICE	LOPEZ, RAFAEL	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				11102	- 16	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			:	SALES REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205863	8/10/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	12.00		174.96	I	
205864	8/10/12	800000	VISITING NURSE SERVICE	LYMN, ANGIE	26.00		379.08	I	
				CUSTOMER	38.00	0.00	554.04		
				COSTOMER	30.00	0.00	334.04		
				CATEGORY	38.00	0.00	554.04		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	167
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205865	8/10/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DAT	ΓE 08/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	58
SALES 3	JRNL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205866	8/10/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	31.75		462.93 I	
				CATEGORY	31.75	0.00	462.93	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 16	59
0111111	_ 0231	200 001		SALES REGISTER			BILL WEEK ENI		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205867 205868	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MAGNANI, VINCEN MANGAN, JOHN	84.00 20.00		1,224.72 291.60	I T	
203000	0/10/12	00000	VIDITING NORDE BERVICE	CUSTOMER	104.00	0.00	1,516.32		
				CATEGORY	104.00	0.00	1,516.32		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 17 ADU ADULT BILL WEEK ENDING	0 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205869	8/10/12	800000	VISITING NURSE SERVICE	MANNINO, CALOGE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 -	
SALES UK	NL # 0294	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205870	8/10/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	10.11		1,247.62 I	
				CATEGORY	10.11	0.00	1,247.62	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	72
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205871	8/10/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1'	73
١	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205872	8/10/12	800000	VISITING NURSE SERVICE	MARINO, ANN	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 174 ADU ADULT BILL WEEK ENDING 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
205873	8/10/12	800000	VISITING NURSE SERVICE	MARKOUIZOS, ANN	15.00		218.70 I
				CATEGORY	15.00	0.00	218.70

RUN DATE 0	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 175
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			S	ALES REGISTER			BILL WEEK END	ING 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
205874	8/10/12	800000	VISITING NURSE SERVICE	MARKS, ANN	55.75		812.84	I
205875	8/03/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	5.00		72.90	I
205876	8/03/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	10.00		145.80	I
205877	8/10/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50	I
				CUSTOMER	95.75	0.00	1,396.04	
				CATEGORY	95.75	0.00	1,396.04	

RUN DATE SALES JRN				REGNY NY BALES REGISTER			PAGE 1 - 17 LTC NURSING HOMEW/ BILL WEEK ENDING	O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205878	8/10/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	08/15/12 -		YSIDE CITYWIDE				PAGE 1 - 1	77
SALES JRN	ъ # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205879	8/10/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	3.00		43.74 I	
205880	8/10/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74 I	
205881	7/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	9.00		131.22 I	
205882	8/10/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGA	- 17	
SALES UKN	11 # 0294	TOC 001		SALES REGISTER			BILL WEEK EN		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205883 205884	7/20/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.75 70.00		127.58 1,020.60	I I	
				CUSTOMER	78.75	0.00	1,148.18		
				CATEGORY	78.75	0.00	1,148.18		

RUN DATE	, - ,		IYSIDE CITYWIDE	DEG MV MV			PAGE 1		79
SALES JRN	L # UZ94	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER	1		VCP CHOICE LH		8/17/12
			5	ALLO KECIBIEN	-		DILL WEEK END	71110	0/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
205885	7/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	12.00		174.96	I	
205886	8/10/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
205887	7/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	1.00		14.58	I	
205888	8/10/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	1.00		14.58	I	
205889	8/10/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	23.75		346.28	I	
205890	8/10/12	000008	VISITING NURSE SERVICE	MARTINEZ, ROSA	40.00		583.20	I	
				CUSTOMER	107.75	0.00	1,571.00		
				CATEGORY	107.75	0.00	1,571.00		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205891	8/10/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	81
			\$	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205892	7/20/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	8.00		116.64 I	
205893	7/27/12	000008	VISITING NURSE SERVICE		8.00		116.64 I	
205894	8/10/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	46.25		674.33 I	
				CUSTOMER	62.25	0.00	907.61	
				CATEGORY	62.25	0.00	907.61	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 18	32
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			i	SALES REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205895	8/10/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54	I	
205896	8/10/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44	I	
					021 00		2 265 00		
				CUSTOMER	231.00	0.00	3,367.98		
				CATEGORY	231.00	0.00	3,367.98		

	P CHOICE LHCSA LL WEEK ENDING 8/17/12	
SALES REGISTER BI	LL WEEK ENDING 8/17/12	
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	AMOUNT TYP SURPLUS	
205897 8/10/12 000008 VISITING NURSE SERVICE MCGUIRE, HELEN 54.50	794.61 I	
CATEGORY 54.50 0.00	794.61	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 184	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
005000	0 /10 /10	00000			15 00		010 50 7	
205898	8/10/12	000008	VISITING NURSE SERVICE	E MCKAY, DOROTHY	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	
1				CATEGORI	15.00	0.00	210.70	

			YSIDE CITYWIDE	DEC NV NV			11102	- 18	5
SALES JRN	IL # U294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LE BILL WEEK END		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205899	7/27/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	4.00		58.32	I	
205900	8/10/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	16.00		233.28	I	
205901	8/10/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	24.00		349.92		
				CUSTOMER	44.00	0.00	641.52		
				CATEGORY	44.00	0.00	641.52		

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 186	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205902	8/10/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	187 G 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205903 205904	8/10/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MENDEZ, ADA MENDEZ, BLANCA	36.00 6.00		524.88 I 87.48 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205905	8/10/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	20.75		302.54 I	
				CATEGORY	20.75	0.00	302.54	

			YSIDE CITYWIDE				PAGE 1 - 189	9
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0 /1 5 /1 0
			2	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205906	8/10/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	77.00		1,122.66 I	
				CATEGORY	77.00	0.00	1,122.66	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	190
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205907	8/10/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	35.00		510.30 I	
				CATEGORY	35.00	0.00		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 191	-
SALES JRN	rL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205908	8/10/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	20.00		291.60 I	
205909	8/10/12	800000	VISITING NURSE SERVICE	MILEO, MARY	42.00		612.36 I	
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

	08/15/12 - NL # 0294	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	192 IG 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
205910	8/10/12	800000	VISITING NURSE SERVICE	MIRANDA, LUIS	17.75		258.80	
				CATEGORY	17.75	0.00	258.80	

			YSIDE CITYWIDE				PAGE 1 - 19	3
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205911	8/10/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	9.50		138.52 I	
				CATEGORY	9.50	0.00	138.52	

RUN DATE 08/15/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 194 SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY ADU ADULT									
SALES JRN	L # 0294	TOG 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 8/17/12		
							BIBE WEEK ENDING 0/1//12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS		
205912 205913	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MONTREUIL, ADEL MOORE, JOSEPH	15.00 9.00		218.70 I 131.22 I		
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	195
SALES JRN	NL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205914	8/10/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	
			i	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205915	8/10/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END		/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPL	LUS
205916	8/10/12	000008	VISITING NURSE SERVICE	MOSTEIRIN, MART	7.75		113.00	I	
				CATEGORY	7.75	0.00	113.00		

RUN DATE 08/ SALES JRNL #	/15/12 - SUP SUNN # 0294 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205918 8/	/10/12 000008 /03/12 000008 /10/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NAGY, GEORGE NAJERA WARREN, NAJERA WARREN,	42.00 6.00 6.00		612.36 I 87.48 I 87.48 I	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199
SALES JRN	ъ # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
205920	8/10/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I
				CATEGORY	20.00	0.00	 291.60

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	0
SALES JRN	ъ # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205921	8/10/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 08/15/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 20)1
SALES JRNL # 0294	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
	S	ALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205922 7/27/12 205923 8/10/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	NIDO, MICHAEL NIDO, MICHAEL	7.00 48.00		102.06 I 699.84 I	
		CUSTOMER	55.00	0.00	801.90	
		CATEGORY	55.00	0.00	801.90	

