RUN DATE 11/14/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0307 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 11/16/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ALVAREZ, ANGELA SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS 4.00 215845 10/19/12 000082 SENIOR HEALTH PARTNERS 57.00 I 215846 11/09/12 000082 4.00 56.96 I 11/09/12 40.00 570.00 I 215847 000082 215848 11/09/12 000082 22.00 313.50 215849 11/09/12 000082 25.00 356.25 215850 11/09/12 498.75 000082 35.00 215851 11/09/12 000082 24.00 342.00 215852 11/09/12 000082 3.00 600.00 215853 11/09/12 000082 33.00 470.25 215854 11/09/12 000082 135.00 1,923.75 215855 11/09/12 000082 23.00 327.75 3.00 215856 11/09/12 000082 42.75 215857 11/09/12 000082 4.00 800.00 215858 11/09/12 000082 76.00 1,083.00 215859 11/09/12 000082 12.00 171.00 215860 11/09/12 16.00 227.84 000082 215861 11/09/12 25.00 356.25 000082 215862 11/09/12 000082 8.00 114.00 11/09/12 40.00 570.00 215863 000082 57.00 215864 11/02/12 000082 4.00 4.00 215865 11/02/12 000082 57.00 215866 11/09/12 000082 12.00 171.00 I _____ _____ 552.00 0.00 CUSTOMER 9,166.05

CATEGORY

552.00 0.00

9,166.05

RUN DATE 11/14/12 - SUP SUNNYSIDE CITYWIDE		PAGE 1 -	2
SALES JRNL # 0307 LOC 001 SUNNYSIDE CITYWIDE REG NY NY		VCP CHOICE LHCSA	
SALES REGISTER		BILL WEEK ENDING	11/16/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215867 11/09/12 000008 VISITING NURSE SERVICE ABINANTI, IRENE 56.00		816.48 I	
215868 11/09/12 000008 VISITING NURSE SERVICE ABREU, ANA 12.00		174.96 I	
215869 11/09/12 000008 VISITING NURSE SERVICE ACOSTA, ALBERTO 29.25		426.48 I	
215870 11/09/12 000008 VISITING NURSE SERVICE ADAMES, OLGA 15.00		218.70 I	
215871 11/09/12 000008 VISITING NURSE SERVICE ADAMES, RICARDO 10.00		145.80 I	
215872 11/09/12 000008 VISITING NURSE SERVICE ADAMS, MYRIAM 63.50		925.84 I	
215873 11/09/12 000008 VISITING NURSE SERVICE ADUN, JEANETTE 7.00		1,224.72 I	
CUSTOMER 192.75	0.00	3,932.98	
		,	
CATEGORY 192.75	0.00	3,932.98	

RUN DATE 11/14/12 - SUP SUNNYSIDE CITYWIDE			PAGE 1 - 3
SALES JRNL # 0307 LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	SALES REGISTER		BILL WEEK ENDING 11/16/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215874 11/09/12 000008 VISITING NURSE SERVI	CE AGUILAR, ZORAID	40.00	583.20 I
	CATEGORY	40.00 0.00	583.20

			YSIDE CITYWIDE				11101	-	4
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		11/16/10
				SALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
015075	11/00/12	000000	VICTURAL NUMBER OFFICE	ACIITI AD DOOGE	21 00		206 10	-	
215875 215876	11/09/12 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		21.00 16.00		306.18 233.28	I	
	, ,,,								
				CUSTOMER	37.00	0.00	539.46		
				CATEGORY	37.00	0.00	539.46		

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	5
SALES JRI	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	3 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
215877	11/09/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	6
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	77 /7 / 7 / 7
		S	ALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215878 11/09/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	29.50		430.12 I	
			CATEGORY	29.50	0.00	430.12	

RUN DA'	TE 11/14/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 7	
SALES	JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			2	SALES REGISTER			BILL WEEK ENDING 11/16/12	
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215879	11/09/12	800000	VISITING NURSE SERVICE	ALVARADO, EUFEM	9.25		134.87 I	
				CATEGORY	9.25	0.00	134.87	

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	_	8
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA	
			5	SALES REGISTER			BILL WEEK END	ING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP	SURPLUS
215880	11/09/12	800000	VISITING NURSE SERVICE	ALVAREZ, DALILA	9.00		131.22	I	
				CATEGORY	9.00	0.00	131.22		

RUN DATE 11/14/12 SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADU BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215881 10/19/12 215882 11/02/12 215883 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ALVAREZ, NAZARE	8.00 8.00 55.25		116.64 I 116.64 I 805.55 I	
			CUSTOMER	71.25	0.00	1,038.83	
			CATEGORY	71.25	0.00	1,038.83	

RUN DATE 11/14/		NYSIDE CITYWIDE				PAGE 1	- 10
SALES JRNL # 030)7 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
		S	SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215884 11/09/2	12 000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	24.50		357.22	I
215885 11/09/3	12 000008	VISITING NURSE SERVICE	ANDINO, ESTEBAN	16.00		233.28	I
215886 11/09/3	12 000008	VISITING NURSE SERVICE	ANDRADE, LOLA	71.50		1,042.48	I
215887 11/09/3	12 000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I
215888 11/09/	12 000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24	I
			CUSTOMER	196.00	0.00	2,857.70	
			CATEGORY	196.00	0.00	2,857.70	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			1 - 11 HOMEW/O WALLS (LT NDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	X AMT AMOUNT	TYP SURPLUS
215889 11/09/12 215890 11/09/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	20.00 60.00	291.60 874.80	
		CUSTOMER	80.00	0.00 1,166.40	
		CATEGORY	80.00	0.00 1,166.40	

RUN DATE 11/14/12 - SALES JRNL # 0307			DEC MY MY			PAGE 1 - 12	
SALES URNL # USU/	TOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 11/16/1	2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
215891 11/09/12 215892 11/09/12 215893 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	AOUN, ODETTE ARGENTINA, CESS ARIAS, MAGDALEN	12.00 8.00 29.50		174.96 I 116.64 I 430.11 I	
			CUSTOMER	49.50	0.00	721.71	· -
			CATEGORY	49.50	0.00	721.71	_

RUN DATE 11/14/12 -						PAGE 1 -	13
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			ADU ADULT BILL WEEK ENDIN	C 11/16/10
		5 1	ALES KEGISIEK			DILL MERY FINDIN	J 11/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215004 11/00/12	00000	WESTERING MUDGE SERVICE	A CARDOUR TANK GOD	20.00		427.40 -	
215894 11/09/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 11/14/12						PAGE 1 -	
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	₹		BILL WEEK END	OMEW/O WALLS (LT
		~		.•		5111 N.111 1115	11, 10, 11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
215895 10/05/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	8.00		116.64	I
215896 10/12/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	8.00		116.64	I
215897 10/26/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	16.00		233.28	I
215898 11/09/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	48.00		699.84	I
215899 11/09/12	000008	VISITING NURSE SERVICE	AZAD, ABUL	18.50		269.74	I
						1 426 14	
			CUSTOMER	98.50	0.00	1,436.14	
			CATEGORY	98.50	0.00	1,436.14	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	15
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
				SALES REGISTER			BILL WEEK ENDIN	G 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215900	11/09/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	1	.6
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		•
		S	SALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215901 11/09/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I	
215902 11/09/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	55.00		801.90	I	
			CUSTOMER	85.00	0.00	1,239.30		
			0021011211		0.00	_,233.33		
			CATEGORY	85.00	0.00	1,239.30		

RUN DATE 11/14/12 -						PAGE 1 - 17	
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 11/16/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215903 11/09/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	50.00		729.00 I	
215904 11/09/12	800000	VISITING NURSE SERVICE	BATISTA, JULIAN	6.50		94.77 I	
			CUSTOMER	56.50	0.00	823.77	
			CATEGORY	56.50	0.00	823.77	

RUN DATE 1	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
SALES JRNI	4 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	11/16/12
TMTOTOTH	DAME	CITCH NO	GIGEOMED NAME	REFERENCE	HOURS	m 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AMOTINE END	CLIDDI HC
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215905 1	11/09/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	41.75		608.72 I	
				CATEGORY	41.75	0.00		

RUN DATE 11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	19
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		5	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215906 10/26/12	000008	VISITING NURSE SERVICE	BAZAN, VICTORIA	7.00		102.06 I	
215907 11/02/12	800000	VISITING NURSE SERVICE	BAZAN, VICTORIA	14.00		204.12 I	
215908 11/09/12	800000	VISITING NURSE SERVICE	BAZAN, VICTORIA	42.00		612.36 I	
			CUSTOMER	63.00	0.00	918.54	
			CATEGORY	63.00	0.00	918.54	

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
215909 11/02/12 215910 11/09/12 215911 11/09/12 215912 11/09/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BECERRA, FELIPE BECERRA, FELIPE BELLOROFONTE, M BERENBLIT, SARA	8.00 37.00 151.00 6.00		116.64 539.46 2,201.58 87.48	I I I	
			CUSTOMER	202.00	0.00	2,945.16		
			CATEGORY	202.00	0.00	2,945.16		

RUN DATE 11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	21
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	I/O WALLS (LT
		5	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215913 11/09/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	33.00		481.14 I	
			CATEGORY	33.00	0.00	481.14	

RUN DATE 11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA
		S	SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215914 10/12/12	000008	VISITING NURSE SERVICE	BHATT, JYOTI	6.00		87.48	I
215915 11/09/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	36.00		524.88	I
			CUSTOMER	42.00	0.00	612.36	
			COSTOMER	42.00	0.00	012.30	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 11/14/12 -						PAGE 1 -	23
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOM	
		'	SALES REGISIER			BILL WEEK ENDIN	IG 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
015016 11 /00 /10	000000		D D.C	20.00		425 40 7	_
215916 11/09/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40	-
			CATEGORY	30.00	0.00	437.40	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
SALES JRN	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	IG 11/16/12
T1770 T GT	D.3.000	GTTGT 370	GIIGEOMED MANGE		******		3.40TPT	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215917	11/09/12	000008	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60 I	
213711	11/0//12	000000	VISITING NORSE SERVICE	DIANCO HOPKINS,	20.00		271.00 1	
				CATEGORY	20.00	0.00	291.60	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 25 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215918 11/02/12 215919 11/09/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	8.00 32.00	116.64 I 466.56 I
		CUSTOMER	40.00 0.00	583.20
		CATEGORY	40.00 0.00	583.20

