RUN DATE 10/24/12 - SALES JRNL # 0304	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 - SHP SENIOR HEA BILL WEEK ENDI	ALTH PARTNERS
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
213324 10/19/12 213325 10/19/12 213326 10/19/12 213327 10/19/12 213328 10/19/12 213329 10/19/12 213330 10/19/12 213331 10/19/12 213332 10/19/12 213333 10/19/12 213334 10/19/12 213335 10/19/12 213336 10/19/12 213337 10/19/12 213338 10/19/12	000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082	SENIOR HEALTH PARTNERS		25.00 35.00 32.00 4.00 8.00 33.00 135.00 33.00 6.00		356.25 498.75 456.00 800.00 114.00 470.25 1,923.75 470.25 85.50	I I I I I I I I I I I I I I I I I I I
213339 10/19/12 213340 10/19/12 213341 10/19/12 213342 10/19/12	000082 000082 000082 000082	SENIOR HEALTH PARTNERS SENIOR HEALTH PARTNERS SENIOR HEALTH PARTNERS SENIOR HEALTH PARTNERS	WOO, LUZ	4.00 40.00 12.00 4.00		57.00 570.00 171.00 57.00	I I I
			CUSTOMER		0.00	8,466.50	
			CATEGORY		0.00	8,466.50	

	10/24/12 NL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO		2
SALES ON	MD # 0504	100 001		ALES REGISTER			BILL WEEK END		10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ΓΥΡ	SURPLUS
213343	10/12/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	8.00		116.64	I	
213344	10/19/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48	I	
213345	10/19/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96	I	
213346	10/19/12	800000	VISITING NURSE SERVICE	ACOSTA, ALBERTO	34.25		499.38	I	
213347	10/19/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I	
213348	10/19/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I	
213349	10/19/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	69.25		1,009.67	I	
213350	10/19/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	7.00		1,224.72	I	
				CUSTOMER	246.50	0.00	4,716.65		
				CATEGORY	246.50	0.00	4,716.65		

RUN DATE 10/24/12 -	SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	3
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE DATE	CODI NO	CODIONEIC IVANE	KEL EKENCE	110010	IAM AITI	ANOUNI III	BORT HOB
213351 10/19/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10 I	
			CATEGORY	45.00	0.00	656.10	

RUN DATE 10/24/12 -	- SUP SUNN	IYSIDE CITYWIDE				PAGE 1 -	-	4
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	SA	
BILLED GIGNE 0301	100 001							10/06/10
		2	SALES REGISTER			BILL WEEK END	ING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ΥP	SURPLUS
010000 10/10/10	00000	TITGITHING NUDGE GERLITGE	AGUILLAR RROCE	7 00		100.06	_	
213352 10/12/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	7.00		102.06	Τ	
213353 10/19/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	49.00		714.42	I	
213354 10/05/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	4.00		58.32	Т	
			•				÷	
213355 10/19/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	Τ	
			CUSTOMER	80.00	0.00	1,166.40		
			000101111	00.00	0.00	1,100.10		
			CATEGORY	80.00	0.00	1,166.40		

RUN DATE 10/24/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 5
SALES JRNL # 0304	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	S	SALES REGISTER		BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213356 10/19/12	000008 VISITING NURSE SERVICE	ALEKSANDORVA, S	17.75	258.80 I
		CATEGORY	17.75 0.00	258.80

RUN DATE 10	0/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	6
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	HCSA	
			:	SALES REGISTER			BILL WEEK ENI	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	0/19/12	800000	VISITING NURSE SERVICE	,	30.00			I	
213358 10	0/19/12	000008	VISITING NURSE SERVICE	ALVARADO, DORA	30.00		437.40	I	
				CUSTOMER	60.00	0.00	874.80		
				CATEGORY	60.00	0.00	874.80		

RUN DATE 10/	24/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	7
SALES JRNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213359 10/	19/12 000008	VISITING NURSE SERVICE	ALVARADO, EUFEM	8.00		116.64 I	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 10/24/12 - SU SALES JRNL # 0304 LC	UP SUNNYSIDE CITYWIDE OC 001 SUNNYSIDE CITYWIDE REG	NY NY		PAGE 1 - ADU ADULT	8
	S A L E	S REGISTER		BILL WEEK ENDING	10/26/12
INVOICE# DATE CU	UST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP	SURPLUS
213360 10/19/12 00	00008 VISITING NURSE SERVICE	ALVAREZ, DALILA	9.00	131.22 I	
		CATEGORY	9.00 0.00	131.22	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITY	WIDE REGNY NY SALES REGIS	TER		PAGE 1 - HOA HOSPICE ADUL BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213361 10/19/12	000008 VISITING NURSE	SERVICE ALVAREZ, NAZA	ARE 40.00		583.20 I	
		CATEGOR	RY 40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		10
			S	SALES REGISTE	R		BILL WEEK END	ING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213362	10/19/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	10.00		145.80	I	
213363	10/19/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	25.00		364.50	I	
213364	10/19/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	83.25		1,213.79	I	
213365	10/19/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I	
213366	10/19/12	000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24	I	
				CUSTOMER	202.25	0.00	2,948.81		
				CATEGORY	202.25	0.00	2,948.81		

RUN DATE 10/24/12 SALES JRNL # 0304		REG NY NY SALES REGISTEI	2		PAGE 1 - 11 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213367 10/19/12 213368 10/19/12	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.50 61.00		298.89 I 889.38 I
		CUSTOMER	81.50	0.00	1,188.27
		CATEGORY	81.50	0.00	1,188.27

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRI	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			2	SALES REGISTER			BILL WEEK ENDI	NG 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213369	10/19/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	24.00		349.92	I
213370	10/19/12	800000	VISITING NURSE SERVICE	ARGENTINA, CESS	5.00		72.90	I
213371	10/19/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	45.75		667.04	I
				CUSTOMER	74.75	0.00	1,089.86	
				COSTOMER	14.13	0.00	1,009.00	
				CATEGORY	74.75	0.00	1,089.86	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	13
			SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213372 10/19/12 213373 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	18.00 4.00		262.44 I 58.32 I	
			CUSTOMER	22.00	0.00	320.76	
			CATEGORY	22.00	0.00	 320.76	

RUN DATE 10/24/12 -						PAGE 1 -	
SALES JRNL # 0304	LOC 001		REG NY NY			LTC NURSING HOMEW	·
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213374 10/19/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/24/12 - SUP SUNNYSIDE CIT			PAGE 1 - 15
SALES JRNL # 0304 LOC 001 SUNNYS:	IDE CITYWIDE REG NY NY SALES REGIST	E R	ADU ADULT BILL WEEK ENDING 10/26/12
INVOICE# DATE CUST NO CUSTOME	R NAME REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213375 10/19/12 000008 VISITING	G NURSE SERVICE AVILES, LEONARD	12.00	174.96 I
	CATEGORY	12.00 0.00	174.96

RUN DATE 10/24/12 - SUP SUNNYSIDE CITYW	VIDE		PAGE 1 - 16	
SALES JRNL # 0304 LOC 001 SUNNYSIDE			LTC NURSING HOMEW/O WALLS	•
	SALES REGISTE	R	BILL WEEK ENDING 10/26/1	2
INVOICE# DATE CUST NO CUSTOMER N	JAME REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLU	S
213376 10/19/12 000008 VISITING N	JURSE SERVICE AZAD, ABUL	19.50	284.31 I	
	- CATEGORY	19.50 0.00	284.31	_

RUN	DATE 10/24/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	17
SALE	ES JRNL # 0304	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	3 10/26/12
INVO	DICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2133	377 10/19/12	800000	VISITING NURSE SERVICE	BADILLO, JOVITA	14.50		211.41 I	
				CATEGORY	14.50	0.00	211.41	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			LTC NURSING HOMEW	18 /O WALLS (LT 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213378 10/19/12 213379 10/19/12 213380 10/05/12 213381 10/19/12 213382 10/19/12	000008 000008 000008 000008	VISITING NURSE SERVICE	BALLAS, VIOLA BAQUERIZO, ANNA BARDEANU, VICTO BARDEANU, VICTO BATTLE, JEANETT	30.00 55.75 5.00 50.00 42.00		437.40 I 812.84 I 72.90 I 729.00 I 612.36 I	
			CUSTOMER	182.75	0.00	2,664.50	
			CATEGORY	182.75	0.00	2,664.50	

			YSIDE CITYWIDE				PAGE 1 -	19
SALES JRN	L # 0304	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG 10/26/12
				SALES KEGISIEK			BIDD WEEK ENDI	NG 10/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213383	9/07/12	000008	VISITING NURSE SERVICE	BAZAN, VICTORIA	5.75		83.84	I
				CATEGORY	5.75	0.00	83.84	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	20
SALES JRN	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213384	10/19/12	800000	VISITING NURSE SERVICE	BAZAN, VICTORIA	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 10/24/12 SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 21 ADU ADULT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213385 10/19/12 213386 10/05/12 213387 10/19/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BECERRA, FELIPE	18.25 10.00 58.00		266.09 I 145.80 I 845.64 I
			CUSTOMER	86.25	0.00	1,257.53
			CATEGORY	86.25	0.00	1,257.53

RUN DATE 10 SALES JRNL	0/24/12 - SUP # 0304 LOC		TYWIDE IDE CITYWIDE	REG NY	NY				PAGE 1 VCP CHOICE L		22
DALLS OWN	# 0304 LOC	OOI SONNIS.	IDE CITIWIDE	SALES	REGIS	TER			BILL WEEK EN		10/26/12
INVOICE#	DATE CUST	NO CUSTOME	R NAME	F	REFERENCE	1	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	0/19/12 0000 0/19/12 0000		G NURSE SERVI G NURSE SERVI		ELLOROFONTE, ERENBLIT, SA		51.00 3.00		2,201.58 43.74	I	
					CUSTOME	R 1	54.00	0.00	2,245.32		
					CATEGOR	 2Y 1	 54.00	0.00	2,245.32		

ı	RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	23
ı	SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				ç	SALES REGISTER			BILL WEEK ENDING	10/26/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	213390	10/19/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	33.00		481.14 I	
ı					CATEGORY	33.00	0.00	481.14	

RUN DATE 10	0/24/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE	1 -	24	
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE	LHCSA		
			5	SALES REGISTER			BILL WEEK E	NDING	10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
213391 10	0/19/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	42.00		612.36	I		
								-		
				CATEGORY	42.00	0.00	612.36			

RUN DATE 1	0/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	25
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213392 1	0/19/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 -	- 26	
SALES JR	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	ING 10	0/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP S	SURPLUS
213393 213394	10/19/12 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	BHULLA, JIWAN BIANCO HOPKINS,	49.50 20.00		721.71 291.60	I I	
				CUSTOMER	69.50	0.00	1,013.31		
				CATEGORY	69.50	0.00	1,013.31		

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213395 10/19/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213396 10/19/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.50		298.89 I	
			CATEGORY	20.50	0.00	298.89	

RUN DATE 10/24/12 - SALES JRNL # 0304	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	29
BALLS CRIVE # 0301	100 001		SALES REGISTER			BILL WEEK ENDI	IG 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213397 10/19/12 213398 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BOCANEGRA, GLAD BOCANEGREA, MAR	20.00		291.60 1 145.80 1	- - - -
213399 10/19/12	800000	VISITING NURSE SERVICE	BOJORQUEZDECHA, CUSTOMER	12.00 42.00	0.00	174.96 1 612.36	
			CATEGORY	42.00	0.00	612.36	

	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 30
SALES JRNL # 0304	LOC 001 SUNNYSIDE CITY	IIDE REGNY NY SALES REGISTER		VCP CHOICE LHCSA BILL WEEK ENDING 10/26/12
		SALES REGISIER		BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213400 10/19/12	000008 VISITING NURSE S	SERVICE BOJORQUEZDECHA,	29.25	426.47 I
		CATEGORY	29.25 0.00	426.47

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	31 31 31 31
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
213401 10/19/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	34.00		495.72 I	
			CATEGORY	34.00	0.00	495.72	

			YSIDE CITYWIDE				PAGE 1 -	32
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213402	10/19/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	22.00		320.76 I	
				CATEGORY	22.00	0.00	320.76	

RUN DATE 10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDI	NG 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213403 10/19/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50	Γ
			CATEGORY	25.00	0.00	364.50	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	_	34
BALLO CIUL # 0501	100 001		SALES REGISTER			BILL WEEK ENI	DING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213404 10/12/12 213405 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BORGES, MARINA BORGES, MARINA	3.00 5.50		43.74 80.19	I I	
			CUSTOMER	8.50	0.00	123.93		
			CATEGORY	8.50	0.00	123.93		

RUN DATE 10/2	24/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	35
SALES JRNL #	0304 LOC 001		REG NY NY			VCP CHOICE I		
		:	SALES REGISTER			BILL WEEK EN	IDING	10/26/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213406 10/3	19/12 000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	8.00		116.64	I	
			CATEGORY	8.00	0.00	116.64	_	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 36
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		\$	SALES REGISTER			BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213407 10/12/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	5.75		83.84 I
213408 10/19/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	27.00		393.66 I
			CUSTOMER	32.75	0.00	477.50
			CATECORY	22 75	0.00	477 FO
213400 10/15/12	00000	VISITING NORSE SERVICE	,		0.00	

	10/24/12 - NL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI		37
511225 014		200 001		ALES REGISTER			BILL WEEK EN		10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213409	8/17/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	9.00		131.22	I	
213410	9/14/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	4.00		58.32	I	
213411	9/21/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	9.00		131.22	I	
213412	10/19/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	62.75		914.90	I	
213413	10/19/12	000008	VISITING NURSE SERVICE	BRACERO, HELEN	83.00		1,210.15	I	
213414	10/12/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	3.00		43.74	I	
213415	10/19/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22	I	
213416	10/19/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	55.50		809.19	Ι	
				CUSTOMER	235.25	0.00	3,429.96		
				CATEGORY	235.25	0.00	3,429.96		

RUN DATE 10/24/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 38	
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O	WALLS LT
		;	SALES REGISTER			BILL WEEK ENDING 10/	/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
213417 10/05/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	2.50		36.45 I	
213418 10/12/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	8.00		116.64 I	
213419 10/19/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	56.00		816.48 I	
			CUSTOMER	66.50	0.00	969.57	
			COSTOMER	00.50	0.00	909.57	
			CATEGORY	66.50	0.00	969.57	

ı	RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	. 39	
ı	SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	!SA	
ı					SALES REGISTE	R		BILL WEEK ENDI	NG 10/26/12	
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
ı										
ı	213420	10/19/12	000008	VISITING NURSE SERVICE	CABA, PURA	9.50		138.51	I	
ı										
ı					==					
ı					CATEGORY	9.50	0.00	138.51		