RUN DATE (08/15/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 20	12
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA'	TE CAR	RE PROGRAM
			S	BALES	REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205924	8/10/12	800000	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	54.00		787.32	I	
					CATEGORY	54.00	0.00	787.32		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	203
			\$	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205925	7/27/12	000008	VISITING NURSE SERVICE		6.00		87.48 I	
205926 205927	8/03/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 20.00		131.22 I 291.60 I	
	-,,							
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205928 205929	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	25.00 34.00		364.50 495.72	I	
				CUSTOMER	59.00	0.00	860.22		
				CATEGORY	59.00	0.00	860.22		

RUN DATE 0	8/15/12 - SUE # 0294 LOC		CITYWIDE YSIDE CITY	WIDE REGI				PAGE 1 VCP CHOICE LI BILL WEEK EN		8/17/12
INVOICE#	DATE CUS	ST NO CUSTO	MER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205931	7/27/12 000	0008 VISIT	ING NURSE SING NURSE SING NURSE S	SERVICE	NUZIALE, CONCET OCHOA, LUIS OCHOA, LUIS	48.75 7.00 43.00		710.78 102.06 626.94	I I I	
					CUSTOMER	98.75	0.00	1,439.78		
					CATEGORY	98.75	0.00	1,439.78		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	206 8 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205933	8/10/12	800000	VISITING NURSE SERVICE	OERTEL, JESSICA	4.00		58.32 I	
				CATEGORY	4.00	0.00		

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	7
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	205934	8/10/12	000008	VISITING NURSE SERVICE	OLVERA, ROSALIA	25.25		368.15 I	
ı									
ı									
ı					CATEGORY	25.25	0.00	368.15	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - 20 ADU ADULT BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205935	8/10/12	800000	VISITING NURSE SERVICE	ORNANO, BOLIVAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 209	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 8	3/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
205936	8/03/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	7.50		109.35 I	
205937	8/10/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	32.25		470.21 I	
				CUSTOMER	39.75	0.00	579.56	
				CATEGORY	39.75	0.00	579.56	

RUN DATE 08/15/12 SALES JRNL # 0294	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 21	0
		SALES REGISTE	R		BILL WEEK EN	DING	8/17/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205938 8/10/12 205939 8/10/12	000008 VISITING NURSE SERV		12.00 50.00		174.96 729.00	I	
205939 8/10/12	000008 VISITING NORSE SERV.	CE PAPAZIAN, MANNI	50.00		729.00		
		CUSTOMER	62.00	0.00	903.96		
		_					
		CATEGORY	62.00	0.00	903.96		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY			VCP CHOICE LHCSA	211
			2	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205940	8/10/12	800000	VISITING NURSE SERVICE		9.00		131.22 I	
205941 205942	8/10/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	3.00 55.75		43.74 I 812.84 I	
				CUSTOMER	67.75	0.00	987.80	
				CATEGORY	67.75	0.00	987.80	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	212
SALES URN	L # 0294	LOC UUI		SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205943 205944	8/10/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	15.00 9.00		218.70 I 131.22 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 213	3
SALES JRN	rL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205945	8/10/12	000008	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50 I	
205946	8/10/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	41.50		605.07 I	
				CUSTOMER	66.50	0.00	969.57	
				CATEGORY	66.50	0.00	969.57	

RUN DATE 08/15 SALES JRNL # 0		NYSIDE CITYWIDE	DEC MY MY			PAGE 1 - 214	1
SALES URNL # 0	294 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/17/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205947 8/10 205948 8/10		VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	14.00 9.75		204.12 I 142.16 I	
			CUSTOMER	23.75	0.00	346.28	
			CATEGORY	23.75	0.00	346.28	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	5
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
005040	0 /10 /10	000000		DDDDD 013DW0	11 50		168 68 -	
205949	8/10/12	000008	VISITING NURSE SERVICE	PEREZ, GLADYS	11.50		167.67 I	
				CATECODY	11 50	0.00	167.67	
				CATEGORY	11.50	0.00	10/.0/	

	08/15/12 - L # 0294		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 – 216 ADU ADULT
	_ "			ALES REGISTER			BILL WEEK ENDING 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
205950	8/10/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I
				CATEGORY	30.00	0.00	437.40

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 21	L7
SALES UKN	ш # 0294	TOC 001		ALES REGISTER			BILL WEEK END		8/17/12
			2		•		2122 (1221 211	-11.0	0,1,,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205951	0 /10 /10	000000	VICIALNO MIDOS CEDVICAS	DIITI IDDG MADV	46 25		674.33	_	
	8/10/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	46.25				
205952	8/10/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	4.75		69.26	I	
205953	7/06/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	5.00		72.90	I	
205954	8/10/12	000008	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50	I	
205955	8/10/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	42.00		612.36	I	
205956	8/10/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	27.75		404.61	I	
				CUSTOMER	150.75	0.00	2,197.96		
					150 85		0 105 06		
				CATEGORY	150.75	0.00	2,197.96		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - : ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205957	8/10/12	800000	VISITING NURSE SERVICE	POLANCO, JUAN	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 219	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING 8	3/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
205958	8/10/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				-	220
SALES JRI	NL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205959	8/10/12	800000	VISITING NURSE SERVICE	PRIMUS, CATHERI	4.00		58.32 I	
				CATEGORY	4.00	0.00		

RUN DATE	08/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	221
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205960	8/10/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	45.50		663.39 I	
				CATEGORY	45.50	0.00	663.39	

]	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	222
	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				5	SALES REGISTER			BILL WEEK ENDING	8/17/12
:	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	205961	8/10/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	41.00		597.78 I	
					CATEGORY	41.00	0.00	 597.78	

			YSIDE CITYWIDE				PAGE 1 - 2:	23	
SALES JRN	L # 0294	LOC 001		REG NY NY			ADU ADULT	0 /17 /10	
			2	SALES REGISTER			BILL WEEK ENDING	8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
205962	8/10/12	800000	VISITING NURSE SERVICE	QUATTROCCHI, FI	1.00		14.58 I		
				GA HEIGODY	1 00		14 50		
				CATEGORY	1.00	0.00	14.58		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 22	:4
Bribbs ord	0251	100 001		SALES REGISTER			BILL WEEK END		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205963	7/20/12	000008	VISITING NURSE SERVICE	QUINTERO, INES	1.00		14.58	I	
205964	8/10/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	18.00		262.44	T	
				CUSTOMER	19.00	0.00	277.02		
				CATEGORY	19.00	0.00	277.02		

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 225	5
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C) WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205965	8/10/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

			YSIDE CITYWIDE				PAGE 1 -	226
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG 8/17/12
			·				D111	.0 0/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
205966 205967	8/10/12 8/10/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	6.00 8.00		87.48 116.64	I T
203507	0/10/12	00000	VIBILING NORTH BERVICE					
				CUSTOMER	14.00	0.00	204.12	
				CATEGORY	14.00	0.00	204.12	

R	RUN DATE (08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2:	27
S	SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDE:	S PEDIATRIC
				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	205968	8/10/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
					CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	8
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	205969	8/10/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
ı									
ı									
ı					CATEGORY	43.00	0.00	626.94	

RUN DATE 08 SALES JRNL	3/15/12 - SUP SUNN # 0294 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	229 G 8/17/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	
	3/10/12 000008 3/10/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMLALL, LILOWT RAMOS, ISMAEL	42.00 6.00		612.36 I 87.48 I	
			CUSTOMER	48.00	0.00	699.84	
			 CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 23	30
SALES UKN	L # 0294	LOC 001		ALES REGISTER			BILL WEEK END		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205972	8/10/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I	
205973	8/10/12	000008	VISITING NURSE SERVICE	RANDAZZO, ROSAL	19.75		287.96	I	
205974	8/10/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I	
205975	8/10/12	800000	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60	I	
205976	8/10/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	20.50		298.89	I	
205977	8/10/12	800000	VISITING NURSE SERVICE	RICE, SYDNEY	1.00		14.58	I	
				CUSTOMER	76.25	0.00	1,111.73		
				CATEGORY	76.25	0.00	1,111.73		