RUN DATE 11/14/12 -						PAGE 1 -	26
SALES JRNL # 0307	LOC 001		REG NY NY			VCP CHOICE LHCSA	
		S	ALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215920 11/09/12	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

	/14/12 - SUP SUNN		556 357			PAGE 1 -	27
SALES JRNL #	‡ 0307 LOC 001	SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			ADU ADULT BILL WEEK ENDING	G 11/16/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
215921 11/	09/12 000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 28 VCP CHOICE LHCSA BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215922 11/09/12	000008 VISITING NURSE SERVICE	BOJORQUEZDECHA,	30.00	437.40 I
		CATEGORY	30.00 0.00	437.40

RUN DATE 11/14/12 - SUP SUNNYS SALES JRNL # 0307 LOC 001	SIDE CITYWIDE SUNNYSIDE CITYWIDE REG N	Y NY			PAGE ADU ADULT	1 -	29
SALES URNL # 0307 LOC 001	S A L E S				BILL WEEK I	ENDING	11/16/12
INVOICE# DATE CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUN	TYP	SURPLUS
215923 11/09/12 000008 V	VISITING NURSE SERVICE	BONILLA, ESPERA	49.50		721.73	. I	
		CATEGORY	49.50	0.00	721.7		

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	30
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			5	SALES REGISTER			BILL WEEK END	ING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215924	11/09/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WAI	LLS (LT
			i	SALES REGISTER			BILL WEEK ENDING 11/16	5/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
015005	11 /00 /10				05 00		264.50	
215925	11/09/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CA EECODY	25 20	0.00	264 50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 11/14/12 -			DEG NW NW			PAGE 1 - 3	2
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215926 11/02/12 215927 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BORGES, MARINA BORGES, MARINA	2.75 8.50		40.10 I 123.94 I	
213327 11703712	00000	VIBILING NORDE BERVICE	CUSTOMER	11.25	0.00	164.04	
			CATEGORY	11.25	0.00	164.04	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	33	
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA		
			5	SALES REGISTER			BILL WEEK END	ING	11/16/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
215928	11/09/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96	I		
				CATEGORY	12.00	0.00	174.96			

RUN DATE 11/14/12 -		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	34 MEW/O WALLS (LT
SALES OIGH # 0507	100 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215929 11/09/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30	I
			CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1	-	35
SALES JRI	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		VCP CHOICE L		
				SALES REGISTE	R		BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215930	11/09/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	43.00		626.94	I	
215931	11/09/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	81.50		1,188.29	I	
215932	11/09/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22	I	
215933	11/09/12	800000	VISITING NURSE SERVICE	BURITICA, INES	12.00		174.96	I	
215934	11/09/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	55.75		812.84	I	
				CUSTOMER	201.25	0.00	2,934.25		
				CATEGORY	201.25	0.00	2,934.25		

RUN DATE 11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 36
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H	HOME W/O WALLS LT
			SALES REGISTER			BILL WEEK EN	DING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215935 11/02/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	8.00		116.64	I
215936 11/09/12	000008	VISITING NURSE SERVICE	•	56.00		816.48	Ī
			CUSTOMER	64.00	0.00	933.12	
			CATEGORY	64.00	0.00	933.12	

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	37
SALES JRI	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215937	11/09/12	000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
215938	11/09/12	800000	VISITING NURSE SERVICE	CAIPO, MATILDE	37.25		543.12 I	
				CUSTOMER	47.25	0.00	688.92	
				COBTOLLER	17.23	0.00	000.72	
				CATEGORY	47.25	0.00	688.92	

RUN DATE 11/14/12 - SUP SUNN SALES JRNL # 0307 LOC 001		N157 N157			PAGE ADU ADULT	1 -	38
SALES JRNL # 0307 LOC 001	SUNNYSIDE CITYWIDE REG I S A L E :				BILL WEEK E	NDING	11/16/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215939 11/09/12 000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60	I	
						_	
		CATEGORY	70.00	0.00	1,020.60		

RUN DATE 11/14/12 - SALES JRNL # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	
		S	SALES REGISTER			BILL WEEK END	OING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215940 11/09/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	35.25		513.95	I
215941 11/02/12	000008	VISITING NURSE SERVICE	,	8.00		116.64	I
215942 11/09/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	55.25		805.55	
			CUSTOMER	98.50	0.00	1,436.14	
			CATEGORY	98.50	0.00	1,436.14	

SUP SUNNYSIDE CITYWIDE			PAGE 1 - 40
LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	SALES REGISTER		BILL WEEK ENDING 11/16/12
CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
000008 VISITING NURSE SERVICE	CANO, ADELINA	41.75	608.72 I
	CATEGORY	41.75 0.00	608.72
C	OC 001 SUNNYSIDE CITYWIDE UST NO CUSTOMER NAME	OC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R UST NO CUSTOMER NAME REFERENCE 00008 VISITING NURSE SERVICE CANO, ADELINA	OC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R UST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 00008 VISITING NURSE SERVICE CANO, ADELINA 41.75

RUN DATE 11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	41
SALES JRNL # 0307	LOC 001		REG NY NY			VCP CHOICE LHCS	
		2	SALES REGISTER			BILL WEEK ENDIN	G 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215944 11/09/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
			CATEGORY	84.00	0.00	1,224.72	

ı	RUN DATE 11/1	4/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 42	
ı	SALES JRNL #	0307 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O V	VALLS (LT
ı			5	SALES REGISTER			BILL WEEK END	ING 11,	16/12
	INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SU	JRPLUS
	215945 11/0	9/12 000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30	I	
				CATEGORY	35.00	0.00	510.30		

RUN DATE 1	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	43
SALES JRNL	<u> </u>	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
				SALES REGISTER			BILL WEEK ENI	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215946 1	L1/09/12	000008	VISITING NURSE SERVI	CE CARDOSO, ORLAND	78.50		1,144.53	I	
215947 1	L1/09/12	800000	VISITING NURSE SERVI	CE CARDOZA, ANAIDA	18.00		262.44	I	
215948 1	L1/09/12	800000	VISITING NURSE SERVI	CE CARELA-REYES, M	25.00		364.50	I	
				CUSTOMER	121.50	0.00	1,771.47		
				CATEGORY	121.50	0.00	1,771.47		

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRI	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDI	NG 11/16/12
		~~						
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215949	10/12/12	000008	VISITING NURSE SERVICE	CARLOS, JULIA	8.00		116.64	.
213949	10/12/12	000008	VISITING NURSE SERVICE	CARLOS, UULIA	0.00		110.04	L
				CATEGORY	8.00	0.00	116.64	
				CITEGOICI	0.00	0.00	110.01	

RUN DATE 1 SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE VCP CHOICE D BILL WEEK ED		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215950 1	11/09/12	800000	VISITING NURSE SERVICE	CARLOS, JULIA	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN I	DATE 11/14/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 46
SALES	3 JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE A	ADULT
			S	SALES REGISTE	R		BILL WEEK END	ING 11/16/12
INVOI	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
21595	51 11/09/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	36.00		524.88	I
				CATEGORY	36.00	0.00	524.88	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWI	DE REGNY NY SALES REGIST	E. R		PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	
215952 11/09/12	000008 VISITING NURSE SE	RVICE CARTAGENA, FRAN	48.00		699.84 I	
		CATEGORY	48.00	0.00	699.84	

RUN DATE 11/14/12 - SALES JRNL # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	48
SALES VINE # 0507	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215953 11/09/12 215954 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CEBALLOS, CLEME CERNILLI, MARIA	20.00 34.75		291.60 I 506.66 I	
215954 11/09/12 215955 11/09/12	000008	VISITING NURSE SERVICE	CESPEDES, CRIST	29.50		430.11 I	
			CUSTOMER	84.25	0.00	1,228.37	
			CATEGORY	84.25	0.00	1,228.37	

	SUP SUNNYSIDE CITYWIDE					PAGE 1 -		
SALES JRNL # 0307	LOC 001 SUNNYSIDE CI		NY			LAD NURSING HO		
		SALES	REGISTER			BILL WEEK END	ING 1	.1/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	RE	FERENCE	HOURS	TMA XAT	AMOUNT :	TYP	SURPLUS
215956 11/09/12	000008 VISITING NURS	E SERVICE CHA	PPLE, VICKIE	16.00		233.28	I	
			CATEGORY	16.00	0.00	233.28		

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	50
SALES JRN	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	Δ
				SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215957	11/09/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
							425 40	
				CATEGORY	30.00	0.00	437.40	

DATE 11/14/12 - SUP SUNNYSIDE CITYWIDE	PAGE 1 - 51
S JRNL # 0307 LOC 001 SUNNYSIDE CITYWIDE REG NY NY	LAD NURSING HOME W/O WALLS LT
SALES REGISTER	BILL WEEK ENDING 11/16/12
ICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS T	AX AMT AMOUNT TYP SURPLUS
50 11/00/10 000000 VITOTETVO NEDOT ORDIVIOR	010 00 -
58 11/09/12 000008 VISITING NURSE SERVICE CHARLES, JOSE 15.00	218.70 I
CATEGORY 15.00	0.00 218.70

RUN DATE 11/14/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	- 52
SALES JRNL # 0307	LOC 001		REG NY NY			VCP CHOICE LHO	
			SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
215959 11/09/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	69.75		1,016.96	I
			CATEGORY	69.75	0.00	1,016.96	

RUN DATE 11/14/12 - SALES JRNL # 0307		ITYWIDE SIDE CITYWIDE REG	NY NY			PAGE 1 LTC NURSING H	- 53 OMEW/O WALLS (LT
		-	S REGISTER			BILL WEEK END	- , -,
INVOICE# DATE	CUST NO CUSTOME		REFERENCE	HOURS	TAX AMT		TYP SURPLUS
215960 11/09/12	000008 VISITIN	NG NURSE SERVICE	CHIANETTA, JOSE	35.00		510.30	I
			CATEGORY	35.00	0.00	510.30	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	5 2
SALES ORNE # 0307	HOC 001		SALES REGISTER			BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
215961 11/09/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	24.00		349.92	I
215962 11/09/12	000008	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20 437.40	I
215963 11/09/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	30.00		437.40	
			CUSTOMER	94.00	0.00	1,370.52	
			CATEGORY	94.00	0.00	1,370.52	