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	40
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDIN	G 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213421 10/19/12	000008	VISITING NURSE SERVICE	CAIPO, MATILDE	25.00		364.50 I	
213422 10/12/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	9.75		142.16 I	
213423 10/19/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60 I	
			CUSTOMER	104.75	0.00	1,527.26	
			CATEGORY	104.75	0.00	1,527.26	

RUN DATE 10/24/12 SALES JRNL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
SALES URNL # 0304	LOC 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213424 10/19/12 213425 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		28.00 56.00		408.24 816.48	I
213423 10/13/12	000000	VISITING MORSE SERVICE	·				
			CUSTOMER	84.00	0.00	1,224.72	
			CATEGORY	84.00	0.00	1,224.72	

	/24/12 - SUP SUNN # 0304 LOC 001		REG NY NY			PAGE 1 -	-	42
		S	SALES REGISTER			BILL WEEK END	ING	10/26/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	ΓΥΡ	SURPLUS
213426 107	/12/12 000008	VISITING NURSE SERVICE	CAMPAGNA, ANGEL	4.00		58.32	I	
			CATEGORY	4.00	0.00	58.32		

		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	-	NY EGISTE	E R		PAGE 1 LTC NURSING BILL WEEK EN	HOMEW	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213427 213428	10/05/12 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		ADELINA ADELINA	6.00 42.00		87.48 612.36	I I	
					CUSTOMER	48.00	0.00	699.84		
					CATEGORY	48.00	0.00	699.84		

RUN DATE 10/24/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 44
SALES JRNL # 0304	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHCSA
		SALES REGISTER		BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213429 10/19/12	000008 VISITING NURSE SERVI	CCE CAPORASO, VINCE	83.00	1,210.14 I
		CATEGORY	83.00 0.00	1,210.14

RUN DATE 10/24	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 45	
SALES JRNL # 0	304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H		•
		5	SALES REGISTER			BILL WEEK END	ING 10/	26/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SU	RPLUS
"								
213430 10/19	/12 000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30	I	
			CATEGORY	35.00	0.00	510.30		

-	- , ,		YSIDE CITYWIDE				PAGE 1 -	= =
SALES JR	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHC: BILL WEEK ENDII	-
			•	SALES REGISIER			PILL MEEK ENDII	NG 10/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213431	10/19/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	81.50		1,188.27	I
213432	9/28/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	14.00		204.12	Γ
213433	10/19/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	17.50		255.15	Γ
213434	10/19/12	000008	VISITING NURSE SERVICE	CARELA-REYES, M	25.00		364.50	Ι
				CUSTOMER	138.00	0.00	2,012.04	
				CATEGORY	138.00	0.00	2,012.04	

RUN DATE 10/24/12 SALES JRNL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	47
SALES OIGH # 0304	100 001		SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213435 10/12/12 213436 10/19/12	000008 000008	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	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 48
SALES JRN	1L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE AI	DULT
			S	SALES REGISTER			BILL WEEK ENDI	ING 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
213437	10/19/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	42.00		612.36	I
				CATEGORY	42.00	0.00	612.36	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	49
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213438 10/19/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	54.50		794.61 I	
			CATEGORY	54.50	0.00	794.61	

RUN DATE 10/24/12 SALES JRNL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 50 ADU ADULT	0
SALES GIVE # 0304	100 001		SALES REGISTER				10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213439 10/19/12 213440 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00 6.00		218.70 I 87.48 I	
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	51
SALES JRNL # 0304	LOC 001		REG NY NY			VCP CHOICE LE		
		S	SALES REGISTER			BILL WEEK ENI	DING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213441 10/19/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60	I	
213442 10/19/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	28.00		408.24	I	
213443 10/19/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	36.00		524.88	I	
			CUSTOMER	84.00	0.00	1,224.72		
			CATEGORY	84.00	0.00	1,224.72		

RUN DATE 10	/24/12 -	SUP SUNNY	SIDE CITYWIDE				PAGE 1	_	52
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H	HOME	W/O WALLS LT
			S	ALES REGISTER			BILL WEEK ENI	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213444 10	/19/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	16.00		233.28	I	
				CATEGORY	16.00	0.00	233.28		

RUN DATE 10/24/12 - SALES JRNL # 0304			REG NY NY			PAGE 1 - VCP CHOICE LHCSA	53
			S A L E S R E G I S T E R			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213445 10/19/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
			CAMPAGODY	20.00		427.40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/24/12 -	- SUP SUN	YSIDE CITYWIDE				PAGE 1 -	54
SALES JRNL # 0304	LOC 001		REG NY NY			LAD NURSING HOME	
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213446 10/19/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

	10/24/12 - IL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	55 2
DALLO OICI	.L # 0301	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213447	10/19/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 10/24/1	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	_	56
SALES JRNL # 030	4 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW	/O WALLS (LT
		:	SALES REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213448 10/12/1	2 000008	VISITING NURSE SERVICE	CHIANETTA, JOSE	7.00		102.06	I	
213449 10/19/1	2 000008	VISITING NURSE SERVICE	CHIANETTA, JOSE	28.00		408.24	I	
			CUSTOMER	35.00	0.00	510.30		
			CATEGORY	35.00	0.00	510.30		

RUN DATE 10/24/12 SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
213450 10/19/12 213451 10/19/12 213452 10/19/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CHU, MOLLY	30.00 40.00 31.50		437.40 583.20 459.27	I I I
			CUSTOMER	101.50	0.00	1,479.87	
			CATEGORY	101.50	0.00	1,479.87	

			YSIDE CITYWIDE				PAGE 1 -	58
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213453	10/19/12	000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 10/24/12 -						PAGE 1 -	59
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	10/26/12
						DIDD WEEK ENDING	10/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213454 10/19/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

	10/24/12 - NL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING H	- 60 HOMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENI	DING 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213455	10/19/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I
213456	10/19/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I
213457	10/12/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	1.00		14.58	I
213458	10/19/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	30.00		437.40	I
				CUSTOMER	66.00	0.00	962.28	
				CATEGORY	66.00	0.00	962.28	

RUN DATE	E 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 61	
SALES JF	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE‡	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213459	10/19/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE 10)/24/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDIN	G 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213460 10)/19/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 10/24/12 -						PAGE 1 -	63
SALES JRNL # 0304	LOC 001		REG NY NY			VCP CHOICE LHCS	
			SALES REGISTER			BILL WEEK ENDIN	G 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212461 10/10/12	000000	VICIBING NUDGE GEDVICE	COCHA ANDOINED	20 00		201 60 T	
213461 10/19/12	000008	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

R	UN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 64	
S	SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
				i	SALES REGISTER			BILL WEEK ENDING 10/26/12	2
1	TITO TOTAL	DAME	CIICE NO	GLIGHOMED NAME	DEFEDENCE	HOUDG	may amm	AMOINE EVE CUEDIUS	,
	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	5
2	13462	10/19/12	000008	VISITING NURSE SERVICE	COSTA, ARSENE	54.00		787.32 I	
-	.10101	10/12/12		VIDITING NONDE DERVICE	000111, 111002112	31.00		, 0 , 1 3 2	
									_
					CATEGORY	54.00	0.00	787.32	

			YSIDE CITYWIDE	DDG 1911			PAGE 1 -	65
SALES JR	RNL # 0304	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213463	10/19/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	19.50		284.31	I
				CATEGORY	19.50	0.00	284.31	

	10/24/12 - NL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 HOA HOSPICE A BILL WEEK ENI	ADULT	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213464 213465	9/28/12 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	COX, PETRA COX, PETRA	4.00 20.00		58.32 291.60	I	
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE 10	/24/12 - SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	67
SALES JRNL	# 0304 LOC 001		REG NY NY			VCP CHOICE		
		S A	ALES REGISTER			BILL WEEK E	NDING	10/26/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213466 10	/19/12 000008	VISITING NURSE SERVICE	CRAWFORD, CARME	61.00		889.40	I	
			CATEGORY	61.00	0.00	889.40		

RUN DATE 10/24/12 SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE		NY E G I S T E	R		PAGE 1 LAD NURSING BILL WEEK EN	HOME	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213467 10/12/12 213468 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		HECTOR HECTOR	5.00 20.00		72.90 291.60	I	
				CUSTOMER	25.00	0.00	364.50		
				CATEGORY -	25.00	0.00	364.50		

RUN DATE 10/24/12 -	- SUP SUNNYSIDE CITYWIDE			PAG	E 1 -	69
SALES JRNL # 0304	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			CHOICE LHCSA	
		SALES REGISTER		BIL	L WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213469 10/19/12	000008 VISITING NURSE SERVICE	CRUZ, JUANA	20.00		291.60 I	
		CATEGORY	20.00	0.00	291.60	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		PAGE 1 - 70 ADU ADULT
BALLS CITYL # 0301	EGC GOT BONNIBLE CITIVIDE	SALES REGISTER		BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213470 10/12/12 213471 10/19/12	000008 VISITING NURSE SERV		6.00 30.00	87.48 I 437.40 I
		CUSTOMER	36.00 0.00	524.88
		CATEGORY	36.00 0.00	 524.88

RUN DATE 10/24/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY				ME W/O WALLS LT
TARIOT GELL DAME	GHGE NO		SALES REGISTER	HOUDA	may avm	BILL WEEK ENDI	
INVOICE# DATE			REFERENCE	HOURS	TAX AMT		YP SURPLUS
213472 10/19/	12 000008	VISITING NURSE SERVICE	CURCIO, ANTONIA	20.00		291.60	1
			CATEGORY	20.00	0.00	291.60	

RUN DAT	E 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	72
SALES J	RNL # 0304	LOC 001		REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	IG 10/26/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213473	10/19/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	5.00		72.90	
				CATEGORY	5.00	0.00	 72.90	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 73
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK EN	DING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213474 10/19/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	20.00		291.60	I
213475 10/19/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	55.50		809.20	I
			CUSTOMER	75.50	0.00	1,100.80	
			CATEGORY	75.50	0.00	1,100.80	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213476 10/19/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	42.50		619.65 I	
			CATEGORY	42.50	0.00	619.65	

RUN DATE 10/24/12 SALES JRNL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 75 CCL CONGREGATE CARE PROGRAM
SALES OIGH # 0504	100 001		SALES REGISTER			BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213477 10/12/12 213478 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	1.00 16.00		14.58 I 233.28 I
			CUSTOMER	17.00	0.00	247.86
			CATEGORY	17.00	0.00	247.86

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	76
SALES JRN	L # 0304	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213479	10/19/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	77
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
		S	BALES REGISTER			BILL WEEK ENDING	G 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213480 10/19/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	32.00		466.56 I	
			CATEGORY	32.00	0.00	466.56	

			YSIDE CITYWIDE	DDG NV NV					78
SALES JR	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		10/26/12
							DIDD WEEK EN	DINO	10/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
010401	10/10/10				04.05		252 55	_	
213481	10/19/12	800000	VISITING NURSE SERVICE	DELOSSANTOS, MA	24.25		353.57	Τ	
213482	10/12/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I	
213483	10/19/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I	
213484	10/19/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	27.75		404.60	I	
213485	10/12/12	000008	VISITING NURSE SERVICE	•	1.00		14.58	Ī	
213486	10/19/12	000008	VISITING NURSE SERVICE	•	3.00		43.74	I	
213487	10/19/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	45.75		667.04	I	
				CUSTOMER	109.75	0.00	1,600.17		
				CATEGORY	109.75	0.00	1,600.17		

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE		NY E G I S T E	R			HOME	79 W/O WALLS LT 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213488 10/12/12 213489 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	HILDA HILDA	9.50 42.00		138.51 612.36	I	
				CUSTOMER	51.50	0.00	750.87		
				CATEGORY	51.50	0.00	750.87		

RUN DATE 10/24/12 -							PAGE 1	- 80)
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	-	NY			VCP CHOICE LH		
		2	SALES R	EGISTE	R		BILL WEEK END	ING 1	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213490 10/19/12	000008	VISITING NURSE SERVICE	DIAZ,	MARIA	27.75		404.60	I	
213491 10/19/12	800000	VISITING NURSE SERVICE	DIAZ,	OLGA	52.00		758.16	I	
213492 10/19/12	800000	VISITING NURSE SERVICE	DIAZ,	ROSA	42.00		612.36	I	
				CUSTOMER	121.75	0.00	1,775.12		
				_					
				CATEGORY	121.75	0.00	1,775.12		

	24/12 - SUP SUNN		DEC NY NY			PAGE 1 -	81
SALES URNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDII	NG 10/26/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213493 10/1	19/12 000008	VISITING NURSE SERVICE	DICKINSON, ELSA	2.00		29.16	I
			CATEGORY	2.00	0.00	29.16	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213494 10/19/12 213495 10/19/12 213496 10/12/12 213497 10/19/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DILLUVIO, MATTI DOMINGUEZ, MARI DOMINGUEZ-REIN, DOMINGUEZ-REIN,	56.00 41.75 4.00 11.75		816.48 608.72 58.32 171.32	I I I
			CUSTOMER	113.50	0.00	1,654.84	
			CATEGORY	113.50	0.00	1,654.84	

RUN DATE 10/24/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 83
SALES JRNL # 0304	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	i	SALES REGISTER		BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213498 10/19/12	000008 VISITING NURSE SERVICE	DUTAN, SELINDA	40.00	583.20 I
		CATEGORY	40.00 0.00	 583.20

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 84	
SALES JRN	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			2	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213499	10/19/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 10	0/24/12 - SUE	P SUNNYS	SIDE CITYWIDE				PAGE	1 –	85
SALES JRNL	# 0304 LOC	C 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE		
			S	SALES REGISTER			BILL WEEK E	NDING	10/26/12
INVOICE#	DATE CUS	ST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213500 10	0/19/12 000	0008 V	VISITING NURSE SERVICE	ECHEGARAY, MARI	42.75		623.30	I	
				CATEGORY	42.75	0.00	623.30		

RUN DATE 10/24/12	2 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	86	
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT			
		S	SALES REGISTER			BILL WEEK END	ING	10/26/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
213501 10/19/12	000008	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70	I		
			CATEGORY	15.00	0.00	218.70			

ı	RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87	
ı	SALES JRN	1L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	JA.	
ı				S	SALES REGISTER			BILL WEEK ENDIN	IG 10/26/12	
ı										
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı										
ı	213502	10/19/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	-	
ı										
ı										
ı					CATEGORY	4.00	0.00	58.32		