			YSIDE CITYWIDE	DEC NY NY			PAGE 1 - 231	L
SALES JRN	L # U294	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205978 205979	8/03/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 20.00		58.32 I 291.60 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	232
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205980	8/10/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 23	33
	.2 0251	200 001		SALES REGISTER			BILL WEEK ENI		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
205981 205982	8/10/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	30.50		444.69	I	
205982	8/10/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60	Τ	
				CUSTOMER	50.50	0.00	736.29		
				CATEGORY	50.50	0.00	736.29		

			NYSIDE 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
205983	8/10/12	000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 2:	35
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 /1 5 /1 0
				SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205984	8/10/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 236	
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
				SALES REGISTER			BILL WEEK ENDING 8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
205985	8/10/12	800000	VISITING NURSE SERVICE	RIVERA, WANDA	35.25		513.95 I	
				CATEGORY	35.25	0.00	513.95	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 237 ADU ADULT	
				SALES REGISTER				3/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		URPLUS
205986	8/10/12	000008	VISITING NURSE SERVICE	ROBERTI, THERES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			IYSIDE 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	CW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205987	8/10/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 239 CSA
	.2 0251	200 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
205988 205989	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, FERM	29.00 42.00		422.82 612.36	I
203969	0/10/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	42.00		012.30	T
				CUSTOMER	71.00	0.00	1,035.18	
				CATEGORY	71.00	0.00	1,035.18	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 240	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 8	3/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
205990	8/10/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 241	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205991	8/03/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90 I	
205992	8/03/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90 I	
205993	8/10/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	25.00		364.50 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 -	242
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205994	8/10/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	45.00		656.10 I	
				CATEGORY	45.00	0.00		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0294	LOC 001		REG NY NY			LTC NURSING HOME	
			2	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205995	8/10/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	244
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
205996	8/10/12	800000	VISITING NURSE SERVICE	E RODRIGUEZ, YLMA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		PAGE 1 - 245 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 8/17/12						
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
205997 205998	8/03/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · ·	8.00 48.00		116.64 699.84	I
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	08/15/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	46
SALES JR	NL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
205999	8/10/12	800000	VISITING NURSE SERVICE	ROMERO, NECTOR	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	247
SALES JRN	և # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206000	8/10/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	44.00		641.52 I	
				 CATEGORY	44.00	0.00	641.52	

l	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	248
l	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
l				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
l									
l	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
l									
l	206001	8/10/12	800000	VISITING NURSE SERVICE	ROMO, FLOR	55.75		812.84 I	
l									
I									
1					CATEGORY	55.75	0.00	812.84	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	249	
SALES JRN	L # 0294	LOC 001		REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	G 8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206002	8/10/12	800000	VISITING NURSE SERVICE	ROQUE, GLORIA	13.00		189.54 I		
				 CATEGORY	13.00	0.00			

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 LTC NURSING F	- 250 HOMEW/O	WALLS (LT
			5	SALES R	EGIST	E R		BILL WEEK ENI	DING 8	/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP S	URPLUS
206003	8/10/12	800000	VISITING NURSE SERVICE	ROSA,	ANA	40.00		583.20	I	
					CATEGORY	40.00	0.00	583.20		

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 25	1
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			ADU ADULT		
				SALES R	EGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206004	8/10/12	800000	VISITING NURSE SERVICE	ROSA,	, LUZ E	48.00		699.84	I	
						40.00	0.00	600.04		
					CATEGORY	48.00	0.00	699.84		

	RUN DATE 08/15/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 252												
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA						
			i	SALES REGISTER			BILL WEEK ENDI	NG 8/17/12					
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS					
206005	8/10/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I					
206006	8/10/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	35.50		517.59	I					
206007	8/10/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	21.00		306.18	I					
206008	8/10/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.00		364.50	I					
206009	8/10/12	800000	VISITING NURSE SERVICE	RUEDA, INES	40.00		583.20	I					
				CUSTOMER	137.50	0.00	2,004.75						
				CATEGORY	137.50	0.00	2,004.75						

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 253	
SALES JRN	և # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WAL	,
			S	SALES REGISTER			BILL WEEK ENDING 8/17	//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	PILIC
INVOICE	DATE	CODI NO	CODIONER WANTE	REFERENCE	110010	IAM ANI	ANOUNI III BORI	пор
206010	8/10/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	17.75		258.80 I	
				CATEGORY	17.75	0.00	258.80	

RUN DATE (YSIDE 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	, ,
206011	8/10/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	69.25		1,009.67 I	
				CATEGORY	69.25	0.00	1,009.67	

			YSIDE CITYWIDE					- 255
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HOMEW/O WALLS (LT
			i	SALES REGISTER			BILL WEEK EN	DING 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
206012	8/03/12	000008	VISITING NURSE SERVICE	SAAVEDRA, STELL	6.00		87.48	I
206013	8/10/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	34.50		503.01	I
				CUSTOMER	40.50	0.00	590.49	
				CODICILL	10.50	0.00	330.13	
				CATEGORY	40.50	0.00	590.49	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	256
SALES JRN	L # 0294	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206014	8/10/12	800000	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 257 ADU ADULT BILL WEEK ENDING 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
206015	8/10/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	77.00		1,122.66 I
				CATEGORY	77.00	0.00	1,122.66

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25	58
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT		
			5	SALES REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206016	8/10/12	000008	VISITING NURSE SERVICE	SALVATIERRA, TE	1.00		14.58	I	
206017	8/10/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	16.00		233.28	I	
				CUSTOMER	17.00	0.00	247.86		
				CATEGORY	17.00	0.00	247.86		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 259	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO		
			S	SALES REGISTER			BILL WEEK END	ING 8/17/12	1
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS	3
206018	8/10/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	16.00		233.28	I	
206019	8/10/12	000008	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42	I	
				CUSTOMER	65.00	0.00	947.70		
				CATEGORY	65.00	0.00	947.70		-

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	60
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAI	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206020	8/10/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

	E 08/15/12 RNL # 0294		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	261 IG 8/17/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206021	7/06/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	262	
SALES JRN	ъ # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206022	8/10/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	41.50		605.08 I		
				CAMPICODY	41 50				
				CATEGORY	41.50	0.00	605.08		

RUN DATE SALES JRN				REGNY NY ALES REGISTER			PAGE 1 - 26 ADU ADULT BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206023	8/10/12	800000	VISITING NURSE SERVICE	SCHULTZ, HARRIE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	64	
SALES JRN	L # 0294	LOC 001		REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206024	8/10/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	1.00		14.58 I		
				CATEGORY	1.00	0.00	14.58		

			SUNNYSIDE CITYWIDE	REGNY NY BALES REGISTE	R		PAGE 1 - ADU ADULT BILL WEEK ENDI	200
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	YP SURPLUS
206025	8/10/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	23.75		346.28	I
				– CATEGORY	23.75	0.00	346.28	
	SALES JRN INVOICE#	SALES JRNL # 0294 INVOICE# DATE	SALES JRNL # 0294 LOC 001 INVOICE# DATE CUST NO	S INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE 206025 8/10/12 000008 VISITING NURSE SERVICE SCOTT, CATHERIN	SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 206025 8/10/12 000008 VISITING NURSE SERVICE SCOTT, CATHERIN 23.75	SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 206025 8/10/12 000008 VISITING NURSE SERVICE SCOTT, CATHERIN 23.75	SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY ADU ADULT S A L E S R E G I S T E R BILL WEEK ENDI INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT T 206025 8/10/12 000008 VISITING NURSE SERVICE SCOTT, CATHERIN 23.75 346.28