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 55	
SALES JRI	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 1	1/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215964	11/09/12	00000	VISITING NURSE SERVICE	E COLEMAN TAMEC	6 00		87.48 I	
215964	11/09/12	000008	VISITING NURSE SERVICE	E COLEMAN, JAMES	6.00		87.48 1	
				CATEGORY	6.00	0.00	87.48	
				CATEGORI	0.00	0.00	37.10	

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 56	
SALES JRN	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (L'	Т
				SALES REGISTER			BILL WEEK EN	DING 11/16/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
215965	11/09/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I	
215966	11/09/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	20.00		291.60	I	
215967	11/09/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I	
							1 105 56		
				CUSTOMER	82.00	0.00	1,195.56		
				CATEGORY	82.00	0.00	1,195.56		

ı	RUN DATE 11/1	4/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 5'	7
ı	SALES JRNL #	0307 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
ı			S	SALES REGISTER			BILL WEEK ENDING	11/16/12
ı								
ı	INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı								
ı	215968 11/0	9/12 000008	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
ı								
ı								
ı				CATEGORY	168.00	0.00	2,449.44	
- 1								

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 58 LTC NURSING HOMEW/O WALLS (LT	
TATIOT GELL DAME	GUGE NO	-	ALES REGISTER	HOHD	CD 3.7 3.MCD	BILL WEEK ENDING 11/16/12	
INVOICE# DATE 215969 11/09/12	O00008	CUSTOMER NAME VISITING NURSE SERVICE	REFERENCE CORREA, MARGARI	HOURS 30.00	TAX AMT	AMOUNT TYP SURPLUS 437.40 I	
213909 11/09/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		457.40 1	
			CATEGORY	30.00	0.00	437.40	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R		PAGE 1 - 59 VCP CHOICE LHCSA BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215970 11/09/12	000008 VISITING NURSE SERVICE	COSTA, ANTOINET	20.00	291.60 I
		CATEGORY	20.00 0.00	 291.60

RUN DATE 11/14/12 -						PAGE 1 - 60	/
SALES JRNL # 0307	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WAS	,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
215971 11/09/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 11/14/12 - SU	UP SUNNYSIDE CITYWIDE			PAGE 1 - 61
SALES JRNL # 0307 LC	OC 001 SUNNYSIDE CITYWIDE	REG NY NY		HOA HOSPICE ADULT
	S	ALES REGISTER		BILL WEEK ENDING 11/16/12
INVOICE# DATE CU	UST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215972 11/09/12 00	00008 VISITING NURSE SERVICE	COX, PETRA	12.00	174.96 I
		CATEGORY	12.00 0.00	174.96

RUN DATE 11/14/12						PAGE 1 -	~ —
SALES JRNL # 0307	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
TATIOT CELL DAME	GIIGE NO	CHICHOMED NAME	DEFENDINGE	HOHDG	max ave		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
215973 11/09/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	61.25		893.03 I	
			CATEGORY	61.25	0.00	893.03	

RUN DATE 1	1/14/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	63
SALES JRNL	# 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			Ş	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215974 1	1/09/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	33.50		488.44 I	
				CATEGORY	33.50	0.00	488.44	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 - VCP CHOICE LHCS.	64
SALES URNL # USU/	LOC UUI		-	EGISTE	E R		BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215975 11/09/12 215976 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	JUANA LIDIA	19.75 32.00		287.96 I 466.56 I	
		VIDITING NONDE DERVIOE	01.027	CUSTOMER	51.75	0.00	754.52	
				_				
				CATEGORY	51.75	0.00	754.52	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 65 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215977 11/09/12 215978 11/09/12	000008 VISITING NURSE SERVI 000008 VISITING NURSE SERVI	•	24.50 56.00		357.21 I 816.48 I
		CUSTOMER	80.50	0.00	1,173.69
		 CATEGORY	80.50	0.00	1,173.69

RUN DATE 11/14/12							66
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	11/16/12
			SALES KEGISIEK			BIDD WEEK ENDING	11/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215979 10/26/12	000008	VICIBING NUDGE GEDVICE	DAVIC LOUELLEN	6 00		87.48 I	
215979 10/26/12 215980 11/09/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 42.00		612.36 I	
213300 11,03,12	00000	VIBILING NONDE DERVIOE					
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 11/14							67
SALES JRNL # 0:	307 LOC 001		REGNY NY SALES REGISTER			CCL CONGREGATE CA	
						DIDD WEEK BREING	11/10/12
INVOICE# DATE	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215981 11/09	/12 000008	VISITING NURSE SERVICE	DE LA HOZ, RUTH	3.00		43.74 I	
			CATEGORY	3.00	0.00	43.74	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215982 11/09/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 69 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215983 11/09/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04 I
			CATEGORY	38.00	0.00	 554.04

-			YSIDE CITYWIDE					- 70
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	HCSA
			S	ALES REGISTER			BILL WEEK ENI	DING 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215984	11/09/12	800000	VISITING NURSE SERVICE	DELOSSANTOS, MA	30.00		437.40	I
215985	10/12/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I
215986	10/26/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I
215987	11/02/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	8.00		116.64	I
215988	11/09/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I
215989	11/09/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	28.00		408.24	I
				CUSTOMER	94.00	0.00	1,370.52	
				CATEGORY	94.00	0.00	1,370.52	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 71 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215990 11/09/12	000008 VISITING NURSE SERVICE	DERAMIREZ, MERC	3.00		43.74 I
		CATEGORY	3.00	0.00	43.74

RUN DATE 11/14/12 -			556 199			PAGE 1 - 72
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215991 11/09/12 215992 11/09/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	7.00 56.75		102.06 I 827.42 I
			CUSTOMER	63.75	0.00	929.48
			CATEGORY	63.75	0.00	929.48

RUN DATE 11/14/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	73
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	ME W/O WALLS LT
			SALES REGISTER			BILL WEEK ENDIN	IG 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215993 11/09/12	000008	VISITING NURSE SERVICE	DIAZ, HILDA	43.50		634.23	-
			CATEGORY	43.50	0.00	634.23	

	11/14/12 NL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		74
			2	SALES REGISTER			BILL WEEK END	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215994	11/09/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I	
215995	11/09/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	52.00		758.16	I	
215996	11/09/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	42.00		612.36	I	
215997	11/09/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	74.00		1,078.92	I	
215998	11/09/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	40.25		586.85	I	
215999	11/09/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	15.75		229.64	I	
				CUSTOMER	259.00	0.00	3,776.23		
				CATEGORY	259.00	0.00	3,776.23		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER		PAGE 1 - 75 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216000 11/09/12	000008 VISITING NURSE SERVICE	DUTAN, SELINDA	40.00	583.20 I
		CATEGORY	40.00 0.00	583.20

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 7	6
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216001	11/09/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	15.00		218.70 I	
				CATEGORY	15.00	0.00		

RUN DATE 11/14/12 - SU	P SUNNYSIDE CITYWIDE			PAGE 1	- 77
SALES JRNL # 0307 LO	C 001 SUNNYSIDE CITYWIDE REG	NY NY		VCP CHOICE LE	ICSA
	S A L E	S REGISTER		BILL WEEK ENI	ING 11/16/12
INVOICE# DATE CU	ST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT	TYP SURPLUS
216002 11/09/12 00	0008 VISITING NURSE SERVICE	ECHEGARAY, MARI	21.00	306.18	I
		CATEGORY	21.00 0	.00 306.18	

				YSIDE CITYWIDE				PAGE 1 -	78
S	SALES JRN	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				S	SALES REGISTER			BILL WEEK ENDIN	IG 11/16/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
2	216003	11/09/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70	-
					CATEGORY	15.00	0.00	218.70	

RUN DATE 11/14/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 79
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216004 11/09/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I
			CATEGORY	20.00	0.00	291.60

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	1 –	80
SALES JRN	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE		
			5	SALES REGISTER			BILL WEEK E	NDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216005	11/09/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	27.50		400.95	I	
				CATEGORY	27.50	0.00	400.95		

RUN DATE 11/	/14/12 - S	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	81
SALES JRNL #	‡ 0307 L	OC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTE	R		BILL WEEK ENDI	NG 11/16/12
T1770 T GT D			anamourn white		************		3140TPT	
INVOICE# D	DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
216006 11/	/09/12 0	80000	VISITING NURSE SERVICE	ESPIN, CESAR	40.00		583.20	т
210000 11/	709/12 0	700008	VISITING NURSE SERVICE	ESPIN, CESAR	40.00		303.20	1
				CATEGORY	40.00	0.00	583.20	
I								

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	82 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216007 11/09/12	800000	VISITING NURSE SERVICE	ESPINAL, JOSE	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	83 § 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
216008 11/09/12	800000	VISITING NURSE SERVICE	ETTIN, RUTH	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/14/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 84
SALES JRNL # 0307	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHCSA
	S	SALES REGISTER		BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216009 11/09/12	000008 VISITING NURSE SERVICE	EVERETT, SHIRLE	21.00	306.18 I
		CATEGORY	21.00 0.00	306.18

RUN DATE 11/14/12 -						PAGE 1 -	85
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	3 11/16/10
		2	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
216010 11/02/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	10.00		145.80 I	
216011 11/02/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	20.00		291.60 I	
216012 11/09/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	59.75		871.16 I	
			CUSTOMER	89.75	0.00	1,308.56	
			CATEGORY	89.75	0.00	1,308.56	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	86
SALES JRN	r∟ # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE		
			5	SALES REGISTER			BILL WEEK E	NDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216013	11/09/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	2.50		36.45	I	
				CATEGORY	2.50	0.00	36.45	-	