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 88	
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213503	10/19/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 10/24/12							89
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213504 10/19/12	000008	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40 I	
213505 10/19/12	800000	VISITING NURSE SERVICE	ESPINAL, JOSE	24.50		357.21 I	
			CUSTOMER	54.50	0.00	794.61	
			CODIONEIC	31.30	0.00	751.01	
			CATEGORY	54.50	0.00	794.61	

RUN DATE 10/24/						PAGE 1 -	90
SALES JRNL # 03	04 LOC 001		REG NY NY			ADU ADULT	2 10/06/10
			SALES REGISTER			BILL WEEK ENDIN	G 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213506 10/19/	12 000008	VISITING NURSE SERVICE	ETTIN, RUTH	4.00		58.32 I	
			CATEGORY	4.00	0.00	58.32	

RUN	DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	91
SALI	ES JRN	1L # 0304	LOC 001		REG NY NY			VCP CHOICE L		
					SALES REGISTER			BILL WEEK EN	DING	10/26/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213	507	10/19/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	21.00		306.18	I	
					CATEGORY	21.00	0.00	306.18		

RUN DATE 10/24/12 - SUP SUNNYSI	IDE CITYWIDE				PAGE	1 -	92
SALES JRNL # 0304 LOC 001 S	SUNNYSIDE CITYWIDE REG N				ADU ADULT		
	SALES	REGISTER			BILL WEEK H	INDING	10/26/12
INVOICE# DATE CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213508 10/19/12 000008 VI	ISITING NURSE SERVICE	FADEN, ROBIN	64.50		940.41	. I	
		CATEGORY	64.50	0.00	940.43	_	

RUI	N DATE	10/24/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SAI	LES JRN	1L # 0304	LOC 001		REG NY NY			VCP CHOICE LHCS	
				5	SALES REGISTER			BILL WEEK ENDING	G 10/26/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213	3509	10/19/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	4.00		58.32 I	
					CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE						- 9	94
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE		NY			HOA HOSPICE	-	10/06/10
			2	SALES R	EGISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213510	10/19/12	800000	VISITING NURSE SERVICE	FARO,	JOSEPH	21.00		306.18	I	
					CATEGORY	21.00	0.00	306.18		
					CALEGORI	21.00	0.00	300.10		

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 9	5
SALES JR	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			2	SALES REGISTER			BILL WEEK ENDI	ING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP	SURPLUS
213511	10/19/12	000008	VISITING NURSE SERVICE	FAROUGIAS, ANGE	9.00		131.22	I	
213512	10/19/12	800000	VISITING NURSE SERVICE	FAY, JULIA	20.00		291.60	I	
				CUSTOMER	29.00	0.00	422.82		
				CATEGORY	29.00	0.00	422.82		

RUN DATE 10/24/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 96
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
		i	SALES REGISTER			BILL WEEK END	ING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
213513 10/05/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	8.00		116.64	I
213514 10/12/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	8.00		116.64	I
213515 10/19/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	55.00		801.90	I
			CUSTOMER	71.00	0.00	1,035.18	
			CATEGORY	71.00	0.00	1,035.18	

RUN D	ATE 10/24/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES	JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21351	.6 10/19/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN	DATE 10/24/12	2 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	98
SALE	S JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			5	SALES REGISTER			BILL WEEK ENDI	NG 10/26/12
INVO	DICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
2135	10/19/12	000008	VISITING NURSE SERVICE	FERREIRO, JOSEP	21.00		306.18	I
				CATEGORY	21.00	0.00	306.18	

RUN DATE 10/24/12 - SUP SUNNYS	SIDE CITYWIDE				PAGE 1 -	99
SALES JRNL # 0304 LOC 001	SUNNYSIDE CITYWIDE REG N	IY NY			CCL CONGREGATE	CARE PROGRAM
	SALES	REGISTER			BILL WEEK ENDI	NG 10/26/12
INVOICE# DATE CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213518 10/19/12 000008 V	VISITING NURSE SERVICE	FERRER, MARIE	11.50		167.67	I
		CATEGORY	 11.50	0.00	167.67	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	100
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDIN	G 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
010510	10/10/10						FF0 16 -	
213519	10/19/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.00		758.16 I	
				CAMPICODY		0.00	750 16	
				CATEGORY	52.00	0.00	758.16	

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	01
SALES JR	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213520	10/19/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 10/24/12 SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
213521 10/19/12 213522 10/19/12 213523 10/19/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FONG, ALEFINA	33.75 8.00 35.00		492.08 116.64 510.30	I I
			CUSTOMER	76.75	0.00	1,119.02	
			CATEGORY	76.75	0.00	1,119.02	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 103
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK EN	DING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213524 10/19/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48	I
213525 10/19/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	46.00		670.68	I
213526 10/19/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	30.00		437.40	I
			CUSTOMER	132.00	0.00	1,924.56	
			CATEGORY	132.00	0.00	1,924.56	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 104 VCP CHOICE LHCSA BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213527 10/19/12 213528 10/19/12	000008 VISITING NURSE SERVICE 0000008 VISITING NURSE SERVICE	•	35.00 9.00	510.30 I 131.22 I
		CUSTOMER	44.00 0.00	641.52
		CATEGORY	44.00 0.00	641.52

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 10 LTC NURSING HOMEW/ BILL WEEK ENDING	O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213529 10/19/12 213530 10/19/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- · · · · · ·	40.00 20.00		583.20 I 291.60 I	
		CUSTOMER	60.00	0.00	874.80	
		CATEGORY	60.00	0.00	 874.80	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001		REG NY NY			PAGE 1 - 106 ADU ADULT	
SALES URNL # 0304	LOC 001		ALES REGISTER			BILL WEEK ENDING 10/26/12	!
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	;
213531 10/12/12 213532 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	GARCIA, CARMEN GARCIA, CARMEN	3.00		43.74 I 43.74 I	
			CUSTOMER	6.00	0.00	87.48	
			CATEGORY	6.00	0.00	87.48	-

RUN DATE 10/24/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 1	107
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	· ·
			SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213533 10/19/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 108 ADU ADULT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213534 10/19/12 213535 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00		291.60 I 58.32 I
			CUSTOMER	24.00	0.00	349.92
			CATEGORY	24.00	0.00	349.92

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 109	
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213536	10/19/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	32.25		470.21 I	
				CATEGORY	32.25	0.00	470.21	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213537 10/19/12	800000	VISITING NURSE SERVICE	GENAO MOSQUE, A	14.75		215.06 I	
			CATEGORY	14.75	0.00	215.06	

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 111	
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 1	0/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213538	10/19/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 112
SALES JRNI	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213539	10/19/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	47.75		696.21 I
				CATEGORY	47.75	0.00	696.21

RUN DATE 1	0/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 113	
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	GRAM
			S	SALES REGISTER			BILL WEEK ENDING 10/26	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
213540 1	0/19/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

F	RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 114	
5	SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
2	213541	10/19/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
					CATEGORY	25.00	0.00	364.50	

RUN DATE 10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	15
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW	/O WALLS (LT
		5	SALES REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213542 10/19/12	800000	VISITING NURSE SERVICE	GOMEZ, ROSANA	28.00		408.24	I	
213543 10/19/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	25.00		364.50	I	
			CUSTOMER	53.00	0.00	772.74		
			CATEGORY	53.00	0.00	772.74		
			CATEGORI	55.00	0.00	//2./1		

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	16
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213544 10/19/12 213545 10/12/12 213546 10/19/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, DOLOR	8.00 6.00 30.00		116.64 I 87.48 I 437.40 I	
			CUSTOMER	44.00	0.00	641.52	
			CATEGORY	44.00	0.00	641.52	

RUN DATE 10/	24/12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 – 117	
SALES JRNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W.	ALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING 10/	26/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
213547 10/3	19/12 000008	VISITING NURSE SERVICE	GONZALEZ, ELBA	24.25		353.57 I	
			CATEGORY	24.25	0.00	353.57	

RUN DATE 10/24/12 SALES JRNL # 0304			REG NY NY			PAGE 1 - 11 ADU ADULT	.8
SALES UNIVE # USU4	HOC 001		SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213548 10/19/12	000008	VISITING NURSE SERVICE	GONZALEZ, EVA	24.00		349.92 I	
			CATEGORY	24.00	0.00	349.92	

RUN DATE 10/24/12 - SALES JRNL # 0304		YSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213549 10/05/12 213550 10/19/12		TING NURSE SERVICE		3.00 6.00		43.74 I 87.48 I	
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 12 VCP CHOICE LHCSA BILL WEEK ENDING	20
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213551 10/12/12 213552 10/19/12 213553 10/19/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA	4.00 4.00 40.00		58.32 I 58.32 I 583.20 I	
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : ADU ADULT	121
	100 001		SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213554 10/12/12 213555 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 41.50		131.22 I 605.09 I	
			CUSTOMER	50.50	0.00	736.31	
			CATEGORY	50.50	0.00	736.31	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	122
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AII	DS ADULT POPUL
		i	SALES REGISTER			BILL WEEK ENDING	G 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213556 9/28/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	7.00		102.06 I	
213557 10/19/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	49.00		714.42 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/24/12 SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP	SURPLUS
213558 10/19/12 213559 10/19/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	GUEVARA, ELENA GUTIERREZ, ANGE	84.00 83.50		1,224.72 1,217.43	I	
			CUSTOMER	167.50	0.00	2,442.15		
			CATEGORY	167.50	0.00	2,442.15		

RUN DATE 10/24/12 -			DDG NV NV			PAGE 1 -	
SALES JRNL # U3U4	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			LTC NURSING HOME BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213560 10/19/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 125 VCP CHOICE LHCSA BILL WEEK ENDING 1	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213561 10/19/12 213562 10/12/12 213563 10/19/12 213564 10/19/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HARRISON, GLORI HENAO, VICTORIA HENAO, VICTORIA HENDY, BERNICE	55.50 5.50 24.00 29.00		809.20 I 80.19 I 349.92 I 422.82 I	
			CUSTOMER	114.00	0.00	1,662.13	
			CATEGORY	114.00	0.00	1,662.13	

RUN DATE 10/24/	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	126
SALES JRNL # 03	04 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		5	SALES REGISTER			BILL WEEK ENDING	G 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213565 10/19/	12 000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/24/	12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 127	
SALES JRNL # 03	04 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING 10/26/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
213566 10/19/	12 000008	VISITING NURSE SERVICE	HERNANDEZ, JUAN	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 128 ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213567 10/05/12 213568 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 43.50		87.48 I 634.23 I	
			CUSTOMER	49.50	0.00	721.71	
			CATEGORY	49.50	0.00	721.71	

	10/24/12 - NL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213569	10/19/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	30.00		437.40	I
				CATEGORY	30.00	0.00	437.40	

RUN DATE 10/24/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	130
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
		5	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213570 10/19/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/24/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 131	
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/C	WALLS LT
		5	SALES REGISTER			BILL WEEK ENDING 10	/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
013571 10710710	00000	TITATETHA NUMBER OFFITAE	HEDDEDA CLADA	20 00		201 60 F	
213571 10/19/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	
			CAILGORI	20.00	0.00	271.00	

	SUP SUNNYSIDE CITYW LOC 001 SUNNYSIDE	VIDE C CITYWIDE REG S A L E				PAGE 1 LTC NURSING E BILL WEEK END	HOMEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER N	IAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213572 10/19/12 213573 10/19/12		TURSE SERVICE TURSE SERVICE	HERRERA, HORACI HUNGRIA, SABINA	48.00 40.00		699.84 583.20	I I
			CUSTOMER	88.00	0.00	1,283.04	
			CATEGORY	88.00	0.00	1,283.04	

ı	RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 133	
ı	SALES JRN	rL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	Γ
					SALES REGISTER			BILL WEEK ENDING 10/26/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	213574	10/19/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	8.00		116.64 I	
					CATEGORY	8.00	0.00	116.64	

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	134
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	S ADULT POPUL
			:	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213575	9/07/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	7.00		102.06 I	
213576	9/21/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	7.00		102.06 I	
213577	9/28/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	7.00		102.06 I	
213578	10/19/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10 I	
				CUSTOMER	66.00	0.00	962.28	
				CATEGORY	66.00	0.00	962.28	

RUN DATE 10/24/12 SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
213579 10/19/12	000008 V	VISITING NURSE SERVICE	INSERRA, CATHER	41.75		608.72	I
			CATEGORY	41.75	0.00	608.72	

RUN DATE 10	/24/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	136
SALES JRNL	# 0304	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213580 10	/19/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 137	
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	E CARE PR	OGRAM
			S	SALES	REGISTE	3		BILL WEEK END	ING 10/2	6/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP SUR	PLUS
213581	10/19/12	800000	VISITING NURSE SERVICE	JAC	SO, ERZSEBET	12.00		174.96	I	
					CATEGORY	12.00	0.00	174.96		

RUN DATE 10/24/1:	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 - 138	
SALES JRNL # 030	4 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
		S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213582 10/19/13	2 000008	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	34.75		506.66 I	
			CATEGORY	34.75	0.00	 506.66	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 139 VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	10/19/12 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JAMES, DAVINA JAMISON, BESSIE	30.00 12.00		437.41 I 174.96 I	
				CUSTOMER	42.00	0.00	612.37	
				CATEGORY	42.00	0.00	612.37	

			SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT	- 140 ING 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
213585	10/19/12	800000	VISITING NURSE SERVICE	JENSEN, HELGA	15.00		218.70	I
				CATEGORY	15 00		218 70	
	SALES JRI	SALES JRNL # 0304 INVOICE# DATE	SALES JRNL # 0304 LOC 001 INVOICE# DATE CUST NO	S INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0304 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE	SALES JRNL # 0304 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 213585 10/19/12 000008 VISITING NURSE SERVICE JENSEN, HELGA 15.00	SALES JRNL # 0304 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 213585 10/19/12 000008 VISITING NURSE SERVICE JENSEN, HELGA 15.00	SALES JRNL # 0304 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER ADU ADULT BILL WEEK END: INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT (2) 213585 10/19/12 000008 VISITING NURSE SERVICE JENSEN, HELGA 15.00 218.70

	10/24/12 NL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		41 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213586 213587	10/19/12 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JEWAT, LUCILLE JHAVERI, RAMESH	77.00 24.00		1,122.66 349.92	I	
				CUSTOMER	101.00	0.00	1,472.58		
				CATEGORY	101.00	0.00	1,472.58		