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			S	ALES REGISTER			BILL WEEK ENDI	ING 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	YP SURPLUS
206026	8/10/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.50		532.17	I
206027	8/10/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	48.00		699.84	I
206028	8/10/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	54.75		798.26	I
206029	8/10/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	42.75		623.30	I
206030	8/10/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	25.00		364.50	I
206031	8/10/12	800000	VISITING NURSE SERVICE	SHEOBALACK, SEE	18.00		262.44	I
				CUSTOMER	225.00	0.00	3,280.51	
				CATEGORY	225.00	0.00	3,280.51	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 - 26 ADU ADULT	57
SALES	JRNL # 0294	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206032	8/10/12	800000	VISITING NURSE SERVICE	SHEOBALACK, SEE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
	_ "			SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206033	8/03/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	5.00		72.90	I
206034	8/03/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	5.00		72.90	I
206035	8/10/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80	I
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 269	
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	206036	8/10/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	12.00		174.96 I	
ı									
ı									
ı					CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 270 VCP CHOICE LHCSA	0
SALES OWN	L # 0254	ПОС 001		SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206037 206038	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	30.00 12.00		437.40 I 174.96 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 271 LTC NURSING HOMEW/O BILL WEEK ENDING	="
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206039	8/10/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	72
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	206040	8/10/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
ı									
١					CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 273	
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WA	LLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING 8/1	7/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
ı									
ı	206041	8/10/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	34.00		495.72 I	
ı									
ı								405 50	
ı					CATEGORY	34.00	0.00	495.72	

			YSIDE CITYWIDE				PAGE 1 - 2'	74
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206042	8/10/12	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	13.25		193.19 I	
				CATEGORY	13.25	0.00	193.19	

		- SUP SUNN LOC 001	YSIDE CITYWIDE					- 27	75
SALES JRN	L # U294	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENI	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206043	8/10/12	000008	VISITING NURSE SERVICE	STAFILIAS, EVAN	56.00		816.48	I	
206044	8/10/12	000008	VISITING NURSE SERVICE	STALZER, STEPHA	20.00		291.60	I	
206045	8/10/12	800000	VISITING NURSE SERVICE	STAMATIADES, ME	12.00		174.96	I	
206046	8/03/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	6.00		87.48	I	
206047	8/10/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	51.50		750.88	I	
				CUSTOMER	145.50	0.00	2,121.40		
				CATEGORY	145.50	0.00	2,121.40		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	'6
SALES JRN	L # 0294	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206048	8/10/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

			YSIDE CITYWIDE				PAGE 1 - 277	7
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/17/12
								-, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206049	8/10/12	000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	13.25		193.19 I	
				CATEGORY	13.25	0.00	193.19	

RUN DATE	08/15/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	278	
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			i	SALES REGISTER			BILL WEEK ENDING	8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206050	8/10/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	20.00		291.60 I		
				CATEGORY	20.00	0.00	 291.60		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 279 ADU ADULT	
INVOICE#	DAME	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	may amm		8/17/12
206051	DATE 8/10/12		VISITING NURSE SERVICE		36.00	TAX AMT	AMOUNT TYP 524.88 I	SURPLUS
200031	0/10/12	000000	VIBILING NORDE BERVICE	DITCREED, DEFINC				
				CATEGORY	36.00	0.00	524.88	

				YSIDE CITYWIDE				PAGE 1 -	280
SALE	ES JRNL	# 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
					SALES REGISTER			BILL WEEK ENDIN	G 8/17/12
INVO	DICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
2060)52 8	3/10/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88 I	
					CATEGORY	36.00		 524.88	
1					CATEGORY	30.00	0.00	524.88	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	1
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	206053	8/10/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	29.75		433.76 I	
ı									
ı									
ı					CATEGORY	29.75	0.00	433.76	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 28	32
	2 0251	200 001		ALES REGISTER			BILL WEEK END		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206054 206055	8/10/12	800000	VISITING NURSE SERVICE	TABOADA, DIMAS	17.75		258.80	I	
200055	8/10/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	56.00		816.48	Τ	
				CUSTOMER	73.75	0.00	1,075.28		
				CATEGORY	73.75	0.00	1,075.28		

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	8/10/12 8/10/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- •	53.75 25.00		783.68 I 364.50 I	
				CUSTOMER	78.75	0.00	1,148.18	
				 CATEGORY	78.75	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206058 206059 206060	8/10/12 8/10/12 8/10/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TERZIAN, ASDGHI	12.00 42.50 8.00		174.96 I 619.65 I 116.64 I	
				CUSTOMER	62.50	0.00	911.25	
				CATEGORY	62.50	0.00	911.25	

			YSIDE CITYWIDE				PAGE 1 -	285
SALES JRN	IL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
206061	8/10/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	5.50		80.19 I	
				CATEGORY	5.50	0.00	80.19	

RUN DATE 08/3 SALES JRNL #	15/12 - SUP SUNN 0294 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 28 VCP CHOICE LHCSA BILL WEEK ENDING	86 8/17/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206063 8/3 206064 8/3	10/12 000008 10/12 000008 10/12 000008 10/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TORO VEGA, LUZV TORO, PURA TORRES, EMELINA TORRES, LUZ M	24.00 83.75 40.00 83.75		349.92 I 1,221.08 I 583.20 I 1,221.08 I	
			CUSTOMER	231.50	0.00	3,375.28	
			CATEGORY	231.50	0.00	3,375.28	

- 1				YSIDE CITYWIDE				-	287
	SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 /17 /10
				, and a second s	SALES REGISTER			BILL WEEK ENDING	8/1//12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	206066	8/10/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		38
			5	SALES REGISTER			BILL WEEK END	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206067	8/10/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	20.00		291.60	I	
206068 206069	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUONG, TINH TSOLISOS, FOTIN	16.00 48.00		233.28 699.84	I I	
	-,,								
				CUSTOMER	84.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HON BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
206070	8/10/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60	[
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 29 HCSA	0
	.2 0251	200 001		SALES REGISTER			BILL WEEK EN		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206071 206072	8/10/12 8/10/12	000008 000008	VISITING NURSE SERVICE	TZOUMAS, EFFIE	54.00 7.00		787.32	I	
200072	0/10/12	000008	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72		
				CUSTOMER	61.00	0.00	2,012.04		
				CATEGORY	61.00	0.00	2,012.04		

RUN D.	ATE 08/15/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	291
SALES	JRNL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
0000	0 (10 (10				25 22		-10 00 -	
20607	3 8/10/12	800000	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
					25 00			
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1		
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		41.7.41.0
			:	SALES REGISTER			BILL WEEK END	ING 8	/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	URPLUS
206074	7/06/12	000008	VISITING NURSE SERVICE	VALENCIA, ESTHE	6.00		87.48	I	
206075	8/10/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	30.00		437.40	I	
				CUSTOMER	36.00	0.00	524.88		
				CODICIEN	30.00	0.00	321.00		
				CATEGORY	36.00	0.00	524.88		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	93
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206076	6/15/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE (08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 294	4
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206077	7/27/12	000008	VISITING NURSE SERVICE	VALENTIN, ALEJA	12.00		174.96 I	
206078	8/10/12	000008	VISITING NURSE SERVICE	VALENTIN, ALEJA	12.50		182.25 I	
				CUSTOMER	24.50	0.00	357.21	
				CATEGORY	24.50	0.00	357.21	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 LTC NURSING HOMEW	95 /O WALLS (LT
				SALES REGISTE	R		BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206079 206080	8/10/12	800000	VISITING NURSE SERVICE		4.00		58.32 I	
206080	8/10/12	000008	VISITING NURSE SERVICE	VAROL, MUSTAFA	2.00		29.16 I 	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE					-	- 29	96
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	-	NY			VCP CHOICE L		0 /15 /10
			2	SALES R	EGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206081	8/10/12	800000	VISITING NURSE SERVICE	VASQU	EZ, ARTURO	47.75		696.20	I	
					CATEGORY	47.75	0.00	696.20		