	SIDE CITYWIDE REG NY	NY R E G I S T E R		HOA I	HOSPICE F	DULT	
CUST NO CUSTOME	ER NAME R	REFERENCE	HOURS I	TMA XAT	AMOUNT	TYP	SURPLUS
000008 VISITIN	NG NURSE SERVICE FA	ARO, JOSEPH	21.00		306.18	I	
		CATEGORY	 21 .00	0.00	306.18		
	LOC 001 SUNNY:	COC 001 SUNNYSIDE CITYWIDE REG NY S A L E S CUST NO CUSTOMER NAME	SALES REGISTER CUST NO CUSTOMER NAME REFERENCE : 000008 VISITING NURSE SERVICE FARO, JOSEPH	COC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R CUST NO CUSTOMER NAME REFERENCE HOURS 000008 VISITING NURSE SERVICE FARO, JOSEPH 21.00	COC 001 SUNNYSIDE CITYWIDE REG NY NY HOA F BILL CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 000008 VISITING NURSE SERVICE FARO, JOSEPH 21.00	COC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT 000008 VISITING NURSE SERVICE FARO, JOSEPH 21.00 306.18	LOC 001 SUNNYSIDE CITYWIDE REG NY NY HOA HOSPICE ADULT S A L E S R E G I S T E R HOURS TAX AMT AMOUNT TYP CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP 000008 VISITING NURSE SERVICE FARO, JOSEPH 21.00 306.18 I

RUN DATE 11/14/12 - SUP SUNNYSIDE CIT	TYWIDE		PAGE 1 - 88
SALES JRNL # 0307 LOC 001 SUNNYSI	DE CITYWIDE REG NY NY		CCL CONGREGATE CARE PROGRAM
	SALES REGI	S T E R	BILL WEEK ENDING 11/16/12
INVOICE# DATE CUST NO CUSTOMER	R NAME REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216015 11/09/12 000008 VISITING	G NURSE SERVICE FARO, VIRGI	NIA 15.00	218.70 I
	CATEG	ORY 15.00 0.00	218.70

				YSIDE CITYWIDE	DDG NV NV			PAGE 1 -	89
2	SALES URN	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG 11/16/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
2	216016	11/09/12	800000	VISITING NURSE SERVICE	FAROUGIAS, ANGE	9.00		131.22	I
					CATEGORY	9.00	0.00	131.22	

	11/14/12 - NL # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY S A L E S	NY REGISTER			PAGE 1 HOA HOSPICE A BILL WEEK ENI	ADULT	90 11/16/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
216017	11/09/12	800000	VISITING NURSE SERVICE	FAR	OUGIAS, EFTH	20.00		291.60	I		
					CATEGORY	20.00	0.00	291.60			

RUN DATE 11/14/12 -						PAGE 1 -	91
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216018 11/09/12	000008	VISITING NURSE SERVICE	E FAY, JULIA	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 11/14/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 -	92
SALES JRNL # 0307	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
	S	ALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE# DATE	CUSI NO CUSIOMER NAME	REFERENCE	HOURS	IAX AMI	AMOUNI IYP	SURPLUS
216019 11/09/12	000008 VISITING NURSE SERVICE	FERMIN, ORQUIDI	40.00		583.20 I	
		CATEGORY	40.00	0.00	583.20	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 93 CCL CONGREGATE CARE PR BILL WEEK ENDING 11/1	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	RPLUS
216020 11/09/12 216021 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	12.00 14.50		174.96 I 211.42 I	
			CUSTOMER	26.50	0.00	386.38	
			CATEGORY	26.50	0.00	386.38	

RUN DATE 11/14/12 - SUP SU SALES JRNL # 0307 LOC 00		EG NY NY			PAGE 1 - ADU ADULT	94
SALES URNL # 0307 LOC 00		ES REGISTER			BILL WEEK ENDIN	G 11/16/12
INVOICE# DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216022 11/09/12 000008	3 VISITING NURSE SERVICE	FIGUEREDO, JOSE	3.00		43.74 I	
		CATEGORY	3.00	0.00	43.74	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 95	
SALES JRNI	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			:	SALES REGISTER			BILL WEEK ENDING 11/16/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
01.6000							761 01 -	
216023	11/09/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.25		761.81 I	
				CATEGORY	52.25	0.00	761.81	
				CAILGORI	54.45	0.00	/01.01	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	
216024	11/09/12	000008	VISITING NURSE SERVICE	, 	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC: BILL WEEK ENDII	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
216025 11/09/12 216026 11/09/12 216027 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FOLLETTO, ROSIN FONG, ALEFINA FONTEBOA, GUILL	31.00 17.00 34.75		451.98 247.86 506.66	I I I
			CUSTOMER	82.75	0.00	1,206.50	
			CATEGORY	82.75	0.00	1,206.50	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 98 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216028 11/09/12 216029 11/09/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	44.00 35.00	641.52 I 510.30 I
		CUSTOMER	79.00 0.00	1,151.82
		CATEGORY	79.00 0.00	1,151.82

RUN DATE 11/14/12 - SALES JRNL # 0307	- 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 LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216030 11/02/12 216031 11/02/12 216032 11/09/12 216033 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GAID, ASILA GAID, ASILA GAID, ASILA GALLINA, VIRGIN	25.00 10.00 35.00 9.00		364.50 I 145.80 I 510.30 I 131.22 I	
			CUSTOMER	79.00	0.00	1,151.82	
			CATEGORY	79.00	0.00	1,151.82	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING	- 100 HOMEW/O WALLS (LT DING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216034 11/09/12 216035 11/09/12 216036 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLO, BENJAMIN GARAY, ANGELES GARCIA, OLGA	24.00 19.25 30.00		349.92 280.68 437.40	I I
			CUSTOMER	73.25	0.00	1,068.00	
			CATEGORY	73.25	0.00	1,068.00	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 101 ADU ADULT
	200 001		SALES REGISTER			BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216037 11/09/12 216038 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00		291.60 I 87.48 I
,			CUSTOMER	26.00	0.00	379.08
			CATEGORY	26.00	0.00	379.08

RUN DATE 11/14/12 -	SUP SUN	YSIDE CITYWIDE				PAGE 1 -	102
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
			SALES REGISTER			BILL WEEK ENDIN	IG 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216039 11/09/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 11/14/12 - SUP SUNNYSIDE CITYWIDE		PAGE 1 - 103
SALES JRNL # 0307 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTE	P	VCP CHOICE LHCSA BILL WEEK ENDING 11/16/12
		DIDD WEEK ENDING 11/10/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE	HOURS TAX A	MT AMOUNT TYP SURPLUS
216040 11/00/10 000000 WIGHTING WINGS GENERAL G	7 00	100 OC T
216040	7.00 49.00	102.06 I 714.42 I
TITOTIE OUT TO THE MORE BENTIES OF THE CENTER OF THE CENTE		
CUSTOMER	56.00 0.	00 816.48
CATEGORY	56.00 0.	00 816.48

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER			PAGE 1 - 104 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216042 11/09/12	800000	VISITING NURSE SERVICE	GERDES, WILLIAM	12.00		174.96 I
			CATEGORY	12.00	0.00	174.96

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R		PAGE 1 - 105 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216043 11/09/12	000008 VISITING NURSE SERVIC	E GIORGIO, WILLIA	48.75	710.78 I
		CATEGORY	48.75 0.00	710.78

	11/14/12 - L # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - CCL CONGREGATE	106
DALLS OWN	ш # 0507	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216044	11/09/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CAREGORY			016 40	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10)7
SALES JRN	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216045	11/09/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R		L	AGE 1 - 108 TC NURSING HOMEW/O W ILL WEEK ENDING 11/	•
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
216046 11/09/12 216047 11/09/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	GOMEZ, ROSANA GOMEZ, VICTORIA	34.00 33.00		495.72 I 481.14 I	
		CUSTOMER	67.00	0.00	976.86	
		CATEGORY	67.00	0.00	976.86	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 10 VCP CHOICE LHCSA BILL WEEK ENDING	9 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216048 11/09/12 216049 11/09/12 216050 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, CARLO	8.00 20.00 28.00		116.64 I 291.60 I 408.24 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 110 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216051 11/09/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELBA	25.00		364.50 I
			CATEGORY	25.00	0.00	364.50

RUN DATE 11/14/12 -	SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 11	1
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		i	SALES REGISTER			BILL WEEK ENDING	11/16/12
	GTTGT 170	GUGHOVED WAYE	255555	*******			G11D D1 11G
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216052 11/09/12	000008	VISITING NURSE SERVICE	GONZALEZ, EVA	12.00		174.96 I	
210052 11/09/12	000006	VISITING NURSE SERVICE	GONZALEZ, EVA	12.00		174.90	
			CATEGORY	12.00	0.00	174.96	
			0111200111		0.00	=:-•>0	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	12
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216053	11/09/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 11/14/12 - SALES JRNL # 0307	- 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 LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216054 10/12/12 216055 10/26/12 216056 11/02/12 216057 11/09/12 216058 11/09/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA GOYES, ELBA GOYES, ELBA GOYES, ELBA GRAVER, EDNA	4.00 4.00 8.00 20.00 40.00		58.32 I 58.32 I 116.64 I 291.60 I 583.20 I	
			CUSTOMER	76.00	0.00	1,108.08	
			CATEGORY	76.00	0.00	1,108.08	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	114
INVOICE# DATE	CUST NO	CUSTOMER NAME	ALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDIN	
216059 11/09/12	000008	VISITING NURSE SERVICE	GREENBAUM, MASA	42.25		616.01	I
			CATEGORY	42.25	0.00	616.01	

RUN DATE 11/14/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 115
SALES JRNL # 0307	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LAA LOMBARDI AIDS ADULT POPUL
		SALES REGISTER		BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216060 11/09/12	000008 VISITING NURSE SERVICE	GRESSINE, ARNOL	42.00	612.36 I
		CATEGORY	42.00 0.00	612.36

RUN DATE 11/1 SALES JRNL #	14/12 - SUP SUN 0307 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	116
SALES URNL #	0307 LOC 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	09/12 000008 09/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GUEVARA, ELENA GUTIERREZ, ANGE	84.00 79.75		1,224.72 1,162.76	[[
			CUSTOMER	163.75	0.00	2,387.48	
			CATEGORY	163.75	0.00	2,387.48	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	117
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDIN	G 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
01.000	11 100 110						000 10 -	
216063	11/09/12	000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	55.50		809.19 I	
				CA EECODY		0.00	000 10	
				CATEGORY	55.50	0.00	809.19	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 118	
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			Ş	SALES REGISTER			BILL WEEK ENDING 11/16/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
216064	11/09/12	800000	VISITING NURSE SERVICE	HARRISON, GLORI	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