	E 10/24/12 - RNL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HOA HOSPICE A	- 142	
SALES U.	XIVL # 0304	LOC 001		SALES REGISTER			BILL WEEK END	-	!
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	;
213588	10/19/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60	I	
									-
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 10/24/1	.2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	143
SALES JRNL # 030	14 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213589 10/19/1	.2 000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN	I DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	144
SAL	LES JRN	NL # 0304	LOC 001		REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	10/26/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213	3590	10/19/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	20.00		291.60 I	
					CATEGORY	20.00	0.00		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 145 ADU ADULT BILL WEEK ENDING 1	0/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213591 10/19/12	000008 VISITING NURSE SERVICE	JOHNSON, DOROTH	8.00		116.64 I	
		CATEGORY	8.00	0.00	116.64	

ı	RUN DATE 1	0/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	146
ı	SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	G 10/26/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	213592 1	.0/19/12	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	33.00		481.14 I	
ı									
ı									
ı					CATEGORY	33.00	0.00	481.14	

	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 147
SALES JRNL # 0304		REG NY NY		ADU ADULT
	S	ALES REGISTER		BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	TT AMOUNT TYP SURPLUS
213593 10/19/12	000008 VISITING NURSE SERVICE	KAKOULLIS, FAY	15.00	218.70 I
		CATEGORY	15.00 0.0	00 218.70

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 148
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY 1	NY			VCP CHOICE LE	ICSA
		5	SALES RI	EGISTE	R		BILL WEEK ENI	DING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFEI	RENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213594 10/19/12	000008	VISITING NURSE SERVICE	KAUR,	SARD	16.00		233.28	I
213595 10/19/12	800000	VISITING NURSE SERVICE	KAUR,	SHARAN	54.75		798.26	I
				CUSTOMER	70.75	0.00	1,031.54	
				CATEGORY	70.75	0.00	1,031.54	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUI	
			S	SALES REGISTER			BILL WEEK ENDING	G 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
213596	10/19/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	13.75		200.48 I	
				CATEGORY	13.75	0.00	200.48	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	150
SALES JRNL # 0304	LOC 001		REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDI	NG 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213597 10/19/12	000008	VISITING NURSE SERVICE	KHOSTIKIAN, MAR	20.00		291.60	I
213598 9/28/12	800000	VISITING NURSE SERVICE	KNOWLES, ANAMAR	2.00		29.16	I
213599 10/19/12	800000	VISITING NURSE SERVICE	KNOWLES, ANAMAR	40.00		583.20	I
			CUSTOMER	62.00	0.00	903.96	
			CATEGORY	62.00	0.00	903.96	

RUN D	ATE 10/24/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	.51
SALES	JRNL # 0304	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21360	0 10/19/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

	24/12 - SUP SUNN 0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	
INVOICE# D	DATE CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TY	
213601 10/	19/12 000008	VISITING NURSE SERVICE	LANDAU, BERNARD	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 -	
SALES J	RNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 10/26/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213602	10/19/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	154
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
213603 10/19/12	000008 VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 I	
		CATEGORY	9.00	0.00	131.22	

RUN DATE 10/24/12 SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 155 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213604 10/19/12 213605 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	27.00 12.00		393.66 I 174.96 I
			CUSTOMER	39.00	0.00	568.62
			CATEGORY	39.00	0.00	 568.62

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	156
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213606	10/19/12	000008	VISITING NURSE SERVICE	LENDOIRO, JUAN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 157 VCP CHOICE LHCSA BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213607 10/19/12 213608 10/19/12 213609 10/19/12 213610 10/19/12	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 31.50 68.00 20.00		816.48 I 459.27 I 991.44 I 291.60 I
			CUSTOMER	175.50	0.00	2,558.79
			CATEGORY	175.50	0.00	2,558.79

RUN DAT	E 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	158
SALES J	RNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/26/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213611	10/19/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	24.00		349.92	I
				CATEGORY	24.00	0.00	349.92	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 159 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213612 10/19/12 213613 10/19/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	40.00 36.00		583.20 I 524.88 I
		CUSTOMER	76.00	0.00	1,108.08
		CATEGORY	 76.00	0.00	1,108.08

		10/24/12 - NL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	A
IN	TVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	, -,
21	3614	10/19/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I	
					CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 161	
ı	SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
ı				i	SALES REGISTER			BILL WEEK ENDING 10/26/12	
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
ı	010615	10/10/10				44 55		600 70 7	
ı	213615	10/19/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	41.75		608.72 I	
ı									
					CATEGORY	41.75	0.00	608.72	

			NYSIDE CITYWIDE					162
SAL	ES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHC BILL WEEK ENDI	-
			•	SALES KEGISIEK			DIDD WEEK ENDI	NG 10/20/12
INV	OICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213	616 10/19/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	34.75		506.66	I
				CATEGORY	34.75	0.00	506.66	

RUN DATE 1	10/24/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 16	53	
SALES JRNI	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	E CAR	RE PROGRAM	
			\$	SALES F	REGISTE	R		BILL WEEK ENI	DING	10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REI	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
213617 1	10/19/12	800000	VISITING NURSE SERVICE	LUCE	ES, LETICIA	20.00		291.60	I		
					_						
					CATEGORY	20.00	0.00	291.60			

RUN DATE 10/24/12	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 164	
SALES JRNL # 0304	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		ADU ADULT	
	S	SALES REGISTER		BILL WEEK ENDING 10/26/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS	
INVOICE# DATE	COSI NO COSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TIP SURPLUS	
213618 10/19/12	000008 VISITING NURSE SERVICE	LUNA, YSABEL	40.00	583.20 I	
		CATEGORY	40.00 0.00	583.20	

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 16	55	
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY N	Y			CCL CONGREGAT	re caf	RE PROGRAM	
			S	SALES RE	GISTER			BILL WEEK EN	DING	10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
213619	10/19/12	800000	VISITING NURSE SERVICE	LYMN,	ANGIE	14.00		204.13	I		
					CATEGORY	14.00	0.00	204.13			

RUN DATE 10/24/1	2 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 166	
SALES JRNL # 030	4 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		5	SALES REGISTER			BILL WEEK ENDING 10/26/1	L2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
213620 10/19/1	2 000008	VISITING NURSE SERVICE	MACCHIA, CATHY	32.25		470.21 I	
			CATEGORY	32.25	0.00	470.21	

RUN DATE 1	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 167	
SALES JRNI	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	
			\$	SALES REGISTER			BILL WEEK ENDING 10/	26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
213621 1	10/19/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE 10 SALES JRNL	0/24/12 - SUP SUNN # 0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 VCP CHOICE LE BILL WEEK ENI	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213623 10	0/19/12 000008 0/12/12 000008 0/19/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MAGNANI, VINCEN MALDONADO, DOMI MALDONADO, DOMI	84.00 6.00 30.00		1,224.72 87.48 437.40	I I
			CUSTOMER	120.00	0.00	1,749.60	
			CATEGORY	120.00	0.00	1,749.60	

RUN DATE 10/24/12 -						PAGE 1	- 169
SALES JRNL # 0304	LOC 001		REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK END	ING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
213625 10/19/12	800000	VISITING NURSE SERVICE	MALDONADO, MARI	2.75		40.10	I
			CATEGORY	2.75	0.00	40.10	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 170
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
		S	BALES REGISTER			BILL WEEK END	ING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213626 10/19/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	16.00		233.28	I
213627 10/19/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	3.00		524.88	I
213628 10/19/12	000008	VISITING NURSE SERVICE	MANNINO, FRANCE	1.00		14.58	I
213629 10/19/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	2.00		349.92	I
			CUSTOMER	22.00	0.00	1,122.66	
			CATEGORY	22.00	0.00	1,122.66	

RUN DATE 10/24/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 171	1
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213630 10/19/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 1	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.72
SALES JRNI	և # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			\$	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213631 1	10/19/12	000008	VISITING NURSE SERVICE	MARINO, ANN	29.75		433.76 I	
				CATEGORY	29.75	0.00	433.76	

RUN DATE 10/24/12 -						PAGE 1 - 173	
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		2	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213632 10/19/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	20.50		298.89 I	
			CATEGORY	20.50	0.00	298.89	

RUN DATE 10/24/12 - SALES JRNL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 LTC NURSING HOMEW	· · -
			SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213633 10/19/12	000008	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
			CATEGORY	43.00	0.00	626.94	

RUN DATE 10/24/12 SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		5 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213634 10/19/12 213635 10/05/12 213636 10/19/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTE, JOSE MARTINEZ, CAMIL MARTINEZ, CAMIL	4.00 3.00 9.00		58.32 43.74 131.22	I I I	
			CUSTOMER	16.00	0.00	233.28		
			CATEGORY	16.00	0.00	233.28		

RUN DATE 10/24/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 176
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213637 10/19/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	69.00		1,006.02 I
			CATEGORY	69.00	0.00	1,006.02

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
213638 10/19/12 213639 10/19/12 213640 10/19/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARGA MARTINEZ, MARTA MARTINEZ, ROSA	30.00 35.25 28.00		437.40 513.96 1,129.96	I I I
			CUSTOMER	93.25	0.00	2,081.32	
			CATEGORY	93.25	0.00	2,081.32	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 178	
SALES JRN	L # 0304	LOC 001		REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			i	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213641	10/19/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	35.50		517.59 I	
				CATEGORY	35.50	0.00	517.59	

RUN DATE 10/24/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 179	
SALES JRNL # 0304	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHCSA	
		SALES REGISTER		BILL WEEK ENDING 1	.0/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP	SURPLUS
213642 10/19/12	000008 VISITING NURSE SERVICE	MATOS, ROSA	40.50	590.50 I	
		CATEGORY	40.50 0.0	590.50	

RUN DATE 10/24/12 - SALES JRNL # 0304		REG NY NY SALES REGISTER		PAGE 1 - 180 ADU ADULT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
213643 10/19/12 213644 10/19/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- ,	63.00 168.00	918.54 I 2,449.44 I
		CUSTOMER	231.00 0.0	0 3,367.98
		CATEGORY	231.00 0.0	0 3,367.98

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	181
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213645	10/19/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 - 182	
SALES JRNI	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0
			S	SALES REGISTER			BILL WEEK ENDING 10/26/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
213646	10/19/12	800000	VISITING NURSE SERVICE	MEJIA, CLAUDIO	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	_

RUN DATE 10/24/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 183
SALES JRNL # 0304	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHCSA
		SALES REGISTER		BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213647 10/19/12	000008 VISITING NURSE SERVICE	E MEJIA, DINORAH	30.00	437.40 I
213648 10/19/12	000008 VISITING NURSE SERVICE	E MEJIA, MARINA	20.75	302.54 I
		CUSTOMER	50.75 0.00	739.94
		CATEGORY	50.75 0.00	739.94

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			1 - 184 ING HOMEW/O WALLS (LT C ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS I	TAX AMT AMO	JNT TYP SURPLUS
213649 10/12/12 213650 10/19/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	8.00 36.25	116 528	
		CUSTOMER	44.25	0.00 645	.17
		CATEGORY	44.25	0.00 645	.17

				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 185 ADU ADULT BILL WEEK ENDING 10/26	/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
2	13651	10/19/12	800000	VISITING NURSE SERVICE	MENDEZ, ADA	36.00		524.88 I	
					CATEGORY	36.00	0.00	524.88	

	DATE 10/24/12 S JRNL # 0304			REG NY NY SALES REGISTER				186 ME W/O WALLS LT NG 10/26/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
2136	52 10/19/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	20.00		291.60	I
				CATEGORY	20.00	0.00	291.60	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER		PAGE 1 - 187 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213653 10/19/12	000008 VISITING NURSE SERVICE	MENDOZA, JULIO	39.00	568.62 I
		CATEGORY	39.00 0.00	 568.62

RUN DATE 1	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 188	
SALES JRNI	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213654 1	10/19/12	800000	VISITING NURSE SERVICE	MILEO, MARY	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 10/24/12 -						PAGE 1 - 189)
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 1	10/26/12
						DIED WEEK ENDING	10/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213655 10/19/12	800000	VISITING NURSE SERVICE	MIRANDA, LUIS	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

		10/24/12 - JL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	190 SA
				S	SALES REGISTER			BILL WEEK ENDIN	IG 10/26/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
2	13656	10/19/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	11.75		171.32	<u>.</u> -
					CATEGORY	11.75	0.00	171.32	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	191 G 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
213657 10/12/12 213658 10/19/12 213659 10/19/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MONTOYA, ROSALB MONTOYA, ROSALB MOORE, JOSEPH	3.00 6.00 12.00		43.74 I 87.48 I 174.96 I	
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

	10/24/12 - IL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	192
DILLED CITY	0501	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213660	10/19/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	<u>.</u> -
				CATEGORY	35.00	0.00	510.30	

RUN DATE 10/24/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 193	
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	Γ
		S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
	GTTGT 370	GIIGHOVED VIVE		******		111017FF FUD GUDDI 113	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213661 10/19/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	36.00		524.88 I	
213001 10/19/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	30.00		524.00 1	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 10/24/12	- SUP SUNNYS	SIDE CITYWIDE				PAGE 1 -	194
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/O WALLS LT
		S	SALES REGISTER			BILL WEEK ENDI	NG 10/26/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213662 10/19/12	000008 V	/ISITING NURSE SERVICE	MORALES, CARMEN	25.00		364.50	I
			CATEGORY	25.00	0.00	364.50	

RUN DATE 1	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	195
SALES JRNI	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	L
			5	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213663 1	10/19/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE 10/24/12 SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 196 ADU ADULT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213664 10/19/12	000008	VISITING NURSE SERVICE	NAGY, GEORGE	7.00		102.06 I
			CATEGORY	7.00	0.00	102.06

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 19	97
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY N	Y			CCL CONGREGAT	TE CAF	RE PROGRAM
			\$	ALES RE	GISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERI	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213665	10/19/12	800000	VISITING NURSE SERVICE	NAVARR(O, MARIA	16.00		233.28	I	
				(CATEGORY	16.00	0.00	233.28		

	10/24/12 - NL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
			S	SALES REGISTER			BILL WEEK END	ING 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213666 213667	10/05/12 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NICKELL, JEAN NICKELL, JEAN	20.00 12.00		291.60 174.96	I I
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199	
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			i	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
012660	10/10/10	00000		11TD0 WTG111TT	40 55		F10 F0 T	
213668	10/19/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 200	
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRA	AΜ
			SALES REGISTER			BILL WEEK ENDING 10/26/12	2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
213669 10/19/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	63.00		918.54 I	
			CATEGORY	63.00	0.00	918.54	-