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	297
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDI	NG 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206082	8/10/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	32.75		477.50	I
206083	8/10/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	21.00		306.18	I
206084	8/10/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20	I
				CUSTOMER	93.75	0.00	1,366.88	
				CATEGORY	93.75	0.00	1,366.88	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 298	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 8	/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
206085	8/10/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29:	9
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206086	8/10/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	50.50		736.29 I	
				CATEGORY	50.50	0.00	736.29	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES RE				PAGE 1 ADU ADULT BILL WEEK EN	30 IDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	ENCE H	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206087	8/10/12	800000	VISITING NURSE SERVICE	VERA, R	OSARIO	8.00		116.64	I	
				C	 'ATEGORY	8.00	0.00	116.64		

			YSIDE CITYWIDE					301
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			\$	SALES REGISTER			BILL WEEK ENDI	NG 8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
206088	8/10/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	41.25		601.43	I
				CATEGORY	41.25	0.00	601.43	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUL	
SALES UKN	L # 0294	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206089	8/10/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	03
SALES JRN	rL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206090	8/10/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	304
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206091	8/10/12	000008	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 305 ADU ADULT	
511225 014	0251	200 001		SALES REGISTER			BILL WEEK ENDING 8/17	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
206092	7/20/12	800000	VISITING NURSE SERVICE	VITERI, NELLY	1.75		25.52 I	
				CATEGORY	1.75	0.00	25.52	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0294	LOC 001		REG NY NY			LTC NURSING HOME	•
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
006000	0 /10 /10	000000			04.00		240.00 -	
206093	8/10/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE				PAGE 1 - 3	307
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206094	8/10/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 308	
SALES JRN	ъ # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
206095	8/10/12	000008	VISITING NURSE SERVICE	VIVAR, AARON	11.75		171.32 I	
206096	8/10/12	000008	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I	
				CUSTOMER	31.75	0.00	462.92	
				CATEGORY	31.75	0.00	462.92	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
SALES UKN	L # 0294	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206097	8/10/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	.0
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206098	8/10/12	800000	VISITING NURSE SERVICE	WALLS, ROSEMARY	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 31	.1
Bribbs ord	0251	100 001		ALES REGISTER			BILL WEEK END		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206099	8/10/12	000008	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40	I	
206100	8/10/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28	т	
				CUSTOMER	46.00	0.00	670.68		
				CATEGORY	46.00	0.00	670.68		

	08/15/12 · NL # 0294		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - PED PEDIATRIC	312
			5	SALES REGISTER			BILL WEEK ENDING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206101	8/10/12	800000	VISITING NURSE SERVICE	YANEZ, ANGELINA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	13
ı	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	206102	8/10/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 - 314	
SALES JRNI	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA	8/17/12
			· ·	SALES REGISIER			BILL WEEK ENDING	8/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206103	8/10/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	18.00		262.45 I	
				CATEGORY	18.00	0.00	262.45	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 315	
SALES JRN	rL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL HEAL	TH
			\$	SALES REGISTER			BILL WEEK ENDING 8/	17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
206104	8/10/12	800000	VISITING NURSE SERVICE	ZELLE, EVE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	316	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME		
			:	SALES REGISTER			BILL WEEK ENDING	8/17/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
206105	8/10/12	800000	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I		
				CATEGORY	10.00	0.00	145.80		

RUN DATE 08/15/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 317 SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 8/17/12 ACEENO, CLAIRE 25.00 363.00
ALI, AMRUNISSA 20.00 290.40
ALI, AMRUNISSA 20.00 290.40
ALSTON, ZULINE 56.00 813.12
AMABILE, ANTOIN 7.00 1,321.04
AYALA, ENRIQUE 52.00 755.04
BEGUM, JAMILA 72.00 1,045.44
BUCARO, CONCETT 39.00 566.28
CARSWELL, LUELL 70.00 1,016.40
CEEDAA, TOMASA 30.00 435.60
COLAVITTI, JEAN 56.00 813.12
COLEMAN, REGINA 30.50 442.86
DIAZ, ALICIA 45.00 653.40
DONOSO, MARGARE 24.00 653.40
DONOSO, MARGARE 24.00 348.48
EARLINGTON, ALB 41.00 595.32
ECKMAN, LOIS 7.00 1,321.04
ESCOBAR, DOMING 30.00 435.60
ESPINOZA, MARIA 52.50 762.30
EXPOSITO, ALFON 3.00 566.16
EXPOSITO, ALFON 3.00 566.16
EXPOSITO, ALFON 3.00 566.16
EXPOSITO, ALFON 3.00 566.16
EXPOSITO, JOAN 38.00 551.76
FERRARRA, ANN 20.00 16.61.61
FERRARRA, ANN 20.00 174.24
FERRARRA, ANN 20.00 290.40
FERRAR, SINN 20.00 1,016.40
GOMEZ, YOLANDA 4.25
GREENSPAN, ALIC 35.00 508.20
HUSTIL, SILVIA 6.00 87.12
IRIMIA, SIMONA 53.00 566.28
MANGRERY, KARMAD 8.00 116.16
MARTINEZ, EUGENI 78.00 1,016.40
GOMEZ, YOLANDA 4.25
JUENNEZ, EUGENI 78.00 1,016.40
GOMEZ, YOLANDA 4.25
MANGRAY, KARMAD 8.00 116.16
MARTINEZ, EUGENI 78.00 1,016.40
MARTINEZ, EUGENI 78.00 1,016. INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ACERNO, CLAIRE 25.00 206106 363.00 I 8/10/12 000010 GUILDNET 290.40 I 206107 8/10/12 000010 GUILDNET 206108 8/10/12 000010 GUILDNET 206109 8/10/12 000010 GUILDNET 206110 GUILDNET 8/10/12 000010 GUILDNET 206111 8/10/12 000010 GUILDNET 206112 8/10/12 000010 206113 000010 GUILDNET 8/10/12 206114 8/10/12 000010 GUILDNET 206115 8/10/12 000010 GUILDNET 206116 8/10/12 000010 GUILDNET GUILDNET 206117 8/10/12 000010 206118 8/10/12 000010 GUILDNET 206119 8/10/12 000010 GUILDNET 206120 8/10/12 000010 GUILDNET 206121 8/03/12 000010 GUILDNET 206122 8/03/12 000010 GUILDNET 206123 8/10/12 000010 GUILDNET 206124 8/10/12 000010 GUILDNET 206125 8/10/12 000010 GUILDNET 206126 GUILDNET 8/10/12 000010 206127 GUILDNET 8/10/12 000010 206128 8/10/12 000010 GUILDNET 206129 8/10/12 000010 GUILDNET 206130 8/10/12 000010 GUILDNET 206131 8/10/12 000010 GUILDNET 206132 8/10/12 000010 GUILDNET 206133 8/10/12 000010 GUILDNET 206134 8/10/12 000010 GUILDNET 206135 8/10/12 000010 GUILDNET 206136 8/10/12 000010 GUILDNET 206137 8/10/12 000010 GUILDNET 206138 8/03/12 000010 GUILDNET 206139 8/03/12 000010 GUILDNET 206140 8/10/12 000010 GUILDNET 206141 8/10/12 000010 GUILDNET 206142 5/18/12 000010 GUILDNET 206143 8/03/12 000010 GUILDNET 206144 000010 GUILDNET 8/10/12 206145 000010 GUILDNET 8/10/12 206146 8/10/12 000010 GUILDNET 206147 000010 GUILDNET 8/10/12 206148 GUILDNET 8/10/12 000010 206149 8/10/12 000010 GUILDNET 206150 8/10/12 000010 GUILDNET 206151 8/10/12 000010 GUILDNET 206152 8/10/12 000010 GUILDNET 206153 8/10/12 000010 GUILDNET 8/10/12 000010 GUILDNET 206154