RUN DATE 11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 119
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		5	SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216065 11/09/12	800000	VISITING NURSE SERVICE	HARRISON, GLORI	24.00		349.92	I
216066 11/09/12	800000	VISITING NURSE SERVICE	HENAO, VICTORIA	24.00		349.92	I
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

			YSIDE CITYWIDE				PAGE 1 - 120	
SALES JF	RNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	/16/10
				SALES REGISTER			BILL WEEK ENDING 11	/16/12
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
01.6065	11 /00 /10						400.00	
216067	11/09/12	000008	VISITING NURSE SERVICE	HENDY, BERNICE	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 121 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216068 11/09/12	800000	VISITING NURSE SERVICE	HENRIQUEZ, MARI	33.00		481.14 I
			CATEGORY	33.00	0.00	481.14

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	- 12	2	
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LHO	CSA		
			S	SALES	REGISTER			BILL WEEK END	ING	11/16/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT 7	ΓΥΡ	SURPLUS	
216069	11/09/12	000008	VISITING NURSE SERVICE	HEI	RNANDEZ, JUAN	29.75		433.76	I		
								422.76			
					CATEGORY	29.75	0.00	433.76			

RUN DATE 11/14/12 - SALES JRNL # 0307		E CITYWIDE NNYSIDE CITYWIDE REG S A L E				ADU ADULT	- 123 DING 11/16/12
INVOICE# DATE	CUST NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216070 11/09/12	000008 VIS	ITING NURSE SERVICE	HERNANDEZ, MARI	24.00		349.92	I
			CATEGORY	24.00	0.00	349.92	

RUN DATE 11/14/ SALES JRNL # 03	12 - SUP SUNNYSIDE CITYW 07 LOC 001 SUNNYSIDE		NY EGISTER		PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	A
INVOICE# DATE	CUST NO CUSTOMER NA		RENCE HOUR	RS TAX AMT	AMOUNT TY	
216071 11/09/	12 000008 VISITING N	JRSE SERVICE HERNA	ANDEZ, MERC 36.0	00	524.88 I	
			CATEGORY 36.0	0.00	524.88	

RUN DATE 11/14/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	125
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216072 11/09/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	33.75		492.08 I	
			CATEGORY	33.75	0.00	492.08	

RUN	DATE 11/14/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 126	
SALE	S JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/C) WALLS LT
				SALES REGISTER			BILL WEEK ENDING 11	1/16/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
2160	73 11/09/12	000008	VISITING NURSE SERVICE	HERRERA, CLARA	13.75		200.48 I	
				CATEGORY	13.75	0.00	200.48	

RUN DATE 11/14/12 SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING	- 127 HOMEW/O WALLS (LT DING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216074 10/19/12 216075 11/09/12 216076 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HERRERA, HORACI HERRERA, HORACI HUNGRIA, SABINA	8.00 21.75 40.00		116.64 317.12 583.20	I I I
			CUSTOMER	69.75	0.00	1,016.96	
			CATEGORY	69.75	0.00	1,016.96	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 128 VCP CHOICE LHCSA BILL WEEK ENDING 1	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216077 11/09/12 216078 11/02/12 216079 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HUSSAIN, AHMED IBASCO, SOFIA IBASCO, SOFIA	20.00 4.00 12.00		291.60 I 58.32 I 174.96 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	 524.88	

RUN DATE 11/14/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	129
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
		S	SALES REGISTER			BILL WEEK ENDIN	IG 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216080 11/09/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 130 LAA LOMBARDI AIDS ADULT POPUL BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE I	HOURS TAX AMT	AMOUNT TYP SURPLUS
216081 11/09/12	000008 VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00	656.10 I
		CATEGORY 4	 45.00	656.10

	12 - SUP SUNNYSI					PAGE 1 -	131
SALES JRNL # 03	307 LOC 001 S	SUNNYSIDE CITYWIDE REG				ADU ADULT	
		SALE	S REGISTER			BILL WEEK ENDIN	IG 11/16/12
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216082 11/09/	12 000008 VI	ISITING NURSE SERVICE	INSERRA, CATHER	48.75		710.78	<u>.</u>
			CATEGORY	48.75	0.00	710.78	

RUN DATE 11/14/12 -	SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	132
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	L
			SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216083 11/09/12	000008	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 11/14/12 SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 133 CCL CONGREGATE CARE BILL WEEK ENDING 1	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216084 11/09/12 216085 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		7.75 15.00		113.00 I 218.70 I	
			CUSTOMER	22.75	0.00	331.70	
			CATEGORY	22.75	0.00	331.70	

	SUP SUNNYSIDE CITYW						- 13	=
SALES JRNL # 0307	LOC 001 SUNNYSIDE		NY NY S REGISTER			LTC NURSING H		•
		SALE	S KEGISIEK			DIDD WEEK END	TING	11/10/12
INVOICE# DATE	CUST NO CUSTOMER N	AME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216086 11/09/12	000008 VISITING N	URSE SERVICE	JAKLITSCH, ELIZ	45.50		663.39	I	
			CATEGORY	45.50	0.00	663.39		

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 135 VCP CHOICE LHCSA BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216087 11/09/12 216088 11/09/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00		291.60 I 116.64 I
			CUSTOMER	28.00	0.00	408.24
			CATEGORY	28.00	0.00	408.24

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	136
SALES JRI	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
01.6000	11 /00 /10				15 00		010 50 -	
216089	11/09/12	000008	VISITING NURSE SERVICE	JENSEN, HELGA	15.00		218.70 I	
					15.00			
				CATEGORY	15.00	0.00	218.70	

RUN DATE 11/14/12 SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK END		37 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216090 11/09/12 216091 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JEWAT, LUCILLE JHAVERI, RAMESH	77.00 24.00		1,122.66 349.92	I I	
			CUSTOMER	101.00	0.00	1,472.58		
			CATEGORY	101.00	0.00	1,472.58		

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	138
SALES JRN	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE AD	ULT
			:	SALES REGISTER			BILL WEEK ENDI	NG 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
01.6000	11 /00 /10	00000	TITATETNA NUDAE AEDIITAE	TTANDIADAC ANDIA	60.05		005 00	-
216092	11/09/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	68.25		995.09	L
				CATEGORY	68.25	0.00	995.09	

RUN DATE 11/14/12 - S	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 139
SALES JRNL # 0307 L	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	S	ALES REGISTER		BILL WEEK ENDING 11/16/12
INVOICE# DATE C	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
216093 11/09/12 0	000008 VISITING NURSE SERVICE	JIMENEZ, ALTAGR	28.00	408.24 I
		CATEGORY	28.00 0.00	0 408.24

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	140	
SALES JRN	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	•	
			S	SALES REGISTER			BILL WEEK ENDING	11/16/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
216094	11/09/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	25.00		364.50 I		
				CATEGORY	25.00	0.00	364.50		

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 141 ADU ADULT BILL WEEK ENDING 11/16/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
216095 11/09/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	16.00		233.28 I	
			CATEGORY	16.00	0.00	233.28	

RUN DATE 11/14/12 SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER	,		PAGE 1 VCP CHOICE LE BILL WEEK ENI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216096 11/09/12 216097 11/02/12 216098 11/02/12 216099 11/09/12 216100 11/02/12 216101 11/02/12 216102 11/09/12	000008 000008 000008 000008 000008	VISITING NURSE SERVICE	JORRIN, HORTENS KAUR, SARD KAUR, SARD KAUR, SARD KAUR, SHARAN KAUR, SHARAN KAUR, SHARAN	33.00 1.00 4.00 1.00 24.00 16.00		481.14 14.58 58.32 14.58 349.92 233.28 233.28	I I I I I
216103 11/09/12	000008	VISITING NURSE SERVICE	KAUR, SHARAN CUSTOMER CATEGORY	8.00 103.00 	0.00	116.64 1,501.74 	

	1/14/12 - SUP SUNN		DEC NV NV			PAGE 1 -	- 143
SALES JRNL	# 0307 LOC 001		REG NY NY ALES REGISTER			ADU ADULT BILL WEEK END	NG 11/16/12
		_					,,
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
216104 1	1/02/12 000008	VISITING NURSE SERVICE	KERNAN, DONALD	3.00		43.74	I
216105 1	1/09/12 000008	VISITING NURSE SERVICE	KERNAN, DONALD	7.50		109.36	I
			CUSTOMER	10.50	0.00	153.10	
			CATEGORY	10.50	0.00	153.10	

			YSIDE CITYWIDE				PAGE 1 - 14	4
SALES JRN	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	11/16/12
TATIOTORU	D3.000	GIIGE NO	CHICHOMED NAME	DEFEDENCE	HOHDG	max avm	AMOUNTE TEXT	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216106	11/09/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	13.00		189.54 I	
				CATEGORY	13.00	0.00	189.54	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	145
SALES JRNI	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			2	SALES REGI	STER		BILL WEEK ENDIN	IG 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216107	11/09/12	800000	VISITING NURSE SERVICE	KILIMLIAN,	PEPR 13.00		189.54	
				CATEG	ORY 13.00	0.00	189.54	

RUN DATE 11/14/12 -	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 1	.46
SALES JRNL # 0307	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		ADU ADULT	
	•	SALES REGISTER		BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP	SURPLUS
216108 11/09/12	000008 VISITING NURSE SERVICE	KNOWLES, ANAMAR	39.50	575.91 I	
		CATEGORY	39.50 0	.00 575.91	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	147
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
216109	11/09/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	55.75		812.84	I
				CATEGORY	55.75	0.00	812.84	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER			PAGE 1 - 148 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216110 11/09/12	000008 VISITING NURSE SERVICE	LANDAU, BERNARD	6.00		87.48 I
		CATEGORY	6.00	0.00	87.48

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	A
			SALES REGISTER			BILL WEEK ENDIN	G 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216111 11/09/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 150 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216112 11/09/12	000008 VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 I
		CATEGORY	9.00	0.00	131.22

RUN DATE 11/14/12 - SALES JRNL # 0307		NYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING	- 151 HOMEW/O WALLS (LT DING 11/16/12
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216113 11/09/12 216114 11/09/12		TING NURSE SERVICE	LEE, KATHLEEN LEGASPI, CECILI	33.25 16.75		484.79 244.22	I I
			CUSTOMER	50.00	0.00	729.01	
			CATEGORY	50.00	0.00	729.01	