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213670 10/12/12 213671 10/19/12 213672 10/19/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NIEVES, NANCY NINO, CARMEN	20.00 50.75 20.00		291.60 739.94 291.60	I I I
			CUSTOMER	90.75	0.00	1,323.14	
			CATEGORY	90.75	0.00	1,323.14	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITY	WIDE REGNY NY SALES REGIST	E R	PAGE 1 - 202 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	AMOUNT TYP SURPLUS
213673 10/19/12 213674 10/19/12	000008 VISITING NURSE 0000008 VISITING NURSE		25.00 20.00	364.50 I 291.60 I
		CUSTOMER	45.00 0.00	656.10
		CATEGORY	45.00 0.00	656.10

		10/24/12 - NL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END		
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS	
2	13675	10/19/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	48.75		710.78	I	
					CATEGORY	48.75	0.00	710.78		

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 204	
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRA	
			S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213676	10/19/12	800000	VISITING NURSE SERVICE	O'DONNELL, EVEL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	205
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDING	G 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
213677	10/19/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	42.75		623.30 I	
				CATEGORY	42.75	0.00	623.30	

RUN DATE 1	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	206
SALES JRNI	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213678 1	10/19/12	800000	VISITING NURSE SERVICE	ODONNELL, PATRI	4.00		58.32	I
				CATEGORY	4.00	0.00	58.32	

RUN DATE 10	0/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	207
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213679 10	0/19/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	54.00		787.32 I	
					F4 00	0.00	707 20	
				CATEGORY	54.00	0.00	787.32	

	TE 10/24/12 - TRNL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	208 NG 10/26/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213680	10/19/12	800000	VISITING NURSE SERVICE	OREJUELA, GLORI	5.50		80.19	I
				CATEGORY	5.50	0.00	80.19	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 209 VCP CHOICE LHCSA BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213681 10/19/12 213682 10/19/12 213683 10/19/12 213684 10/19/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ORNANO, BOLIVAR ORTEGA, CARLOS OSPINA, ANA PANASKAROLIDIS,	20.00 21.75 3.75 16.25		291.60 I 317.12 I 54.68 I 236.93 I
			CUSTOMER	61.75	0.00	900.33
			CATEGORY	61.75	0.00	900.33

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 210 ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 1	0/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213685 10/19/12 213686 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 12.00		87.48 I 174.96 I	
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00	262.44	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
213687 10/19/12 213688 10/19/12 213689 10/19/12 213690 10/19/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPAZIAN, MANNI PAPOUTSIS, MARY PAPP, TEREZIA PARETTI, MARIE	50.00 9.00 3.00 47.75		729.00 I 131.22 I 43.74 I 696.20 I	
			CUSTOMER	109.75	0.00	1,600.16	
			CATEGORY	109.75	0.00	1,600.16	

	10/24/12 - NL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE AD	212 ULT
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213691	10/19/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	12.00		174.96	I
				CATEGORY	12.00	0.00	174.96	

RUN DATE 1	0/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	213
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213692 1	0/19/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	24.50		357.21 I	
				CATEGORY	24.50	0.00	357.21	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	L4
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	GALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213693 10/19/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	19.25		280.67 I	
213694 10/19/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	24.75		360.86 I	
			CUSTOMER	44.00	0.00	641.53	
			CATEGORY	44.00	0.00	641.53	

			YSIDE CITYWIDE				PAGE 1 - 2	215
SALES JRI	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	10/26/12
T1770 T GT !!	D	GTTGT 370	arramoved vive	2000000	******		31401DT	G177 D1 11G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213695	10/19/12	000008	VISITING NURSE SERVICE	E PEREA, LUIS	12.00		174.96 I	
213095	10/19/12	000008	VISITING NURSE SERVICE	E PEREA, LUIS	12.00		1/4.90	
				CATEGORY	12.00	0.00	174.96	
1				0111200111		0.00	=: 1.70	

RUN DATE 10/2	4/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	216
SALES JRNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213696 10/1	9/12 000008	VISITING NURSE SERVICE	PEREZ MONSER, C	49.00		714.42 I	
			CATEGORY	49.00	0.00	714.42	

	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 217
SALES JRNL # 0304	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		ADU ADULT
		SALES REGISTER		BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213697 10/19/12	000008 VISITING NURSE SERVICE	PEREZ, GLADYS	31.00	451.98 I
213698 10/19/12	000008 VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00	437.40 I
		CUSTOMER	61.00 0.00	889.38
		COSTONER	01.00	007.30
		CATEGORY	61.00 0.00	889.38

RUN DATE 10/24/12 - SALES JRNL # 0304			REG NY NY			PAGE 1 - VCP CHOICE LHO	- 218
SALES URNL # 0304	TOC 001	SUNNYSIDE CITYWIDE	SALES REGISTER			BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
213699 10/12/12 213700 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	24.00 55.75		349.92 812.84	I T
213700 10713712	000000	VIBITING NORDE BERVICE	CUSTOMER	79.75	0.00	1,162.76	
			COSTOMER	19.13	0.00	1,102.70	
			CATEGORY	79.75	0.00	1,162.76	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITY	WIDE REGNY NY SALES REGISTEF	2	PAGE 1 - 219 ADU ADULT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP SURPLUS
213701 10/19/12	000008 VISITING NURSE	SERVICE PINAL MOREL, NO	15.00	218.70 I
		 CATEGORY	 15.00	 0.00

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213702 10/19/12 213703 10/19/12 213704 10/19/12 213705 10/19/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PIZARRO, BARBAR PLACIDO, GENARO PLACIDO, MERCED POGGI, EMERITA	3.00 35.00 42.00 36.00		43.74 I 510.30 I 612.36 I 524.88 I	
			CUSTOMER	116.00	0.00	1,691.28	
			CATEGORY	116.00	0.00	1,691.28	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 22 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213706	10/19/12	800000	VISITING NURSE SERVICE	POLANCO, JUAN	20.00		291.60 I	
				CATEGORY	20.00	0.00		

1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK END		O WALLS (LT	
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ГҮР	SURPLUS	
21	3707	10/19/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20	I		
					CATEGORY	40.00	0.00	583.20			

			YSIDE CITYWIDE	DEC MY NY				223
SALES JRN	IL # 0304	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS	
								, -,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213708	10/19/12	000008	VISITING NURSE SERVICE	PUISELLO, CIRA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE					- 224
SALES JRNI	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				E CARE PROGRAM
			2	SALES REGI	STER		BILL WEEK END	ING 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213709	10/19/12	800000	VISITING NURSE SERVICE	PULLIZA, DI	ANNE 18.75		273.38	I
				CATEG	ORY 18.75	0.00	273.38	

	DATE 10/24/12 ES JRNL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 22 ADU ADULT	15
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INV	OICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213	710 10/19/12	800000	VISITING NURSE SERVICE	QUAY, JOSEPHINE	4.00		58.32 I	
				 CATEGORY	4.00	0.00	58.32	

RUN DA	TE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	26	
SALES	JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE			
			\$	SALES REGISTER			BILL WEEK ENI	DING	10/26/12	
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
213711	10/19/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	6.00		87.48	I		
				CATEGORY	6.00	0.00	87.48			

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 227	
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (L	T
			S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
010010	10/10/10				40 50		F0F 10 -	
213712	10/19/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.50		707.13 I	
				CATEGORY	48.50	0.00	707.13	
				CALEGORI	40.50	0.00	707.13	

		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 22 ADU ADULT	28
				SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213713 213714	10/19/12 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ - ,	6.00 30.00		87.48 I 437.40 I	
213/14	10/19/12	000008	VISITING NURSE SERVICE	RAJA, HANIFA	30.00		437.40 1	
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 229	
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
			5	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213715	10/19/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 10)/24/12 - SUP	SUNNYSIDE	E CITYWIDE				PAGE 1	- 23	30
SALES JRNL	# 0304 LOC	001 SUN	NNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S A	ALES REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE CUST	T NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213716 10	0000/19/12	008 VIS	ITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94	I	
				CATEGORY	43.00	0.00	626.94		

RUN DATE 10/2	4/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	231
SALES JRNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213717 10/1	9/12 000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

	10/24/12 - NL # 0304	- SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 232 ADU ADULT BILL WEEK ENDING 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213718	9/28/12	800000	VISITING NURSE SERVICE	RAMPHAL, INDRIA	4.00		58.32 I
				CATEGORY	4.00	0.00	 58.32

RUN DATE 10/24		NYSIDE CITYWIDE				PAGE 1	- 2	33
SALES JRNL # 0	304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
		S	ALES REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213719 10/19	/12 000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	20.00		291.60	I	
213720 10/19	/12 000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I	
213721 10/19	/12 000008	VISITING NURSE SERVICE	REINA, JOSE	12.00		174.96	I	
213722 10/19	/12 000008	VISITING NURSE SERVICE	RICCA, MARIE	17.25		251.51	I	
213723 10/19	/12 000008	VISITING NURSE SERVICE	RICE, SYDNEY	7.25		105.71	I	
			CUSTOMER	59.50	0.00	867.52		
			CATEGORY	59.50	0.00	867.52		

ı	RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	34
ı	SALES JRNI	և # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	10/26/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	213724	10/19/12	800000	VISITING NURSE SERVICE	RISCO, GUILEERM	41.50		605.08 I	
					CATEGORY	41.50	0.00	 605.08	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	235
SALES JRN	1L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	!SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
213725	10/19/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	16.00		233.28	I
				CATEGORY	16.00	0.00	233.28	

ı	RUN DATE 1	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2:	36
ı	SALES JRNI	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	10/26/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	213726	10/19/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	40.00		583.20 I	
ı									
ı									
ı					CATEGORY	40.00	0.00	583.20	

		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213727 213728	10/19/12 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	RIVERA, CARMEN RIVERA, ERNESTO	30.00 12.00		437.40 174.96	I I
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 1	.0/24/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 2	238
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213729 1	0/19/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	239
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213730	10/19/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 240	
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
				SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213731	10/19/12	800000	VISITING NURSE SERVICE	RIVERA, WANDA	34.75		506.66 I	
				CATEGORY	34.75	0.00	 506.66	

RUN DATE 1	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	241
SALES JRNI	և # 0304	LOC 001		REG NY NY			LTC NURSING HOME	· ·
			:	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213732	10/19/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00		

RUN DATE 10/	24/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	242
SALES JRNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
		S	SALES REGISTER			BILL WEEK ENDI	ING 10/26/12
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
213733 10/	19/12 000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	24.00		349.92	I
213734 10/	19/12 000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	41.50		605.08	I
			CUSTOMER	65.50	0.00	955.00	
			CATEGORY	65.50	0.00	955.00	

RUN DATE 10/24/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1	- 243
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT	E CARE PROGRAM
		S	SALES REGISTER			BILL WEEK END	ING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213735 10/19/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	83.75		1,221.08	I
			CATEGORY	83.75	0.00	1,221.08	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 244
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213736 10/12/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90 I
213737 10/19/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	25.00		364.50 I
			CUSTOMER	30.00	0.00	437.40
			CATEGORY	30.00	0.00	437.40

RUN DATE 10/	/24/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	245
SALES JRNL ‡	# 0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S A	LES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213738 107	/19/12 000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	26.50		386.37 I	
			CATEGORY	26.50	0.00	386.37	

RUN DATE 10/24	/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	246
SALES JRNL # 0	304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		Ş	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DAT	'E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213739 10/19	/12 000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	247
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213740	10/19/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	25.50		371.79 I	
				CATEGORY	25.50	0.00	371.79	

RUN DATE 10/24/12 SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 248 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213741 10/12/12 213742 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · - ·	8.00 46.75		116.64 I 681.62 I
			CUSTOMER	54.75	0.00	798.26
			CATEGORY	54.75	0.00	798.26

RUI	N DATE	10/24/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	49
SAI	LES JRN	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				:	SALES REG	ISTER		BILL WEEK END	ING	10/26/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENC	E HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213	3743	10/19/12	800000	VISITING NURSE SERVICE	ROMERO, S	SANTHY 48.00		699.84	I	
					CAT	 TEGORY 48.00	0.00	699.84		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 250 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213744 10/19/12 213745 10/19/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	40.00 40.00	583.20 I 583.20 I
		CUSTOMER	80.00 0.00	1,166.40
		CATEGORY	80.00 0.00	1,166.40

RUN DATE 10/2	4/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 251
SALES JRNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		:	SALES REGI	STER		BILL WEEK END	ING 10/26/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213746 10/1	9/12 000008	VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48	I
			CATEG	GORY 56.00	0.00	816.48	

RUN DATE 10	/24/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	52
SALES JRNL :	# 0304 LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			VCP CHOICE L	HCSA	
		S A L E	S REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213747 10	/19/12 000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
213748 10	/19/12 000008	VISITING NURSE SERVICE	ROSARIO, ELSA	32.00		466.56	I	
213749 10	/19/12 000008	VISITING NURSE SERVICE	ROSARIO, MARIA	22.25		324.41	I	
213750 10	/19/12 000008	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.00		364.50	I	
213751 10	/19/12 000008	VISITING NURSE SERVICE	RUEDA, INES	46.00		670.68	I	
			CUSTOMER	141.25	0.00	2,059.43		
			CATEGORY	141.25	0.00	2,059.43		

ı	RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 253	
ı	SALES JRN	rL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (L'	Γ
ı				S	SALES REGISTER			BILL WEEK ENDING 10/26/12	
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
ı									
ı	213752	10/19/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	15.25		222.35 I	
ı									
ı									
ı					CATEGORY	15.25	0.00	222.35	

RUN DATE 10/24/12 - SALES JRNL # 0304	SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 254 ADU ADULT BILL WEEK ENDING 10	0/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
213753 10/19/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
			CATEGORY	70.00	0.00	1,020.60	

	0/24/12 - SUP SUNN # 0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
213754 10	0/19/12 000008	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70	I
			CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 256	
SALES JRN	IL # 0304	LOC 001		REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213755	9/14/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	11.00		160.38 I	
213756	9/21/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	22.00		320.76 I	
213757	9/28/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	11.00		160.38 I	
				CUSTOMER	44.00	0.00	641.52	
				CATEGORY	44.00	0.00	641.52	

RUN DATE 1 SALES JRNL	0/24/12 - SUP SUNN # 0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		57 10/26/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	0/05/12 000008 0/19/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SALADIN, MARIA SALADIN, MARIA	11.00 77.00		160.38 1,122.66	I I	
			CUSTOMER	88.00	0.00	1,283.04		
			CATEGORY	88.00	0.00	1,283.04		