RUN DATE SALES JRN	UN DATE 08/15/12 - SUP SUNNYSIDE CITYWIDE ALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET S A L E S R E G I S T E R BILL WEEK ENDING 8/17/12										
				SALES REGISTER	2		BILL WEEK ENI	DING	8/17/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS		
206155	8/10/12	000010	GUILDNET	PAZIOULIS, KLEO	55.00		798.60	I			
206156	8/10/12	000010	GUILDNET	PENA, WALESKA	55.75		809.49	I			
206157	8/10/12	000010	GUILDNET	PEREZ, MARIA	30.00		435.60	I			
206158	8/10/12	000010	GUILDNET	PINILLA, VICTOR	35.00		508.20	I			
206159	8/03/12	000010	GUILDNET	PRADO, NANCY	12.00		174.24	I			
206160	8/10/12	000010	GUILDNET	PROANO, ALICIA	18.00		279.36	I			
206161	8/10/12	000010	GUILDNET	PROANO, BRUNO	33.00		512.16	I			
206162	8/10/12	000010	GUILDNET	PRYCE, CLYDIA	16.00		232.32	I			
206163	8/10/12	000010	GUILDNET	RAMOS, ARGENTIN	8.00		116.16	I			
206164	8/10/12	000010	GUILDNET	RAMOS, ESTHER	18.00		261.36	I			
206165	8/10/12	000010	GUILDNET	RESTULA. VINCEN	18.00		261.36	I			
206166	8/10/12	000010	GUILDNET	RIVAS GERTRIDI	20.00		290 40	Ī			
206167	8/10/12	000010	GUILDNET	RODRIGHEZ FARI	28 00		406.56	Ī			
206168	8/10/12	000010	GUILDNET	RODRIGUEZ HOLG	63 00		914 76	Ī			
206169	8/10/12	000010	GUILDNET	POING ANGEL	15 00		232 80	Ī			
206170	8/10/12	000010	GUILDNET	DOTAS, ANGEL	20.00		210.40	I			
206170	8/10/12	000010	GUILDNET	ROUAS, HAIDEE	20.00		200.40	I			
206171	8/10/12	000010	GUILDNET	RUBIANO, MARIA	20.00 50 50		290.40	I			
206172	8/10/12	000010	GUILDNET	CANCIEZ ELIZAD	35.30		E00 20	I			
206173	8/10/12	000010	GUILDNEE	SANCHEZ, ELIZAB	35.00		500.20				
206174			GUILDNET	SHELIUN, AGUEDA	35.00		174.24	I			
	8/03/12	000010	GUILDNET	SOMRAJ, UMILLA	12.00		1/4.24	I			
206176	8/10/12	000010	GUILDNET	SOTIRIOU, CHRIS	1.00		14.52	I			
206177	8/10/12	000010	GUILDNET	TROISI, DELIA	48.00		696.96	I			
206178	8/10/12	000010	GUILDNET	VILLACRES, LUZ	8.00		116.16	I			
206179	8/03/12	000010	GUILDNET	VLAHOS, MARIE	8.00		116.16	I			
206180	8/03/12	000010	GUILDNET	VLAHOS, MARIE	72.00		1,045.44	I			
206181	8/10/12	000010	GUILDNET	WEISZ, KLARA	4.00		58.08	I			
206182	8/10/12	000010	GUILDNET	WEST, BALDWIN	12.00		174.24	I			
206183	8/10/12	000010	GUILDNET	WHITE, GLORIA	16.00		232.32	I			
206184	8/10/12	000010	GUILDNET	WHITLEY, MYRNA	16.00		232.32	I			
206185	8/10/12	000010	GUILDNET	YI, CARLOS	16.00		232.32	I			
206186	7/27/12	000010	GUILDNET	YIANTSELIS, VIR	1.00		188.72	I			
206187	8/10/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,321.04	I			
206188	8/10/12	000010	GUILDNET	ZARE, GLORIA	48.00		696.96	I			
206189	8/10/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		929.28	I			
				REFERENCE PAZIOULIS, KLEO PENA, WALESKA PEREZ, MARIA PINILLA, VICTOR PRADO, NANCY PROANO, ALICIA PROANO, BRUNO PRYCE, CLYDIA RAMOS, ARGENTIN RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA SOTIRIOU, CHRIS TROISI, DELIA VILLACRES, LUZ VLAHOS, MARIE VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITE, GLORIA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY	2,507.75	0.00	41,027.73				
				CATEGORY	2,507.75	0.00	41,027.73				

RUN DATE 08/15/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE							PAGE 1 - 319		
SALES JRN	JL # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FJ	IRST	
				SALES REGISTER	}		BILL WEEK END	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206190	8/10/12	000122	UFAITU FIDOT	DECIIM MANWADA	29 00		172 61	т	
206190	8/10/12	000122	HEALTH FIRST	DEGUM, MANWAKA	Z0.00		045 20		
206191	8/10/12	000122	UEVILLI EIDOL	DOGUENES TOTAN	40.00		943.40 67E 20		
206192	0/10/12	000122	HEALIH FIRSI	CARMONA LUC	40.00		675.20		
	8/10/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		6/5.20		
206194	8/10/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24		
206195	8/10/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	Τ.	
206196	8/10/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
206197	8/10/12	000122	HEALTH FIRST	CORTES DE GALIN	12.00		202.56	Ι	
206198	8/10/12	000122	HEALTH FIRST	DELACRUZ, ANA	60.00		1,012.80	I	
206199	8/10/12	000122	HEALTH FIRST	DORNELLAS, STEL	4.00		67.52	I	
206200	8/10/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	16.00		270.08	I	
206201	8/10/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96	I	
206202	8/03/12	000122	HEALTH FIRST	FERRERA, FRANCI	16.00		270.08	I	
206203	8/10/12	000122	HEALTH FIRST	FONTANES, PEDRO	49.00		827.12	I	
206204	8/10/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
206205	8/03/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
206206	8/10/12	000122	HEALTH FIRST	HERRING, CHARLE	8.00		135.04	I	
206207	8/10/12	000122	HEALTH FIRST	HERRING, CHARLE	4.00		67.52	I	
206208	8/10/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
206209	8/10/12	000122	HEALTH FIRST	LARA, TOMASA	40.00		675.20	I	
206210	8/10/12	000122	HEALTH FIRST	LAZALA. GLADYS	49.00		827.12	T	
206211	8/10/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ	77 00		1 299 76	T	
206212	6/22/12	000122	HEALTH FIRST	MARTIN ARIANA	20.00		337 60	T	
206212	8/03/12	000122	UEALTH FIRST	DIVEDA CUDICTO	42 00		708 96	т т	
206213	8/03/12	000122	DEVLLA ELDCA	DIVERA, CHRISTO	10 00		202.20	± T	
206214	8/10/12	000122	HEALTH FIRST	DODDICIEZ MADO	20.00		227 60		
206215	8/10/12	000122	UPALIU LIKOI	RODRIGUEZ, MARG	ZU.UU		045 20		
206216	8/10/12	000122	UEALIN FIRSI	SALAZAK, LUZ MA	40.00		675.20		
206217	8/10/12	000122	HEALIH FIRSI	SALHUANA, YULAN	40.00		0/5.20		
	8/10/12	000122	HEALTH FIRST	SPIVEY, PATRICI	20.00		337.60	Τ_	
206219	8/10/12	000122	HEALTH FIRST	ST ROMAINE, CLA	68.00		1,14/.84		
206220	8/10/12	000122	HEALTH FIRST	SURIEL, GERTRUD	24.00		405.12	Τ_	
206221	8/03/12	000122	HEALTH FIRST	VASQUEZ, OLGA	25.00		422.00	Ι	
206222	8/10/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	I	
				REG NY NY S A L E S R E G I S T E F 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 FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH HENRY, BRENDA HERRING, CHARLE HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MARTIN, ARIANA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA	1,149.00	0.00	19,395.12		
				CATEGORY	1,149.00	0.00	19,395.12 19,395.12		