RUN DATE 11/14/12 - SALES JRNL # 0307		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	152
		S	ALES REGISTER			BILL WEEK ENDIN	G 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216115 11/09/12	800000	VISITING NURSE SERVICE	LENDOIRO, JUAN	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

	11/14/12 -	- SUP SUNN	IYSIDE CITYWIDE	DEC MY MY			PAGE 1 VCP CHOICE L		53
SALES UK	INL # 0307	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			BILL WEEK EN		11/16/12
			5				DILL WELK LIVE	21110	11/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
016116	11 (00 (10	000000			56.00		016 40	_	
216116	11/09/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48	Τ	
216117	10/26/12	800000	VISITING NURSE SERVICE	LIGARDO, SOL M	16.00		233.28	I	
216118	11/09/12	000008	VISITING NURSE SERVICE	LIGARDO, SOL M	31.75		462.92	I	
216119	11/09/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	65.50		954.99	I	
216120	11/02/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	5.00		72.90	I	
216121	11/09/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	25.00		364.50	I	
				CUSTOMER	199.25	0.00	2,905.07		
				CATEGORY	199.25	0.00	2,905.07		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 15 LTC NURSING HOMEW/0 BILL WEEK ENDING	O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216122 11/09/12 216123 11/09/12	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE	,	32.00 42.00		466.56 I 612.36 I	
		CUSTOMER	74.00	0.00	1,078.92	
		CATEGORY	74.00	0.00	1,078.92	

ı	RUN DATE 11/14/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1!	55
	SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	11/16/12
	INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	216124 11/09/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	69.50		1,013.31 I	
				CATEGORY	69.50	0.00	1,013.31	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER		PAGE 1 - 156 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216125 11/09/12	000008 VISITING NURSE SERVICE	LONDONO, MARIA	24.00	349.92 I
		CATEGORY	24.00 0.00	349.92

RUN DATE 11/14/12 SALES JRNL # 0307	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 157 VCP CHOICE LHCSA BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216126 11/02/12 216127 11/09/12	000008 VISITING NURSE SERVICE 0000008 VISITING NURSE SERVICE	· ·	5.50 32.00		80.19 I 466.56 I
		CUSTOMER	37.50	0.00	546.75
		CATEGORY	37.50	0.00	 546.75

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - : ADU ADULT BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216128 11/09/12	800000	VISITING NURSE SERVICE	LUACES, MIMITA	3.00		43.74 I	
			CATEGORY	3.00	0.00	43.74	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDI	CARE PROGRAM
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
216129 11/09/12 216130 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00 49.00		291.60 714.42	I I
			CUSTOMER	69.00	0.00	1,006.02	
			CATEGORY	69.00	0.00	1,006.02	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216131 11/09/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	13.50		196.83 I	
			CATEGORY	13.50	0.00	196.83	

RUN DATE 11/14/12 - SUP SU	NNYSIDE CITYWIDE			PAGE 1 -	- 161
SALES JRNL # 0307 LOC 00	1 SUNNYSIDE CITYWIDE RE	G NY NY		CCL CONGREGATI	E CARE PROGRAM
	SAL	ES REGISTER		BILL WEEK END	ING 11/16/12
INVOICE# DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS TAX	X AMT AMOUNT	TYP SURPLUS
216132 11/09/12 000008	VISITING NURSE SERVICE	MAGILLIGAN, LOR	32.00	466.56	I
		CATEGORY	32.00	0.00 466.56	

	11/14/12 - NL # 0307	- SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		62 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216133 216134	11/09/12 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		84.00 35.75		1,224.72 521.24	I I	
				CUSTOMER	119.75	0.00	1,745.96		
				 CATEGORY	119.75	0.00	1,745.96		

	· -	ADU	ADULT	
MER NAME REFER	ENCE HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ING NURSE SERVICE MALDON	TADO, MARI 3.00		43.74 I	
		 0 00		
1	YSIDE CITYWIDE REG NY N S A L E S R E MER NAME REFER ING NURSE SERVICE MALDON	REG NY NY S A L E S R E G I S T E R MER NAME REFERENCE HOURS ING NURSE SERVICE MALDONADO, MARI 3.00	ADU S A L E S R E G I S T E R MER NAME REFERENCE HOURS TAX AMT	ADU ADULT S A L E S R E G I S T E R MER NAME REFERENCE MALDONADO, MARI 3.00 43.74 I

			YSIDE CITYWIDE						.64
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	SALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216136	11/09/12	000008	VISITING NURSE SERVICE	MALDONADO, MARI	24.75		360.86	I	
216137	11/09/12	800000	VISITING NURSE SERVICE	MANGAN, JOHN	20.00		291.60	I	
216138	10/26/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	1.00		174.96	I	
216139	11/02/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	1.00		174.96	I	
216140	11/02/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	1.00		174.96	I	
216141	11/09/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	7.00		1,224.72	I	
				CUSTOMER	54.75	0.00	2,402.06		
				CATEGORY	54.75	0.00	2,402.06		

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES 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
216142 11/09/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 16 CCL CONGREGATE CAR BILL WEEK ENDING	E PROGRAM
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216143 11/02/12 216144 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- •	5.75 30.00		83.84 I 437.40 I	
			CUSTOMER	35.75	0.00	521.24	
			CATEGORY	35.75	0.00	521.24	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 167	
SALES JRN	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING 1	1/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216145	11/09/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 168 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216146 11/09/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I
			CATEGORY	43.00	0.00	626.94

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 169 VCP CHOICE LHCSA BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216147 11/09/12 216148 10/26/12 216149 11/02/12 216150 11/09/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTE, JOSE MARTINEZ, CAMIL MARTINEZ, CAMIL MARTINEZ, CAMIL	7.75 3.00 3.00 15.00		113.00 I 43.74 I 43.74 I 218.70 I
			CUSTOMER	28.75	0.00	419.18
			CATEGORY	28.75	0.00	419.18

	11/14/12 - JL # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S		NY EGISTER			PAGE 1 CCL CONGREGA' BILL WEEK EN		E PROGRAM
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216151	11/09/12	800000	VISITING NURSE SERVICE	MART	INEZ, ELENA	70.00		1,020.60	I	
					CATEGORY	70.00	0.00	1,020.60		

RUN DATE	11/14/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	71
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216152	11/02/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	6.00		87.48	I	
216153	11/02/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	6.00		87.48	I	
216154	11/09/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
216155	11/02/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	18.00		262.44	I	
216156	11/02/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	12.00		174.96	I	
216157	11/09/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	12.00		174.96	I	
216158	11/09/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	40.00		1,224.72	I	
216159	11/09/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	29.00		422.83	I	
				CUSTOMER	153.00	0.00	2,872.27		
				CATEGORY	153.00	0.00	2,872.27		

RUN DATE 11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17:	2
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216160 11/09/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54 I	
216161 11/02/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	24.00		349.92 I	
216162 11/09/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44 I	
				055.00			
			CUSTOMER	255.00	0.00	3,717.90	
			CATEGORY	255.00	0.00	3,717.90	

RUN DATE 11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 173
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
		:	SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216163 10/26/12	000008	VISITING NURSE SERVICE	MCGUIRE, HELEN	4.50		65.61	I
216164 11/09/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48	I
			CUSTOMER	60.50	0.00	882.09	
			CODIONER	00.50	0.00	302.09	
			CATEGORY	60.50	0.00	882.09	

RUN DATE 11	L/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	174
SALES JRNL	# 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	IG 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216165 11	L/09/12	800000	VISITING NURSE SERVICE	MEJIA, CLAUDIO	49.00		714.42 I	
					40.00			
				CATEGORY	49.00	0.00	714.42	

RUN DATE 11/14/12 SALES JRNL # 0307			REG NY NY			PAGE 1 - 175 VCP CHOICE LHCSA	
SALES URNL # USU/	TOC 001		ALES REGISTER			BILL WEEK ENDING 11/16/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JUS
216166 11/09/12 216167 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MEJIA, DINORAH MEJIA, MARINA	29.75 20.50		433.76 I 298.89 I	
			CUSTOMER	50.25	0.00	732.65	
			 CATEGORY	50.25	0.00	 732.65	

RUN DATE 11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	176
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	SALES REGISTE:	R		BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216168 10/26/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	8.00		116.64 I	
216169 11/02/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	6.75		98.42 I	
216170 11/02/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	8.00		116.64 I	
216171 11/09/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	29.50		430.12 I	
			CUSTOMER	52.25	0.00	761.82	
			CATEGORY	52.25	0.00	761.82	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 177 ADU ADULT BILL WEEK ENDING 11/16/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
216172 11/09/12	800000	VISITING NURSE SERVICE	MENDEZ, ADA	26.50		386.38 I	
			CATEGORY	26.50	0.00	386.38	

RUN DATE 11/14/12 - SALES JRNL # 0307		REGNY NY SALES REGISTER		PAGE 1 - 178 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216173 11/09/12	000008 VISITING NURSE SERVICE	MENDEZ, NELLY	16.00	233.28 I
		CATEGORY	16.00 0.00	233.28

RUN DATE 11/14/12 -	SUP SUNNYSIDE CITYWIDE				PAGE 1 - 179	
SALES JRNL # 0307		REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
	5	SALES REGISTER			BILL WEEK ENDING 11/16/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
216174 11/09/12	000008 VISITING NURSE SERVICE	MENDOZA, JULIO	35.00		510.30 I	
		CATEGORY	35.00	0.00	510.30	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 18	J
SALES JRI	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			i	SALES REGISTER			BILL WEEK ENDING	11/16/12
		G11GE 110	GUGEOLER MANE		******		3.401DTT TVD	CIID DI IIC
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216175	11/09/12	000008	VISITING NURSE SERVICE	MENYHERT, YAE	6.00		87.48 I	
2101/5	11/09/12	000008	VISITING NURSE SERVICE	MENIAERI, IAE	6.00		07.40	
				CATEGORY	6.00	0.00	87.48	
				CITECORT	0.00	0.00	3 10	