RUN DATE 10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	58
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE# DATE	COSI NO	CUSTOMER NAME	KEFEKENCE	HOURS	IAA AMI	AMOUNI IIP	SURPLUS
213760 10/19/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 10	0/24/12 -	SUP SUNNY	YSIDE CITYWIDE					PAGE	. – 2	:59	
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE I	JHCSA		
			S	SALES	REGISTER			BILL WEEK EN	IDING	10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
213761 10	0/19/12	800000	VISITING NURSE SERVICE	SAN	MPOGNA, LUCY	42.00		612.36	I		
					CATEGORY	42.00	0.00	612.36			

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 26 ADU ADULT	
		\$	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213762 10/19/12 213763 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 8.75		174.96 I 127.58 I	
			CUSTOMER	20.75	0.00	302.54	
			CATEGORY	20.75	0.00	302.54	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	61
SALES JRN	1L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTE	R		BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213764	10/19/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42 I	
				- CATEGORY	49.00	0.00	714.42	

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 26	62	
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA'	TE CAF	RE PROGRAM	
			S	SALES F	REGISTER			BILL WEEK EN	DING	10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
213765	10/19/12	800000	VISITING NURSE SERVICE	SANC	CHEZ, MARIA	24.00		349.92	I		
					CATEGORY	24.00	0.00	349.92			

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 263
SALES JRN	1L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			S	SALES REGISTER			BILL WEEK ENDI	ING 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	YP SURPLUS
213766	10/19/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	42.00		612.36	I
				CATEGORY	42.00	0.00	612.36	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 264 ADU ADULT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213767 10/19/12 213768 10/19/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		15.50 16.00	225.99 I 233.28 I
		CUSTOMER	31.50 0.00	459.27
		CATEGORY	31.50 0.00	459.27

RUN DATE 10/24/12			DEC MY MY				- 26	5
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE L BILL WEEK EN		10/26/12
		5 1				DILL WELK LI	DING	10/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212762 10/10/12	000000	MICHELING MUDGE GERMAGE	CCOMM CAMULDIA	F.C. 0.0		016 40	-	
213769 10/19/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	56.00		816.48	Т	
213770 10/12/12	000008	VISITING NURSE SERVICE	SCRO, WILLIAM	3.25		47.39	I	
213771 10/19/12	000008	VISITING NURSE SERVICE	SCRO, WILLIAM	28.00		408.24	I	
213772 10/19/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	30.00		437.40	I	
213773 10/19/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	49.50		721.71	I	
213774 10/19/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	41.50		605.07	I	
213775 10/19/12	000008	VISITING NURSE SERVICE	SHARMA, DEROPDI	20.00		291.60	I	
213776 9/14/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	3.00		43.74	Ī	
213777 9/21/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	3.00		43.74	Ī	
213778 10/19/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80	Ī	
			CUSTOMER	244.25	0.00	3,561.17		
			CATEGORY	244.25	0.00	3,561.17		

RUN DATE 10/24/1: SALES JRNL # 030		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213779 10/19/12	000008	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 10/24/12 - SUP SALES JRNL # 0304 LOC		REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
	\$	SALES REGISTER			BILL WEEK ENDING	3 10/26/12
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
213780 10/19/12 00000 213781 10/19/12 00000		SINGH, BADREE SINGH, JAMOONIE	24.00 12.00		349.92 I 174.96 I	
		CUSTOMER	36.00	0.00	524.88	
		CATEGORY	36.00	0.00	524.88	

RUN DATE 10/24	1/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	268
SALES JRNL # (1304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT
		\$	SALES REGISTER			BILL WEEK ENDING	10/26/12
		GUGEONED MANE		******		31/01DIE - EUD	G11D D1 11G
INVOICE# DAT	CE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213782 10/19	./10 00000	VICIBING NUDGE GEDVIGE	GOT DAME DONDA	15 00		210 70 +	
213/82 10/19	9/12 000008	VISITING NURSE SERVICE	SOLDATI, RONDA	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 10/24/12 -			DEC NY NY					69
SALES JRNL # 0304	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			CCL CONGREGA' BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213783 10/19/12 213784 10/19/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00 12.00		291.60 174.96	I	
			CUSTOMER	32.00	0.00	466.56		
			CATEGORY	32.00	0.00	466.56		

RUN DATE 10/24/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	270
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	3 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYE	SURPLUS
213785 10/19/12	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
213703 10/13/12	000000	VIBITING NORSE SERVICE	SORIA, RODANDO	30.00		437.40 1	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/24/12 SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213786 10/19/12 213787 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SOTO, MARCELINA STAFILIAS, EVAN	12.00 56.00		174.96 816.48	I I
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

RUN DATE 10/24/12 - SALES JRNL # 0304	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 272
		S	SALES REGISTER			BILL WEEK ENDI	ING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
213788 10/19/12	800000	VISITING NURSE SERVICE	STALZER, STEPHA	8.00		116.64	I
213789 10/19/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	31.00		451.98 	
			CUSTOMER	39.00	0.00	568.62	
			CATEGORY	39.00	0.00	568.62	

ı	RUN DATE 10	0/24/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 27	73
ı	SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
				S	SALES REGISTER			BILL WEEK ENDING	10/26/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	213790 10	0/19/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	17.75		258.80 I	
					CATEGORY	17.75	0.00		

RUN DATE 10 SALES JRNL)/24/12 - SUP SUNN # 0304 LOC 001		GNY NY ES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK EN		0/26/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213792 10 213793 10 213794 10 213795 10 213796 10	0/19/12 000008 0/19/12 000008 0/19/12 000008 0/19/12 000008 0/19/12 000008 0/19/12 000008 0/19/12 000008	VISITING NURSE SERVICE	STENOS, MOSHOUL STERGIOU, GLORI STICKELL, BLANC STROBL, ALFRED SUAREZ, MARINA TABOADA, DIMAS TABOADA, ELIZAB	19.75 20.00 24.75 36.00 29.50 17.50 55.50		287.96 291.60 360.86 524.88 430.11 255.15 809.20	I I I I I	
			CUSTOMER	203.00	0.00	2,959.76		
			CATEGORY	203.00	0.00	2,959.76		

RUN DATE 10/24/12 - SALES JRNL # 0304			GNY NY ES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
213798 10/19/12 213799 10/19/12		NURSE SERVICE NURSE SERVICE	TADDEO, LENA TAVERAS ARIAS,	56.00 24.00		816.48 349.92	I
			CUSTOMER	80.00	0.00	1,166.40	
			CATEGORY	80.00	0.00	1,166.40	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 276 VCP CHOICE LHCSA BILL WEEK ENDING 1	5 L0/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213800 10/19/12 213801 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 20.00		174.96 I 291.60 I	
			CUSTOMER	32.00	0.00	466.56	
			CATEGORY	32.00	0.00	 466.56	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 277	
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 10/2	26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
213802	9/14/12	800000	VISITING NURSE SERVICE	TEODORU, MIRELL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	
				CAILGORI	9.00	0.00	131.44	

RUN DATE 10/2	24/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	278
SALES JRNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213803 10/1	19/12 000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	12.00		174.96 I	
			CATEGORY	12.00	0.00		

	DATE 10/24/12 - S JRNL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	279 10/26/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2138	04 10/19/12	000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	280
ı	SALES JRN	1L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	10/26/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	213805	10/19/12	000008	VISITING NURSE SERVICE	TINOCO, INES	16.00		233.28 I	
ı	213805	10/19/12	000008	VISITING NURSE SERVICE	IINOCO, INES	16.00		233.28 1	
ı									
					CATEGORY	16.00	0.00	233.28	

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 281	_
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 1	0/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213806	10/19/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1	- 2	82
SALES JR	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213807	10/19/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	20.00		291.60	I	
213808	10/05/12	000008	VISITING NURSE SERVICE	TORO, PURA	8.00		116.64	I	
213809	10/05/12	800000	VISITING NURSE SERVICE	TORO, PURA	4.00		58.32	I	
213810	10/19/12	800000	VISITING NURSE SERVICE	TORO, PURA	84.00		1,224.72	I	
213811	10/19/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	40.00		583.20	I	
213812	10/19/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	83.00		1,210.15	I	
				CUSTOMER	239.00	0.00	3,484.63		
				CATEGORY	239.00	0.00	3,484.63		

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 283 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO C	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213813 9/14/12 213814 10/19/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 42.00		87.48 I 612.36 I
			CUSTOMER	48.00	0.00	699.84
			CATEGORY	48.00	0.00	699.84

· ·	24/12 - SUP SUNN 0304 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	284 NG 10/26/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
213815 10/3	19/12 000008	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30	I
			CATEGORY	35.00	0.00	510.30	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
213816 10/19/12 213817 10/19/12 213818 10/19/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TRUONG, TINH TSOLISOS, FOTIN	20.00 20.00 56.00		291.60 291.60 816.48	I I I
			CUSTOMER	96.00	0.00	1,399.68	
			CATEGORY	96.00	0.00	1,399.68	

RUN DATE 10/24/12 - SALES JRNL # 0304		REGNY NY SALES REGISTER		PAGE 1 - 286 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
213819 10/19/12	000008 VISITING NURSE SERVICE	TSUAI, PING	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213820 9/21/12 213821 10/19/12 213822 10/12/12 213823 10/19/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE TZOUMAS, EFFIE UGURLUYAN, KARA UGURLUYAN, KARA	9.00 54.00 1.00 2.92		131.22 I 787.32 I 174.96 I 510.88 I	
			CUSTOMER	66.92	0.00	1,604.38	
			CATEGORY	66.92	0.00	1,604.38	

RUN DATE 1	0/24/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 28	38
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213824 1	0/19/12	800000	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 28	39
SALES JRN	IL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	re car	RE PROGRAM
			\$	ALES R	EGISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213825	10/19/12	800000	VISITING NURSE SERVICE	VALE	NCIA, BERNA	20.00		291.60	I	
					CATEGORY	20.00	0.00	291.60		

RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	90	
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA		
			S	BALES REG	ISTER		BILL WEEK EN	DING	10/26/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREN	CE HO	URS TAX AMT	AMOUNT	TYP	SURPLUS	
213826	10/19/12	800000	VISITING NURSE SERVICE	VALENCIA	, ESTHE 24	.00	349.92	I		
				CA ^r	TEGORY 24	.00 0.00	349.92			

ı	RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	291
ı	SALES JRN	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
ı				S	SALES REGISTER			BILL WEEK ENDING	10/26/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	213827	10/19/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	55.75		812.84 I	
ı									
ı									
ı					CATEGORY	55.75	0.00	812.84	

	- , ,		YSIDE CITYWIDE				PAGE 1 - 2	92
SALES JRI	NL # 0304	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	10/26/12
				SALES REGISIER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213828	9/28/12	000008	VISITING NURSE SERVICE	VALENTIN, ALEJA	6.00		87.48 I	
213829	10/05/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	6.00		87.48 I	
213830	10/12/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	6.00		87.48 I	
213831	10/19/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	24.00		349.92 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

	E 10/24/12 - RNL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 293 ISA
				SALES REGISTER			BILL WEEK ENDI	
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
213832	10/19/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	48.25		703.49	I
				CATEGORY	48.25	0.00	703.49	

RUN DATE 10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 294
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
213833 10/19/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	33.00		481.14 I
213834 10/19/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	21.00		306.18 I
			CUSTOMER	54.00	0.00	787.32
			CATEGORY	54.00	0.00	787.32

RUN DATE 10/24/12	- SUP SUNI	NYSIDE CITYWIDE				PAGE 1 - 295	
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB ONLY	
		5	SALES REGISTER			BILL WEEK ENDING 10/	26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
213835 10/19/12	000008	VISITING NURSE SERVICE	VASQUEZSOTO, AR	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 1	0/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	296
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	//O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213836 1	.0/19/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 10/	24/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	297
SALES JRNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# D.	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213837 10/	19/12 000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/24/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 298	
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (L	Τ
			SALES REGISTER			BILL WEEK ENDING 10/26/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213838 10/19/12	000008	VISITING NURSE SERVICE	VENTURA, ROSA	46.00		670.68 I	
			CATEGORY	46.00	0.00	670.68	
I .							

			YSIDE CITYWIDE				-	- 299
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REC	GISTER		BILL WEEK END:	ING 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREI	NCE HOUR	S TAX AMT	AMOUNT :	TYP SURPLUS
213839	10/19/12	800000	VISITING NURSE SERVICE	VERA, RO	OSARIO 16.0	0	233.28	I
				CA	ATEGORY 16.0	0.00	233.28	

RUN DATE 10/24/12 -			DEC MI			PAGE 1 - 300	
SALES JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 10/	26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
213840 10/19/12 213841 10/19/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	16.00 56.00		233.28 I 816.48 I	
			CUSTOMER	72.00	0.00	1,049.76	
			CATEGORY	72.00	0.00	1,049.76	

RUN	DATE 10/24/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	1
SALE	S JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2138	42 10/19/12	000008	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

R	UN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	302
S	BALES JRN	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				2	SALES REGISTER			BILL WEEK ENDIN	NG 10/26/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
2	13843	10/19/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	35.75		521.24	Ī
					CATEGORY	35.75	0.00	 521.24	

	RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	303
ı	SALES JRN	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	CARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDIN	IG 10/26/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	213844	10/19/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32	-
					CATEGORY	4.00	0.00	58.32	

	RUN DATE	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	304
	SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDI	NG 10/26/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	213845	10/19/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92	I
1					CATEGORY	24.00	0.00	349.92	

RUN DATE 10/24 SALES JRNL # 0			REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE# DAT	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
213846 10/19	0/12 000008	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60 I	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 306 ADU ADULT BILL WEEK ENDING 10/26/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
213847 10/19/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	307
SALES JRNL	# 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213848 1	.0/19/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 10/	'24/12 - SUP SU	NNYSIDE CITYWIDE				PAGE 1 -	308
SALES JRNL #	0304 LOC 00	1 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDIN	G 10/26/12
INVOICE# D	DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213849 10/	19/12 000008	VISITING NURSE SERVICE	WALSH, MAUREEN	2.00		29.16 I	
			CATEGORY	2.00	0.00	29.16	

			YSIDE CITYWIDE				PAGE 1 -	309
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADU	
			\$	SALES REGISTER			BILL WEEK ENDIN	IG 10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
213850	10/19/12	000008	VISITING NURSE SERVICE	WASHINGTON, JAM	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 10/	24/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	310
SALES JRNL #	0304 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213851 10/	19/12 000008	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	13.00		189.54 I	
			CATEGORY	13.00	0.00		

RUN DATE	10/24/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	1
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213852	10/19/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