RUN DATE SALES JRN	08/15/12 - L # 0294	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG 1	NY NY			PAGE 1 NHP NEIGHBORE	- 32 HOOD I	20 HEALTH
			S	SALES	S REGISTER			BILL WEEK ENI	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME							SURPLUS
206223	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	AHMED, UMARA	56.00		945.28	I	
206224	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	AKHTER, SELINA	9.00		151.92	I	
206225	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	ARDITTO, PATRIC	29.00		489.52	I	
206226	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
206227	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	DIAZ, CARMEN	28.00		472.64	I	
206228	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
206229	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
206230	8/03/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	HAMPTON, PRISCI	32.00		540.16	I	
206231	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	JONES, CYNTHIA	18.00		303.84	I	
206232	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	KHALIL, RASHAN	36.00		607.68	I	
206233	8/10/12			OVIDERS	KHAN, FARUQUE	79.00		1,333.52	_	
206234	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	KROLL, KATHERIN	35.00		590.80	I	
206235	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	MORALES HERNAD	42.00		708.96	I	
206236	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	MOSKOWITZ, RONA	30.00		506.40	I	
206237	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	RODRIGUEZ, JESS	25.00		422.00	I	
206238	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	RODRIGUEZ, MARI	20.00		337.60	I	
206239	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	SALVATO, MARY	40.00		675.20	I	
206240	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	SHEPPARD, ERMA	70.00		1,181.60	I	
206241	8/10/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	WELLS, WYNORIA	16.00		270.08	I	
206242	7/27/12	000120	NEIGHBORHOOD HEALTH PRO	OVIDERS	KHALIL, RASHAN KHAN, FARUQUE KROLL, KATHERIN MORALES HERNAD MOSKOWITZ, RONA RODRIGUEZ, JESS RODRIGUEZ, MARI SALVATO, MARY SHEPPARD, ERMA WELLS, WYNORIA WILSON, SHERYL	48.00		810.24	I	
					CUSTOMER			12,575.60		
					CATEGORY		0.00			

RUN DATE			YSIDE CITYWIDE					- 32	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	- ,	
				SALES REGISTER			BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206243	8/10/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I	
206244	8/10/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49	I	
206245	8/10/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	14.00		236.18	I	
206246	8/10/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	19.00		320.53	I	
206247	8/10/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I	
206248	8/10/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,062.81	I	
206249	8/10/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	24.00		404.88	I	
206250	8/10/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	13.00		219.31	I	
206251	8/10/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	33.00		556.71	I	
206252	8/10/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	63.00		1,062.81	I	
				CUSTOMER	389.00	0.00	6,562.43		
				CATEGORY	389.00	0.00	6,562.43		

	RUN DATE 08/15/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 322 SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY UHC UNITED HEALTH											
SALES UKN	L # 0294	LOC UUI	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK EN		8/17/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS			
206253	8/10/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	I				
206254	8/10/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	53.00		909.48	I				
206255	8/10/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	8.00		137.28	I				
206256	8/10/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I				
206257	8/10/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I				
				CUSTOMER	215.00	0.00	3,689.40					
				CATEGORY	215.00	0.00	3,689.40					

	JN DATE 08/15/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 323 ALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY EHP EMBLEM HEALTH											
BALLED OIGN	ш _т оду і	100 001	SOUNTSIDE CITIVIDE	SALES REGISTER			BILL WEEK EN		8/17/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS			
206258	8/10/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	26.00		364.00	I				
206259	8/10/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I				
206260	8/10/12	000114	EMBLEM HEALTH	COPELAND, ELISE	42.00		598.50	I				
206261	8/10/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I				
206262	8/10/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	54.00		756.00	I				
206263	8/10/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	32.00		448.00	I				
206264	8/10/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I				
206265	8/10/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I				
206266	8/10/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	60.00		840.00	I				
206267	8/10/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I				
				CUSTOMER	470.00	0.00	6,590.50					
				CATEGORY	470.00	0.00	6,590.50					

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG	NY NY			PAGE 1 HIP HEALTH I	- 32	
BALLED OIGN	L # 0251	100 001	DONNIGIDE CITIWIDE	SALE				BILL WEEK EN		8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206268	8/10/12	000136	HEALTH INSURANCE PLAN	OF NY	AHMAD, AMATUL	16.00		270.08	I	
206269	7/27/12	000136	HEALTH INSURANCE PLAN	OF NY	CIPRIAN, JACQUE	16.00		270.08	I	
206270	8/10/12	000136	HEALTH INSURANCE PLAN	OF NY	CIPRIAN, JACQUE	20.00		337.60	I	
206271	8/10/12	000136	HEALTH INSURANCE PLAN	OF NY	DE JESUS, TIBUR	63.00		1,063.44	I	
206272	8/10/12	000136	HEALTH INSURANCE PLAN	OF NY	LOYOLA, MARIA	30.00		506.40	I	
206273	8/10/12	000136	HEALTH INSURANCE PLAN	OF NY	ORR, LOUISE	30.00		506.40	I	
206274	8/10/12	000136	HEALTH INSURANCE PLAN	OF NY	SHAH, HANSIKABE	5.00		84.40	I	
206275	8/10/12	000136	HEALTH INSURANCE PLAN	OF NY	WILLIAMS, DIANE	20.00		337.60	I	
					CUSTOMER	200.00	0.00	3,376.00		
					 CATEGORY	200.00	0.00	3,376.00		

LTH 8/17/12
8/17/12
SURPLUS

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	6
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			WEL WELCARE O	F NY	
				SALE	S REGISTER			BILL WEEK END	ING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206291	6/22/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	11.00		189.20	I	
206292	8/10/12	000124	WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH	49.00		842.80	I	
206293	8/10/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	42.00		722.40	I	
206294	8/10/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	63.00		1,083.60	I	
					CUSTOMER	165.00	0.00	2,838.00		
					CATEGORY	165.00	0.00	2,838.00		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 327 AMG AMERIGROUP			
	_ "			SALES	REGISTER			BILL WEEK EN	-	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206295	8/10/12	000132	AMERIGROUP	DE	NNISON, KELVI	28.00		472.64	I	
206296	8/10/12	000132	AMERIGROUP	ES	PERSON, CLAUD	16.00		270.08	I	
206297	8/10/12	000132	AMERIGROUP	FE	RNANDEZ, NORK	42.00		708.96	I	
206298	8/10/12	000132	AMERIGROUP	GU	ERRA, LORRAIN	60.00		1,012.80	I	
206299	8/10/12	000132	AMERIGROUP	HA	RDING, EDNA	30.00		506.40	I	
206300	8/10/12	000132	AMERIGROUP	PR	UITT, JOHNNY	8.00		135.04	I	
206301	8/10/12	000132	AMERIGROUP	WA	LTERS, BYRON	25.00		422.00	I	
206302	8/10/12	000132	AMERIGROUP	YO	UNG, KALEILE	18.00		303.84	I	
					CUSTOMER	227.00	0.00	3,831.76		
					CATEGORY	227.00	0.00	3,831.76		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 HCP HEALTHCARE PA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206303 206304 206305	8/10/12 8/10/12 8/10/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	45.00 20.00 16.00		759.60 I 337.60 I 270.08 I	
				CUSTOMER	81.00	0.00	1,367.28	
				CATEGORY	81.00	0.00	1,367.28	

RUN DATE 08/15/12 SALES JRNL # 0294		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTE	3		PAGE 1 - 3 ICS INDEPENDENCE BILL WEEK ENDING	29 CARE SYSTEMS 8/17/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206306 8/10/12 206307 7/06/12		INDEPENDENCE CARE SYSTEM INDEPENDENCE CARE SYSTEM		65.00 106.00		1,033.51 I 1,685.40 I	
			CUSTOMER	171.00	0.00	2,718.91	
			CATEGORY	171.00	0.00		