-			YSIDE CITYWIDE						81
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGIST	E R		BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216176	11/02/12	000008	VISITING NURSE SERV	ICE MIRANDA, LUIS	4.00		58.32	I	
216177	11/09/12	800000	VISITING NURSE SERV	ICE MIRANDA, LUIS	22.00		320.76	I	
216178	10/19/12	800000	VISITING NURSE SERV	ICE MONSERRAT, DORI	3.00		43.74	I	
216179	10/26/12	800000	VISITING NURSE SERV	ICE MONSERRAT, DORI	6.00		87.48	I	
216180	11/09/12	800000	VISITING NURSE SERV	ICE MONSERRAT, DORI	15.00		218.70	I	
216181	11/09/12	800000	VISITING NURSE SERV	ICE MONTALVO, FIDEI	25.00		364.50	I	
216182	11/09/12	800000	VISITING NURSE SERV	ICE MONTOYA, ROSALE	12.00		174.96	I	
				CUSTOMER	87.00	0.00	1,268.46		
				CATEGORY	87.00	0.00	1,268.46		

RUN DATE 11/14/12 - SALES JRNL # 0307		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	182
			ALES REGISTER			BILL WEEK ENDI	NG 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
216183 11/09/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	6.00		87.48	I
			CATEGORY	6.00	0.00	87.48	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	183
SALES JRN	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	•
			5	SALES REGISTI	E R		BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216184	11/09/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				- CATEGORY	35.00	0.00	510.30	

RUN DATE 11/14/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 184
SALES JRNL # 0307	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
		SALES REGISTER		BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216185 11/09/12	000008 VISITING NURSE SERVICE	MORALES, ANGELI	45.00	656.10 I
		CATEGORY	45.00 0.00	656.10

	14/12 - SUP SUNN 0307 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LAD NURSING HOME	W/O WALLS LT
INVOICE# D	ATE CUST NO	_	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	
		VISITING NURSE SERVICE		25.00	11111	364.50 I	20112 202
			CATEGORY	25.00	0.00	364.50	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		I	PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	186
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216187 11/02/12 216188 11/09/12	000008 VISITING NURSE SERVIC 000008 VISITING NURSE SERVIC	- ,	7.00 48.00		102.06 I 699.84 I	
		CUSTOMER	55.00	0.00	801.90	
		CATEGORY	55.00	0.00	801.90	

RUN DATE 11/14/12	- SUP SUNNYSI	IDE CITYWIDE				PAGE 1 - 187
SALES JRNL # 0307	LOC 001 S	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216189 11/09/12	000008 VI	ISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I
			CATEGORY	20.00	0.00	291.60

RUN DATE 11/1	L4/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 188
SALES JRNL #	0307 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
		S	SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216190 10/1	L9/12 000008	VISITING NURSE SERVICE	NICKELL, JEAN	8.00		116.64	I
216191 11/0	09/12 000008	VISITING NURSE SERVICE	NICKELL, JEAN	20.00		291.60	I
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				189 MEW/O WALLS (LT NG 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
216192 11/09/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	48.75		710.78	I
			CATEGORY	48.75	0.00	710.78	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 19 CCL CONGREGATE CAR BILL WEEK ENDING	RE PROGRAM
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216193 11/02/12 216194 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 54.00		131.22 I 787.32 I	
			CUSTOMER	63.00	0.00	918.54	
			CATEGORY	63.00	0.00	918.54	

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 191 VCP CHOICE LHCSA BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
216195 11/09/12 216196 11/09/12	000008 VISITING NURSE SERVIC 000008 VISITING NURSE SERVIC	· ,	40.00 20.00	583.20 I 291.60 I
		CUSTOMER	60.00 0.00	874.80
		CATEGORY	60.00 0.00	 0 874.80

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 192 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216197 11/09/12 216198 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	25.00 22.00		364.50 I 320.76 I
			CUSTOMER	47.00	0.00	685.26
			CATEGORY	47.00	0.00	685.26

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
216199 11/09/12 216200 11/09/12 216201 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	OCHOA, LUIS	48.50 42.75 7.00		707.13 623.30 102.06	I I
			CUSTOMER	98.25	0.00	1,432.49	
			CATEGORY	98.25	0.00	1,432.49	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.94
SALES JRN	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	11/16/12
	53.00	G11GE 110	GIIGHOVED MANE		******		21/07777	arra arra
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216202	11/09/12	000008	VISITING NURSE SERVICE	OREJUELA, GLORI	6.00		87.48 I	
210202	11/05/12	000000	VIBITING NORDE BERVICE	ORBODELA, GLORI	0.00		07.10	
				CATEGORY	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 11/14/12 SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 199 VCP CHOICE LHCSA BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE# DATE	COSI NO	COSTOMER NAME	REFERENCE	поока	IAA AMI	AMOUNI IIP	SURPLUS
216203 11/09/12	000008	VISITING NURSE SERVICE		20.00		291.60 I	
216204 11/09/12	800000	VISITING NURSE SERVICE		22.00		320.76 I	
216205 11/09/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	18.00		262.44 I	
			CUSTOMER	60.00	0.00	874.80	
			CATEGORY	60.00	0.00	874.80	

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 196 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216206 11/09/12 216207 11/09/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	2.00		29.16 I 43.74 I
		CUSTOMER	5.00	0.00	72.90
		CATEGORY	5.00	0.00	72.90

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
216208 11/09/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00	Ī
216209 11/09/12 216210 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPOUTSIS, MARY PARETTI, MARIE	9.00 56.00		131.22 816.48	I
			CUSTOMER	115.00	0.00	1,676.70	
			CATEGORY	115.00	0.00	1,676.70	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 - 198	
SALES JRN	L # U3U/	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING 11/16/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	}
216211	11/09/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	-

RUN DATE 11	1/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	99
SALES JRNL	# 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S A	ALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216212 11	1/09/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	33.75		492.08	I	
216213 11	1/09/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	20.00		291.60	I	
216214 11	1/02/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	21.00		306.18	I	
216215 11	1/02/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	14.00		204.12	I	
216216 11	1/09/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	49.00		714.42	I	
216217 10	0/26/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	1.00		14.58	I	
216218 11	1/09/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	24.00		349.93	I	
216219 11	1/09/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	29.50		430.11	I	
216220 11	1/09/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	56.00		816.48	I	
				CUSTOMER	248.25	0.00	3,619.50		
				CATEGORY	248.25	0.00	3,619.50		

	DATE 11/14/12 S JRNL # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 200 AUR ADULT REHAB ONLY	
SALE	70 TIME # 0307	HOC 001		SALES REGISTER			BILL WEEK ENDING 11	
INVC	OICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
2162	11/09/12	800000	VISITING NURSE SERVICE	PIAZZA, CONCETT	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE 1	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 201
SALES JRNI	և # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
				SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216222 1	11/02/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	5.00		72.90	I
216223 1	11/09/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	28.25		411.89	I
216224 1	11/02/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	6.00		87.48	I
216225 1	11/09/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	41.25		601.43	I
216226 1	11/09/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	35.75		521.24	I
				CUSTOMER	116.25	0.00	1,694.94	
				CATEGORY	116.25	0.00	1,694.94	

RUN DATE 11/14/12 - SUP S SALES JRNL # 0307 LOC 0		STER	PAGE 1 - 202 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE CUST	NO CUSTOMER NAME REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216227 11/09/12 00000	8 VISITING NURSE SERVICE POLANCO, J	UAN 19.75	287.96 I
	CATE	GORY 19.75 0.00	287.96

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 203 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216228 10/26/12 216229 11/09/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		8.00 40.00	116.64 I 583.20 I
		CUSTOMER	48.00 0.00	699.84
		CATEGORY	48.00 0.00	699.84

RUN DATE 11/14/12						PAGE 1	
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
		i	SALES REGISTER			BILL WEEK END	DING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216230 11/09/12	000008	VISITING NURSE SERVICE	PUISELLO, CIRA	55.00		801.91	I
216231 11/09/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	30.00		437.40	I
			CUSTOMER	85.00	0.00	1,239.31	
			CODICIENT	03.00	0.00	1,237.31	
			CATEGORY	85.00	0.00	1,239.31	

RUN DATE 11/14/12	2 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 205	
SALES JRNL # 030	7 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	2
			SALES REGISTER			BILL WEEK ENDING 11/16/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
216232 11/09/12	2 000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	41.75		608.72 I	
			CATEGORY	41.75	0.00	608.72	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R		PAGE 1 - 206 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216233 11/09/12	000008 VISITING NURSE SERVICE	QUIZHPI, MARIA	24.00	349.92 I
		CATEGORY	24.00 0.00	349.92

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 207	
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
			S	SALES REGISTER			BILL WEEK ENDING 11/16/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
216234	11/09/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 1	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	208
SALES JRNI	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
01.6005 1					40.00			
216235 1	11/09/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
				CAMEGODY	43.00	0.00	626.04	
				CATEGORY	43.00	0.00	626.94	

RUN DATE 11	/14/12 - S	SUP SUNNY	SIDE CITYWIDE				PAGE 1 - 20	09
SALES JRNL	# 0307 L	OC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME V	W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE C	UST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216236 11	./09/12 0	80000	VISITING NURSE SERVICE	RAMLALL, LILOWT	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 11/1	L4/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	210
SALES JRNL #	0307 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	ARE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216237 11/0	09/12 000008	VISITING NURSE SERVICE	RAMOS, ISMAEL	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	211
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
		S	SALES REGISTER			BILL WEEK ENDING	3 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
216238 11/09/12	800000	VISITING NURSE SERVICE	RAMPHAL, INDRIA	19.75		287.96 I	
216239 11/09/12	800000	VISITING NURSE SERVICE	REINA, JOSE	16.00		233.28 I	
216240 11/09/12	000008	VISITING NURSE SERVICE	RICCA, MARIE	19.75		287.96 I	
216241 11/09/12	800000	VISITING NURSE SERVICE	RICE, SYDNEY	8.00		116.64 I	
			GUGEOMED			005.04	
			CUSTOMER	63.50	0.00	925.84	
			CATEGORY	63.50	0.00	925.84	

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	12
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT	re cai	RE PROGRAM
			:	SALES REGISTER			BILL WEEK ENI	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216242	9/28/12	000008	VISITING NURSE SERVICE	RISCO, GUILEERM	7.00		102.06	I	
216243	11/09/12	800000	VISITING NURSE SERVICE	RISCO, GUILEERM	41.75		608.72	I	
				CUSTOMER	48.75	0.00	710.78		
				CATEGORY	48.75	0.00	710.78		