	10/24/12 - NL # 0304	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 312 VCP CHOICE LHCSA	
	WE 0501	100 001		SALES REGISTER				0/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213853 213854	10/05/12 10/19/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ZAMBRANO, VICTO ZAMBRANO, VICTO	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	10/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	313
SALES JRN	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213855	10/19/12	800000	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE 10/24/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 314 SALES JRNL # 0304 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 10/26/12 GUILDNET ACERNO, CLAIRE 20.00 302.40 302.20 302.40 302.20 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ACERNO, CLAIRE 20.00 213856 10/19/12 302.40 000010 GUILDNET Ι 213857 10/19/12 000010 I 213858 10/19/12 000010 I 213859 9/28/12 000010 213860 10/19/12 000010 213861 10/19/12 000010 213862 10/19/12 000010 213863 10/19/12 000010 213864 10/19/12 000010 213865 10/19/12 000010 213866 10/19/12 000010 213867 10/19/12 000010 213868 10/19/12 000010 213869 10/19/12 000010 213870 10/19/12 000010 213871 10/19/12 000010 213872 10/19/12 000010 213873 10/19/12 000010 213874 10/12/12 000010 213875 10/19/12 000010 213876 10/19/12 000010 213877 10/19/12 000010 213878 10/19/12 000010 213879 10/19/12 000010 213880 10/19/12 000010 213881 10/19/12 000010 213882 10/12/12 000010 213883 10/19/12 000010 213884 10/19/12 000010 213885 10/19/12 000010 213886 10/12/12 000010 213887 10/19/12 000010 213888 10/19/12 000010 213889 10/19/12 000010 213890 10/19/12 000010 213891 10/19/12 000010 213892 10/12/12 000010 213893 10/19/12 000010 213894 10/19/12 000010 213895 10/19/12 000010 213896 10/19/12 000010 GUILDNET 213897 000010 GUILDNET 10/19/12 213898 10/19/12 000010 213899 10/19/12 000010

213900

213901

213902

213903

10/19/12

10/19/12

10/19/12

10/19/12

213904 10/19/12

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000010

000010

000010 GUILDNET

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 2	- 3	15
SALES JR	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		
				SALES REGISTER	3		BILL WEEK ENI	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213905	10/19/12	000010	GUILDNET	DADUTTIC DICUA	40 00		604 80	I	
213906	10/19/12	000010	GUILDNET	DATTOUTE VIEO	55 00		001.00	I	
213900	10/19/12	000010	GUILDNET	DENIA WATECKA	49 00		725 76	I	
213907	10/19/12	000010	GUILDNET	PENA, WALLSKA	20.00		723.70 4E2.60	I	
213908	10/19/12	000010	GUILDNET	PEREZ, MARIA	62.00		453.00	I	
213910	10/19/12	000010	GUILDNEE	PICHARDO, MARIA	03.00		534.30	I	
213910	10/19/12		GUILDNET	PINILLA, VICTOR	35.00		529.20	I	
213911		000010 000010	GUILDNET	PROANO, ALICIA	15.00		241.80		
	10/19/12		GUILDNET	PROANO, BRUNO	24.00		300.00	I	
213913	10/19/12	000010	GUILDNET	RAMOS, ARGENTIN	11.75		1//.66	I	
213914	10/19/12	000010	GUILDNET	RAMOS, ESTHER	15.00		226.80	I	
213915	10/19/12	000010	GUILDNET	RESTULA, VINCEN	19.75		298.62	I	
213916	10/19/12	000010	GUILDNET	RIVAS, GERTRUDI	30.00		453.60	I	
213917	10/19/12	000010	GUILDNET	RIVERA, RAMONIT	16.00		241.92	I	
213918	10/19/12	000010	GUILDNET	RODRIGUEZ, FABI	25.00		378.00	I	
213919	10/19/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		952.56	I	
213920	10/19/12	000010	GUILDNET	ROJAS, ANGEL	15.00		241.80	I	
213921	10/19/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		322.40	I	
213922	10/19/12	000010	GUILDNET	RUBIANO, MARIA	19.75		298.62	I	
213923	10/19/12	000010	GUILDNET	SALJANIN, DILJA	60.00		907.20	I	
213924	10/19/12	000010	GUILDNET	SANCHEZ, ELIZAB	35.00		529.20	I	
213925	10/19/12	000010	GUILDNET	SHELTON, AGUEDA	35.00		529.20	I	
213926	10/19/12	000010	GUILDNET	SOMRAJ, UMILLA	12.00		181.44	I	
213927	10/19/12	000010	GUILDNET	TROISI, DELIA	48.00		725.76	I	
213928	10/19/12	000010	GUILDNET	VARGAS, RAMON	9.00		136.08	I	
213929	10/19/12	000010	GUILDNET	VLAHOS, MARIE	64.00		967.68	I	
213930	10/19/12	000010	GUILDNET	WEISZ, KLARA	8.00		120.96	Ī	
213931	10/19/12	000010	GUILDNET	WEST, BALDWIN	16.00		241.92	I	
213932	10/12/12	000010	GUILDNET	WHITLEY. MYRNA	24.00		362.88	Ī	
213933	10/19/12	000010	GUILDNET	YIANTSELIS VIR	7 00		1 375 92	Ī	
213934	10/19/12	000010	GUILDNET	ZIMAETA FANNY	64 00		967 68	Ī	
213731	10/12/12	300010	00122NE1	ZONABIA, IANNI					
				REFERENCE PAPHITIS, RICHA PAZIOULIS, KLEO PENA, WALESKA PEREZ, MARIA PICHARDO, MARIA PINILLA, VICTOR PROANO, ALICIA PROANO, BRUNO RAMOS, ARGENTIN RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RIVERA, RAMONIT RODRIGUEZ, FABI RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA TROISI, DELIA VARGAS, RAMON VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITLEY, MYRNA YIANTSELIS, VIR ZUMAETA, FANNY	2,742.00	0.00	44,246.80		
				CATEGORY	2,742.00	0.00	44,246.80		

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 3	16
SALES JE	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HFS HEALTH F	IRST	
			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	SALES REG	ISTER			BILL WEEK EN	DING	10/26/12
INVOICE#		CUST NO	CUSTOMER NAME	REFEREN	CE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
213935	10/19/12	000122	HEALTH FIRST	BEGUM, M	ANWARA	26.00		438.88	I	
213936	10/19/12	000122	HEALTH FIRST	BHAIRO, 1	KOWSILI	56.00		945.28	I	
213937	10/19/12	000122	HEALTH FIRST	BOCHENEC	, JOLAN	40.00		675.20	I	
213938	10/12/12	000122	HEALTH FIRST	BOWERS, 1	DIANE	58.00		979.04	I	
213939	10/19/12	000122	HEALTH FIRST	CARMONA,	LUZ	40.00		675.20	I	
213940	10/19/12	000122	HEALTH FIRST	CARRION,	MARIA	48.00		810.24	I	
213941	10/19/12	000122	HEALTH FIRST	CEBALLOS	, ANA	32.00		540.16	I	
213942	10/19/12	000122	HEALTH FIRST	CHARITAR	, RAMKA	30.00		506.40	I	
213943	10/12/12	000122	HEALTH FIRST	CORTES DI	E GALIN	60.00		1,012.80	I	
213944	10/19/12	000122	HEALTH FIRST	DELACRUZ	, ANA	70.00		1,181.60	I	
213945	10/12/12	000122	HEALTH FIRST	ESPAILLA'	T, AMPA	70.00		1,181.60	I	
213946	10/19/12	000122	HEALTH FIRST	ESTEVES,	JOSE	42.00		708.96	I	
213947	10/19/12	000122	HEALTH FIRST	FERGERSOI	N, TINA	40.00		675.20	I	
213948	10/19/12	000122	HEALTH FIRST	FERRERA,	FRANCI	15.00		253.20	I	
213949	10/19/12	000122	HEALTH FIRST	FONTANES	, PEDRO	32.00		540.16	I	
213950	10/19/12	000122	HEALTH FIRST	FRANCISC	O. RICH	56.00		945.28	I	
213951	10/05/12	000122	HEALTH FIRST	FRIAS. B	ARBARA	3.00		50.64	Ī	
213952	10/19/12	000122	HEALTH FIRST	HENRY, BI	RENDA	12.00		202.56	Ī	
213953	10/19/12	000122	HEALTH FIRST	KAUR, HAI	RBANS	49.00		827.12	Ī	
213954	10/19/12	000122	HEALTH FIRST	LARA, TOI	MASA	48.00		810.24	Ī	
213955	10/19/12	000122	HEALTH FIRST	LAZALA. (GLADYS	49.00		827.12	Ī	
213956	10/19/12	000122	HEALTH FIRST	LOPEZ-RAI	MIREZ.	77.00		1,299.76	Ī	
213957	10/12/12	000122	HEALTH FIRST	MACARENA	. SAHAR	93.00		1,569.84	Ī	
213958	10/19/12	000122	HEALTH FIRST	MARTIN.	ARTANA	12.00		202.56	T	
213959	10/12/12	000122	HEALTH FIRST	PALAZZOLO	O. FIOR	144.00		2.430.72	T	
213960	10/19/12	000122	HEALTH FIRST	RODRIGUE:	Z. MARG	20.00		337.60	T	
213961	10/12/12	000122	HEALTH FIRST	SALHUANA	. YOLAN	48.00		810.24	Ī	
213962	10/19/12	000122	HEALTH FIRST	SPIVEY.	PATRICI	20.00		337.60	T	
213963	10/12/12	000122	HEALTH FIRST	SIRTEL (GERTRID	31 00		523 28	T	
213964	10/12/12	000122	HEALTH FIRST	VASOUEZ	OLGA	20 00		337.60	Ť	
213965	10/19/12	000122	HEALTH FIRST	VEGA CI.	ORTA	40 00		675 20	T	
213703	10/15/12	000122	HEADIN PIRSI	VEGA, GEO						
				CU	STOMER 1	,381.00	0.00	23,311.28		
			HEALTH FIRST	CA	TEGORY 1	,381.00	0.00	23,311.28		

RUN DATE 10			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC.	NY NY S REGISTER			PAGE 1	- 33	17
SALES ORNE .	# 0301	100 001	SOUNTSIDE CITIWIDE	SALE	S REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT			SURPLUS
213966 10	/19/12	000120	NEIGHBORHOOD HEALTH		AHMED, UMARA AKHTER, SELINA CHUKWUJIORAH, T DIAZ 1, CARMEN FERNANDEZ, MARI FLORES, MARITZA HAMPTON, PRISCI KHALIL, RASHAN KHAN, FARUQUE KROLL, KATHERIN MORALES HERNAD MOSKOWITZ, RONA OCASIO, VIRGINI RODRIGUEZ, JESS RODRIGUEZ, MARI SHEPPARD, ERMA WELLS, WYNORIA WILSON, SHERYL	56 00		0/5 20	I	
	/19/12	000120	NEIGHBORHOOD HEALTH	DDUMIDEDS	ARMED, UMAKA	45 00		750 60	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	DDUMIDEDS	CUILMIITTODAU T	50.00		944 00	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	DDUMIDEDS	DIA 7 1 CADMEN	20.00		472 64		
	/19/12	000120	NEIGHBORHOOD HEALTH	DDUMIDEDS	FFDNIANDEZ MADI	12 00		202.04	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	DDUMIDEDS	FERNANDEZ, MARI	60 00		1 012 00	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	DDUMIDERS	HAMDTON DRIGGT	45 00		759 60	T	
	/19/12	000120	NEIGHBORHOOD HEALTH	DROVIDERS	KHAITI PASHAN	36 00		607.68	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	DROVIDERS	KHAN FARIOUF	83 00		1 401 04	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KROLL KATHERIN	32 00		540 16	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	MORALES HERNAD	18 00		303.10	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	MOSKOWITZ RONA	36 00		607.68	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	OCASIO, VIRGINI	30.00		506.40	T	
	/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	RODRIGUEZ, JESS	25.00		422.00	T	
	/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	RODRIGUEZ, MARI	20.00		337.60	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	SHEPPARD, ERMA	70.00		1,181,60	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	WELLS, WYNORIA	16.00		270.08	Ī	
	/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	WILSON, SHERYL	37.00		624.56	Ī	
					CUSTOMER	699.00	0.00	11,799.12		
					CATEGORY	699.00	0.00	11,799.12		

RUN DATE 1	L0/24/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 32	L8
SALES JRNL	L # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/F	IDELIS
				SALES REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	L0/19/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I	
213985 1	LO/19/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49	I	
213986 1	LO/19/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	49.00		826.63	I	
213987 1	LO/19/12	000126	NYS CATHOLIC/FIDELIS	ISKANDER, JACOU	48.00		809.76	I	
213988 1	10/19/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.00		404.88	I	
213989 1	10/19/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	18.00		303.66	I	
213990 1	10/19/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	12.00		202.44	I	
213991 1	10/19/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	41.00		691.67	I	
	10/19/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	63.00		1,062.81	I	
	,,								
				CUSTOMER	331.00	0.00	5,583.97		
				CATEGORY	331.00	0.00	5,583.97		

RUN DATE 10/24/12 - SALES JRNL # 0304	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYW	DE REGNY NY SALES REGIST	E R		PAGE 1 - 3 UHC UNITED HEALTH BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
213993 10/19/12 213994 10/19/12 213995 10/12/12	000128 UNITED HEALTH CA 000128 UNITED HEALTH CA 000128 UNITED HEALTH CA	E MILLAN, ARMIDA	20.00 53.00 112.00		343.20 I 909.48 I 1,921.92 I	
		CUSTOMER	185.00	0.00	3,174.60	
		CATEGORY	185.00	0.00	3,174.60	

			YSIDE CITYWIDE						- 32	20
SALES JRI	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			EHP EMBLEM H	EALTH	
				SALES	REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	D.	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
INVOICEM	DAIL	CODI NO	COBTONEIX IVANE	10.	EI EKENCE	1100105	IAM APII	AMOUNT	111	DOKT HOD
213996	9/28/12	000114	EMBLEM HEALTH	CAI	MPBELL, CAROL	31.00		434.00	I	
213997	10/19/12	000114	EMBLEM HEALTH	CO:	PE, WILLIE	84.00		1,176.00	I	
213998	10/19/12	000114	EMBLEM HEALTH	CO:	PELAND, ELISE	49.00		698.25	I	
213999	10/19/12	000114	EMBLEM HEALTH	DE	JESUS, TIBUR	83.00		1,182.75	I	
214000	10/19/12	000114	EMBLEM HEALTH	GA	FFNEY, FREDER	16.00		224.00	I	
214001	10/19/12	000114	EMBLEM HEALTH	IAI	NNAZZO, ANGEL	63.00		882.00	I	
214002	10/19/12	000114	EMBLEM HEALTH	JA	CKSON, FRANCE	35.00		490.00	I	
214003	10/19/12	000114	EMBLEM HEALTH	KE	ATON, CATHERI	84.00		1,176.00	I	
214004	10/19/12	000114	EMBLEM HEALTH	RE'	YNOLDS, HARRI	12.00		168.00	I	
214005	10/12/12	000114	EMBLEM HEALTH	WE	ATHERS, VERDE	95.50		1,337.00	I	
214006	10/19/12	000114	EMBLEM HEALTH	WE	STFIELD, BREN	47.50		665.00	I	
					CUSTOMER	600.00	0.00	8,433.00		
					CATEGORY	600.00	0.00	8,433.00		