ı	RUN DATE	08/15/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 330
	SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCS VNSNY CHO	ICE SELECTHEALTH
					SALES REGIS	TER		BILL WEEK ENI	ING 8/17/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
									_
ı	206308	8/10/12	000170	VNSNY CHOICE SELECTHE	ALTH CLMS KARASSAVIDES,	A 35.00		600.60	I
ı									
ı									
ı					CATEGOR	RY 35.00	0.00	600.60	

	PAGE 1 - PAR PRIVATE	331
"	BILL WEEK ENDIN	IG 8/17/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	AMOUNT TY	P SURPLUS
206309 8/10/12 000002 SUNNYSIDE COMMUNITY SERVICES CAGAN, RUMANDO 8.00	116.00 I	
206310 8/10/12 000002 SUNNYSIDE COMMUNITY SERVICES DURAN, CARMEN 4.00	58.00 I	· •
206311 8/10/12 000002 SUNNYSIDE COMMUNITY SERVICES HENRIQUEZ, TERE 12.00	174.00 I	
206312 8/10/12 000002 SUNNYSIDE COMMUNITY SERVICES MARTIN, RUTH 8.00	116.00 I	
206313 8/10/12 000002 SUNNYSIDE COMMUNITY SERVICES MONTELIONE, CAL 8.00	116.00 I	
206314 8/10/12 000002 SUNNYSIDE COMMUNITY SERVICES RICKS, WALTER 8.00	116.00 I	•
206315 8/10/12 000002 SUNNYSIDE COMMUNITY SERVICES TEODORU, MIRELL 12.00	174.00 I	•
CUSTOMER 60.00 0.00	870.00	
206316 8/10/12 000040 DUISIN, CHRISTINE DUISIN, XENIA 20.00	310.00 I	
206317 8/10/12 000049 DOMINICAN SISTERS FAM HLTH SVC MORSHELINA, NAS 30.00	435.00 I	
206318 8/10/12 000078 MCDERMOTT, LOUISE MCDERMOTT, LOUI 8.00	124.00 I	• •
CATEGORY 118.00 0.00	1,739.00	

RUN DATE	, - ,		YSIDE CITYWIDE	DEG MY MY			PAGE 1	- 33	
SALES JRN	L # U294	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY LES REGISTER			CAS CHILDREN BILL WEEK ENI		8/17/12
			5 A	LES KEGISIEK			DILL WEEK EN	JING	0/1//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206319	8/10/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I	
206320	8/03/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	2.00		31.00	I	
206321	8/03/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	4.00		62.00	I	
206322	8/03/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	2.00		31.00	I	
206323	8/03/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	4.00		62.00	I	
206324	8/10/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	28.00		434.00	I	
206325	8/10/12	000088	CHILDREN'S AID SOCIETY	VARGAS, BRANDON	13.50		209.25	I	
206326	8/10/12	000088	CHILDREN'S AID SOCIETY	VARGAS, JOHN	13.50		209.25	I	
				CHGMOMED		0.00	1 406 00		
				CUSTOMER	92.00	0.00	1,426.00		
				CATEGORY	92.00	0.00	1,426.00		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 PAR PRIVATE BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206327	8/10/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
				CATEGORY	20.00	0.00	310.00	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	334	
SALES JRN	L # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			ELD ELDERSERVE	HEALTH	
				SALES	REGISTER			BILL WEEK ENDI	NG 8/17/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLU	S
206328	8/10/12	000101	ELDERSERVEHEALTH	BI	LACK, DOROTHY	19.25		274.32	I	
										_
					CATEGORY	19.25	0.00	274.32		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 PAR PRIVATE	335
				SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE		CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
206329	8/10/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	20.00		316.00 I	
				CATEGORY	20.00	0.00	316.00	

RUN DATE	08/15/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 33	36
SALES JRN	ъ # 0294	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			CCM COMPREHE	NSIVE	CARE MGMT
				SALE	S REGISTE:	R		BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206330	8/10/12	000150	COMPREHENSIVE CARE	MANAGEMENT	BONES, ANA	17.00		239.70	I	
206331	8/10/12	000150	COMPREHENSIVE CARE	MANAGEMENT	GARCIA, MARIA	40.00		564.00	I	
206332	8/10/12	000150	COMPREHENSIVE CARE	MANAGEMENT	MELAMED, ESTER	16.00		225.60	I	
206333	8/10/12	000150	COMPREHENSIVE CARE	MANAGEMENT	PULLIAM, WILLIE	30.00		423.00	I	
206334	8/10/12	000150	COMPREHENSIVE CARE	MANAGEMENT	ROSARIO, CELEST	24.00		338.40	I	
					CUSTOMER	127.00	0.00	1,790.70		
					CATEGORY	127.00	0.00	1,790.70		

RUN DATE 08/15/12 - SALES JRNL # 0294		- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE REG NY NY					PAGE 1 - 337 PAR PRIVATE		
			SALE	S REGISTER			BILL WEEK ENI	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206335	8/10/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
206336	8/10/12	000167	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
206337	7/27/12	000175	ROBERT MURAYAMA GREENBAUM	GREENBAUM, MASA	2.00		31.00	I	
206338	8/10/12	000177	MR. BRUCE J. TUCCI	TUCCI, DOROTHY	12.00		186.00	I	
206339	8/10/12	000179	DOROTHY TABICKMAN	TABICKMAN, DORT	12.00		186.00	I	
206340	8/10/12	000181	EDELMAN, MILDRED	EDELMAN, MILDRE	10.00		155.00	I	
206341	8/10/12	002215	KEITH SALMON	LAWRANCE, LILLA	16.00		260.00	I	
206342	8/10/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
206343	8/10/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
206344	8/10/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
206345	8/10/12	006337	STEPHEN EDEL	EDEL, CANDACE	81.00		1,279.50	I	
206346	8/10/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	7.75		125.94	I	
206347	8/10/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
206348	8/10/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
206349	8/10/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
206350	8/10/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
206351	8/10/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
206352	8/10/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
206353	8/10/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
206354	8/10/12	010375	DOMINICA IRAOLA	IRAOLA, LILIAN	12.00		195.00	I	
206355	8/10/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	12.00		195.00	I	
206356	8/10/12	010529	STEPHEN WEISS	WEISS, STELLA	6.00		102.00	I	
206357	8/10/12	010530	DANA SITILDES	ANSELMI, PETER	27.25		434.39	I	
206358	8/10/12	010677	ALZHEIMER'S ASSOCIATION	MONTELIONE, CAL	4.00		62.00	I	
206359	8/10/12	010828	DEIRDRE DANIELS	DANIELS, DEIRDR	8.00		136.00	I	

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SALES JRN	L # U294	TOC 001	SUNNYSIDE CITYWIDE	REG NY S A L E S	NY REGISTI	E R		PAR PRIVATE BILL WEEK EN	DING	8/17/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	1	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
206360	8/10/12	010887	FREDERICK RUECKHER	R	UECKHER, PATRI	15.00		232.50	I	
206361	8/10/12	010929	NORMA SCHORR	S	CHORR, NORMA	6.00		93.00	I	
206362	8/10/12	010952	ARISTA THEOHARIS	T	HEOHARIS, ARIS	30.00		465.00	I	
206363	8/10/12	011016	MICHAEL SIANO	S	IANO, ANDREW	30.00		465.00	I	
206364	8/10/12	011027	SALVATORE DINARO	D	INARO, SALVATO	11.75		182.13	I	
206365	8/10/12	011060	ROBIN WARREN CHARLES	W	ARREN, CYNTHIA	156.00		2,490.00	I	
206366	8/10/12	011062	EDLEMAN, MILDRED	E	DELMAN, MILDRE	12.00		204.00	I	
					-					
					CATEGORY	769.75 	0.00	13,425.46		
					LOCATION	22,325.71	0.00	345,032.38		
					COMPANY	22,325.71	0.00	345,032.38		

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SALES JRNL # 0294 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 8/17/12

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

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