RUN DATE 10/24/12 SALES JRNL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E				PAGE 1 - HIP HEALTH INS BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214007 10/19/12 214008 10/19/12 214009 10/19/12 214010 10/19/12 214011 10/19/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE LOYOLA, MARIA ORR, LOUISE WILLIAMS, DIANE	20.00 20.00 40.00 35.00 20.00		337.60 337.60 675.20 590.80 337.60	I I I I
			CUSTOMER	135.00	0.00	2,278.80	
			CATEGORY	135.00	0.00	2,278.80	

RUN DATE	10/24/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 3	22
SALES JRN	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY REGISTE:			MPH METROPLU	S HEA	LTH
				SALES	REGISTE	R		BILL WEEK EN	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
014010	10/10/10	000120	WEEDODIIIG	7.17		20.00		F14 F0	-	
	10/19/12	000130	METROPLUS HEALTH		DERSON, BETH				I	
	10/19/12	000130	METROPLUS HEALTH		LIAS, NORA			1,166.20	I	
214014	9/28/12	000130	METROPLUS HEALTH		RDERO, ROSEND			1,372.00	I	
	10/19/12	000130	METROPLUS HEALTH	DA	VIS, ANGIE	133.00		2,280.95	I	
214016	10/12/12	000130	METROPLUS HEALTH	DO	BBINS, SANDRA	204.00		3,498.60	I	
214017	10/19/12	000130	METROPLUS HEALTH	DU	RHAM, CYNTHIA	12.00		205.80	I	
214018	10/19/12	000130	METROPLUS HEALTH	GA	LAS, TERESA	35.00		600.25	I	
214019	10/12/12	000130	METROPLUS HEALTH	MU	RDOCK, GERTRU	48.00		823.20	I	
214020	8/17/12	000130	METROPLUS HEALTH	OS	ORIO, ELVIA	27.00		463.05	I	
214021	10/19/12	000130	METROPLUS HEALTH		RSAD, USHA			1,234.80	I	
	10/19/12	000130	METROPLUS HEALTH		MPERSAID, ALI			360.15	I	
214023	10/19/12	000130	METROPLUS HEALTH		ALS, CHARLES			686.00	Т	
	10/19/12	000130	METROPLUS HEALTH		NTORO, MATTHE			600.25	Ī	
	10/19/12	000130	METROPLUS HEALTH		UMON, NUK-FNU			480.20	T	
214026	10/19/12	000130	METROPLUS HEALTH		LLE, BLASINA			137.20	T	
214020	10/12/12	000130	METROPHOS HEADIN	VA	DDE, BLASINA			137.20		
					CUSTOMER	841.00	0.00	14,423.15		
					CATEGORY	841.00	0.00	14,423.15		

RUN DATE 10/24/12 - SALES JRNL # 0304		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE (BILL WEEK ENI	
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214027 10/19/12 214028 10/19/12 214029 10/19/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 42.00 63.00		842.80 722.40 1,083.60	I I
				CUSTOMER	154.00	0.00	2,648.80	
				CATEGORY	154.00	0.00	2,648.80	

RUN DATE 10/24/1: SALES JRNL # 030			DEC NV NV				- 324
SALES URNL # 030	± LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AMG AMERIGRO	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214030 10/19/12	2 000132	AMERIGROUP	DENNISON, KELVI	30.00		506.40	I
214031 10/19/1:	2 000132	AMERIGROUP	ESPERSON, CLAUD	4.00		67.52	I
214032 10/19/13	2 000132	AMERIGROUP	FERNANDEZ, NORK	42.00		708.96	I
214033 10/19/13	2 000132	AMERIGROUP	GUERRA, LORRAIN	62.00		1,046.56	I
214034 10/19/13	2 000132	AMERIGROUP	HARDING, EDNA	20.00		337.60	I
214035 10/19/13	2 000132	AMERIGROUP	MICHEL, VERULIA	12.00		202.56	I
214036 10/19/13	2 000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04	I
214037 10/19/1:		AMERIGROUP	WALTERS, BYRON	25.00		422.00	I
214038 10/19/13	2 000132	AMERIGROUP	YOUNG, KALEILE	18.00		303.84	I
			CUSTOMER	221.00	0.00	3,730.48	
			CATEGORY	221.00	0.00	3,730.48	

RUN DATE 10/24/12 - SALES JRNL # 0304			EG NY NY ES REGISTER			PAGE 1 HCP HEALTHCAI BILL WEEK ENI	·-
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214039 10/19/12 214040 10/19/12 214041 10/19/12	000148 HEALTH CA	ARE PARTNERS ARE PARTNERS ARE PARTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 10.00 16.00		1,063.44 168.80 270.08	I I
			CUSTOMER	89.00	0.00	1,502.32	
			CATEGORY	89.00	0.00	1,502.32	

			NYSIDE CITYWIDE					326
SALES	JRNL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ICS INDEPENDENCE	
				SALES REGISTER			BILL WEEK ENDING	10/26/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
014040	10/10/10	000170	TARRESTENDENCE CARE GVOM	EDMG MIGHANEN DODIG	20 00		210 00 T	
214042	10/19/12	000172	INDEPENDENCE CARE SYST	TEMS MUSHAYEV, BORIS	20.00		318.00 I	
				CATEGORY	20.00	0.00	318.00	

RUN DATE 10/24/12	2 - SUP SUNN	NYSIDE CITYWIDE					PAGE 1	- 32	7
SALES JRNL # 0304	1 LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCS VNSNY CHO	DICE SI	ELECTHEALTH
			SALES	REGISTER			BILL WEEK EN	OING :	10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	R	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214043 10/19/12	2 000170	VNSNY CHOICE SELECT	HEALTH KA	ARASSAVIDES, A	35.00		600.60	I	
				CATEGORY	35.00	0.00	600.60		

RUN DATE	RUN DATE 10/24/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 328											
SALES JR	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG N	IY NY			PAR PRIVATE				
			S	SALES	REGISTER			BILL WEEK EN	DING	10/26/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS		
214044	10/19/12	000002	SUNNYSIDE COMMUNITY SERV	RVICES	CAGAN, RUMANDO	4.00		58.00	I			
214045	9/14/12	000002	SUNNYSIDE COMMUNITY SERV	RVICES	ESCOBAR, MARIA	4.00		58.00	I			
214046	10/19/12	000002	SUNNYSIDE COMMUNITY SERV	RVICES	ESCOBAR, MARIA	8.00		116.00	I			
214047	10/19/12	000002	SUNNYSIDE COMMUNITY SERV	RVICES	FREEDMAN, SHIRL	4.00		58.00	I			
214048	10/19/12	000002	SUNNYSIDE COMMUNITY SERV	RVICES	GENAO, ANTONIO	3.50		50.75	I			
214049	10/19/12	000002	SUNNYSIDE COMMUNITY SERV		RICKS, WALTER	8.00		116.00	I			
214050	10/12/12	000002	SUNNYSIDE COMMUNITY SERV		RIZZO, SALVATOR	3.00		43.50	I			
214051	10/19/12	000002	SUNNYSIDE COMMUNITY SERV		RIZZO, SALVATOR	7.25		105.13	Ī			
	,,											
					CUSTOMER	41.75	0.00	605.38				
					CODICHER	11.75	0.00	003.30				
214052	10/19/12	000040	DUISIN, CHRISTINE		DUISIN, XENIA	20.00		310.00	I			
211032	10/12/12	000010	DOIDIN, CHRIDIINE		DOIDIN, ZENIA	20.00		310.00	_			
214053	10/19/12	000049	DOMINICAN SISTERS FAM HI	п.ти	MORSHELINA, NAS	15.00		217.50	I			
214033	10/12/12	000045	DOMINICAN SISTERS FAM III	шш	MORSHELLINA, NAS	13.00		217.50	_			
214054	10/19/12	000078	MCDERMOTT, LOUISE		MCDERMOTT, LOUI	8.00		124.00	I			
214034	10/19/12	000076	MCDERMOII, LOUISE		MCDERMOII, LOUI	0.00		124.00	Τ.			
					CATECODY	0175	0.00	1 256 00				
					CATEGORY	84.75	0.00	1,256.88				

RUN DATE 10/24/12 - SALES JRNL # 0304		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 3 CAS CHILDREN'S AI BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214055 10/19/12 214056 10/19/12 214057 10/19/12 214058 10/19/12	000088 000088 000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	DUNNE, MYEISHA SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN	25.00 27.75 13.50 13.00		387.50 I 430.13 I 209.25 I 201.50 I	
			CUSTOMER	79.25	0.00	1,228.38	
			CATEGORY	79.25	0.00	1,228.38	

RUN DATE 10/24/12 - SALES JRNL # 0304	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 330 PAR PRIVATE BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214059 10/19/12	000098 MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I
		CATEGORY	20.00	0.00	310.00

RUN DATE 10/24/12 - SALES JRNL # 0304	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWID	E REGNY NY SALES REGISTER			PAGE 1 - ELD ELDERSERVE BILL WEEK ENDI	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214060 10/19/12 214061 10/19/12	000101 ELDERSERVEHEALTH 000101 ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	20.00		285.00 285.00	I I
		CUSTOMER	40.00	0.00	570.00	
		CATEGORY	40.00	0.00	570.00	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 332 PAR PRIVATE BILL WEEK ENDING 10/26/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214062 10/19/12	000143 ETTORE COPPOLA	COPPOLA, ETTORE	20.00	310.00 I
		CATEGORY	20.00 0.00	310.00

RUN DATE 10/24/12 SALES JRNL # 0304			G NY NY E S R E G I S T E R			PAGE 1 CCM COMPREHE BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214063 10/12/12 214064 10/19/12 214065 10/19/12 214066 10/19/12 214067 10/19/12 214068 10/19/12	000150 000150 000150 000150	COMPREHENSIVE CARE MANAGEMEN	T BONES, ANA T MELAMED, ESTER T PAUL, PUTUL T PULLIAM, WILLIE	4.00 20.00 16.00 1.00 24.00 29.75		56.40 282.00 225.60 14.10 338.40 419.48	I I I I I	
			CUSTOMER	94.75	0.00	1,335.98		
			CATEGORY	 94.75	0.00	1,335.98		

			YSIDE CITYWIDE					- 3	34
SALES JRN	NL # 0304	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE		10/05/10
				SALES REGISTER			BILL WEEK EN	DING	10/26/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214069	10/19/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
214070	10/19/12	000167	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
214071	10/19/12	000179	DOROTHY TABICKMAN	TABICKMAN, DORT	12.00		186.00	I	
214072	9/28/12	000181	EDELMAN, MILDRED	EDELMAN, MILDRE	10.00		155.00	I	
214073	10/05/12	000181	EDELMAN, MILDRED	EDELMAN, MILDRE	12.00		204.00	I	
214074	10/05/12	000181	EDELMAN, MILDRED	EDELMAN, MILDRE	20.00		310.00	I	
214075	10/12/12	000181	EDELMAN, MILDRED	EDELMAN, MILDRE	20.00		310.00	I	
214076	10/19/12	000181	EDELMAN, MILDRED	EDELMAN, MILDRE	32.00		514.00	I	
				CUSTOMER	94.00	0.00	1,493.00		
214077	10/19/12	000183	STEPHEN EDEL	EDEL, CANDACE	81.00		1,279.50	I	
214078	10/19/12	000189	RHONDA SCHWARTZ	SCHORR, NORMA	6.75		104.63	I	
				CATEGORY	368.75	0.00	7,077.13		

RUN DATE 10/24/1	2 - SUP SUNN	NYSIDE CITYWIDE					PAGE 1	- 335
SALES JRNL # 030	4 LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			HHH HHH HOME	CARE INC.
			SALES	REGISTE	R		BILL WEEK END	ING 10/26/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	1	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
214079 10/19/1	2 000192	HHH LONG TERM HOME H	LTH CARE TO	OVAR, ELENA	29.00		435.00	I
				CATEGORY	 29.00	0.00	435.00	

	10/24/12 · NL # 0304	- SUP SUNN LOC 001	IYSIDE CITYWIDE REG SUNNYSIDE CITYWIDE REG SALE	NY NY S R E G I S T E	R		PAGE 1 PAR PRIVATE BILL WEEK ENI	- 3	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214080	10/19/12	000193	ALZHEIMER'S ASSOCIATION, NYC	ESPINOZA, LUPE	20.00		310.00	I	
214081	10/19/12	000197	KLEA THEOHARIS	THEOHARIS, ARIS	18.00		279.00	I	
214082	10/19/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
214083	10/19/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
214084	10/19/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
214085	10/19/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	19.25		259.88	I	
214086	10/19/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
214087	10/19/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
214088	10/19/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
214089	10/19/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
214090	10/19/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
214091	10/19/12	010375	DOMINICA IRAOLA	IRAOLA, LILIAN	12.00		192.75	I	
214092	10/19/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	11.00		176.50	I	
214093	10/19/12	010529	STEPHEN WEISS	WEISS, STELLA	6.00		102.00	I	
214094	10/19/12	010530	DANA SITILDES	ANSELMI, PETER	28.00		446.00	I	
214095	10/19/12	011016	MICHAEL SIANO	SIANO, ANDREW	30.00		405.00	I	
214096	10/19/12	011027	SALVATORE DINARO	DINARO, SALVATO	12.00		186.00	I	
214097	10/19/12	011060	ROBIN WARREN CHARLES	WARREN, CYNTHIA	133.00		2,118.50	I	
214098	10/19/12	011245	SHEEHAN MARGARET	SHEEHAN, MARGAR	1.00		15.50	I	
214099	10/19/12	011536	CARNEY ELIZABETH	CARNEY, ELIZABE	13.50		209.25	I	
214100	10/19/12	011542	LUCY SAMPOGNA	SAMPOGNA, LUCY	23.00		371.50	I	
				– CATEGORY	427.75		6,694.38		
				_	23,322.42		359,801.25		
				_	23,322.42		359,801.25		
					- /		,		

RUN DATE 10/24/12 - SUP SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 10/26/12

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

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