				YSIDE CITYWIDE	DEG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	13
SAI	LES OKI	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			BILL WEEK ENDING	11/16/12
INV	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216	6244	11/09/12	000008	VISITING NURSE SERVICE	E RIVADENEIRA, OL	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 214 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216245 10/19/12 216246 11/09/12		SITING NURSE SERVICE SITING NURSE SERVICE	RIVADENEIRA, RO RIVADENEIRA, RO	8.00 56.00		116.64 I 816.48 I
			CUSTOMER	64.00	0.00	933.12
			CATEGORY	64.00	0.00	933.12

RUN DATE 11/14/12 -						PAGE 1 - 215	
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 11/16	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
216247 11/09/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	30.00		437.40 I	
216248 11/09/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
			CUSTOMER	50.00	0.00	729.00	
			COSTONER	30.00	0.00	729.00	
			CATEGORY	50.00	0.00	729.00	

RUN DATE 11/14/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 216
SALES JRNL # 0307	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	:	SALES REGISTER		BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216249 11/09/12	000008 VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DAT	E 11/14/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 217	
SALES J	FRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 11/1	6/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
216250	11/09/12	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 11	/14/12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 - 2	218
SALES JRNL	# 0307 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216251 11	/09/12 000008	VISITING NURSE SERVICE	RIVERA, WANDA	1.00		14.58 I	
			CATEGORY	1.00	0.00	14.58	

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNN LOC 001		REG NY NY			PAGE 1 - 2 LTC NURSING HOMEW	
		S A	LES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216252 11/09/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 11/14/12 - ST SALES JRNL # 0307 LO	UP SUNNYSIDE CITYWIDE OC 001 SUNNYSIDE CITYWID	E REG NY NY		PAGE VCP CHOICE	1 - 220 LHCSA
BALLE ORDER # 0507 LC	de out bonnible cliiwib	SALES REGISTER		BILL WEEK	
INVOICE# DATE CO	UST NO CUSTOMER NAME	REFERENCE	HOURS T	AX AMT AMOUN	TYP SURPLUS
	00008 VISITING NURSE SER	· - · · · · · · · · · · · · · · · · · ·	8.00	116.6	
216254 11/09/12 00	00008 VISITING NURSE SER	VICE RODRIGUEZ, IRMA	35.50	517.6) <u> </u>
		CUSTOMER	43.50	0.00 634.2	ŀ
		CATEGORY	43.50	0.00 634.2	ł

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 221	L
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 1	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216255	11/09/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	222 G 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216256 11/09/12 216257 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	15.75 6.00		229.64 I 87.48 I	
			CUSTOMER	21.75	0.00	317.12	
			CATEGORY	21.75	0.00	317.12	

RUN DATE 11/14/	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	223
SALES JRNL # 03	07 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216258 11/09/	12 000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 1	1/14/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 2	224
SALES JRNL	# 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216259 13	1/09/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 225 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216260 11/09/12 216261 11/09/12	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 SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE	
				SALES KEGISIEK			DILL MEEK EMI	JING 11/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	11/02/12 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ROMERO, SANTHY ROMERO, SANTHY	1.00 35.25		14.58 513.95	I I
				CUSTOMER	36.25	0.00	528.53	
				CATEGORY	36.25	0.00	528.53	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 227 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216264 11/09/12 216265 11/09/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	56.00 40.00	816.48 I 583.20 I
		CUSTOMER	96.00 0.00	1,399.68
		CATEGORY	96.00 0.00	1,399.68

RUN DATE	11/14/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	28
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216266	11/09/12	000008	VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48	I	
216267	11/09/12	800000	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
216268	11/09/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	35.00		510.30	I	
216269	10/19/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	3.00		43.74	I	
216270	10/26/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	5.00		72.90	I	
216271	11/09/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	19.75		287.96	I	
216272	11/09/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	20.00		291.60	I	
216273	11/09/12	000008	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26	I	
				CUSTOMER	201.75	0.00	2,941.52		
				CATEGORY	201.75	0.00	2,941.52		

RUN DATE 11/14/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 229	
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			SALES REGISTER			BILL WEEK ENDING 11/16/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
216274 11/09/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	17.75		258.80 I	
			CATEGORY	17.75	0.00	258.80	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	30 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216275 11/09/12	000008 VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
		CATEGORY	70.00	0.00	1,020.60	

RUN DATE 1 SALES JRNL		SUNNYSIDE CITYWIDE 001 SUNNYSIDE CITYW	DE REGNY NY SALES REGIST	E R		PAGE 1 - VCP CHOICE LHO BILL WEEK END	
INVOICE#	DATE CUST	I NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
216277 1 216278 1	1/09/12 0000 1/02/12 0000 1/02/12 0000 1/09/12 0000	008 VISITING NURSE SI 008 VISITING NURSE SI	ERVICE SALADIN, MARIA ERVICE SALADIN, MARIA	15.00 19.00 22.00 77.00		218.70 277.02 320.76 1,122.66	I I I
			CUSTOMER	133.00	0.00	1,939.14	
			CATEGORY	133.00	0.00	1,939.14	

RUN DATE 11/14/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 232
SALES JRNL # 0307		REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	S	SALES REGISTER		BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
216280 11/09/12	000008 VISITING NURSE SERVICE	SALVATIERRA, TE	36.00	524.88 I
		CATEGORY	36.00 0.0	0 524.88

RUN DATE 11/14/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 233
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		\$	SALES REGISTER			BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216281 11/02/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	7.00		102.06 I
216282 11/09/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	47.75		696.20 I
			CUSTOMER	54.75	0.00	798.26
			CATEGORY	54.75	0.00	 798.26

RUN DATE 11/14/12 -		YSIDE CITYWIDE				PAGE 1 -	234
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDIN	IG 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216283 10/26/12	000008	VISITING NURSE SERVICE	SAMPOGNA, NICHO	8.00		116.64	- -
216284 11/09/12	800000	VISITING NURSE SERVICE	SAMPOGNA, NICHO	9.50		138.51 I	- -
216285 11/09/12	000008	VISITING NURSE SERVICE	SANCHEZ, ADOLFO	9.00		131.22	• •
			CUSTOMER	26.50	0.00	386.37	
			CATEGORY	26.50	0.00	386.37	

RUN DATE 11/14/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 2	35
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216286 11/09/12	000008	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42 I	
			CATEGORY	49.00	0.00	714.42	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 236
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216287	11/09/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I
				CATEGORY	30.00	0.00	437.40

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	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
216288	11/09/12	800000	VISITING NURSE SERVICE		36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 11/14/12 - SUP SUN SALES JRNL # 0307 LOC 001	1 SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER		ADU ADULT	- 238 DING 11/16/12
INVOICE# DATE CUST NO	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT AMOUNT	TYP SURPLUS
216289 11/09/12 000008	VISITING NURSE SERVICE	SANDOVAL, FANNY	16.75	244.23	I
		CATEGORY	 16.75	0.00 244.23	

RUN DATE 11/14/12 - SALES JRNL # 0307		UNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE# DATE	CUST NO CU	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
216290 11/09/12 216291 11/09/12 216292 11/09/12	000008 VI	SITING NURSE SERVICE SITING NURSE SERVICE SITING NURSE SERVICE	SANTOS, LETY SCOTT, CATHERIN SCRO, WILLIAM	20.25 40.00 28.00		295.25 583.20 408.24	I I
			CUSTOMER	88.25	0.00	1,286.69	
			CATEGORY	88.25	0.00	1,286.69	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	240 G 11/16/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216293 11/02/12 216294 11/02/12 216295 11/09/12	V 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SECONDINI, ANNA SECONDINI, ANNA SECONDINI, ANNA	1.50 2.00 5.00		21.87 I 29.16 I 72.90 I	
			CUSTOMER	8.50	0.00	123.93	
			CATEGORY	8.50	0.00	123.93	

RUN DATE 11 SALES JRNL		SUNNYSIDE CITYWIDE 001 SUNNYSIDE CITYW	-	NY REGISTER		7	PAGE 1 VCP CHOICE LH BILL WEEK END	CSA	1.0
			SALES	CEGISIER		1	PILL MEEK END	ING 11/16/	12
INVOICE#	DATE CUST	NO CUSTOMER NAME	REF	FERENCE	HOURS TA	X AMT	AMOUNT	TYP SURPL	US
	0/19/12 0000		SERVICE SEGO	OVIA, BEATRI	6.00		87.48	I	
	1/09/12 0000		SERVICE SEGO	OVIA, BEATRI	42.00		612.36	I	
216298 10	0/19/12 0000	08 VISITING NURSE S	SERVICE SERA	AFIN, WALTER	20.00		291.60	I	
216299 11	1/02/12 0000	08 VISITING NURSE S	SERVICE SERA	AFIN, WALTER	10.00		145.80	I	
216300 11	1/09/12 0000	08 VISITING NURSE S	SERVICE SERA	AFIN, WALTER	59.25		863.87	I	
				CUSTOMER 1	L37.25	0.00	2,001.11		
				CATEGORY 1	L37.25	0.00	2,001.11		

RUN DATE 11/14/12 - SU				PAGE 1 - 242
SALES JRNL # 0307 LO	OC 001 SUNNYSIDE CITYWIDE	REG NY NY		ADU ADULT
	2	SALES REGISTER		BILL WEEK ENDING 11/16/12
INVOICE# DATE CU	JST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	AMOUNT TYP SURPLUS
216301 11/09/12 00	00008 VISITING NURSE SERVICE	SERRA, JOSE	25.00	364.50 I
216302 11/09/12 00	00008 VISITING NURSE SERVICE	SHANNON, ELNORA	40.00	583.20 I
		CUSTOMER	65.00 0.0	947.70
		CATEGODY		0.47.70
		CATEGORY	65.00 0.0	947.70

RUN DATE 11/14/12 - SALES JRNL # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	213
BIEDS SIGNE II 0307	100 001		SALES REGISTER			BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
216303 11/02/12	000008	VISITING NURSE SERVICE	SHARMA, DEROPDI	5.00			I
216304 11/09/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	20.00		291.60	I
216305 11/02/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	5.00		72.90	I
216306 11/09/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80	I
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 11/14/12 -	SUP SUNNYSIDE CITYWIDE				PAGE 1 - 2	44
SALES JRNL # 0307	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
		SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216307 11/09/12	000008 VISITING NURSE SERVICE	SILLS, JAMES	36.00		524.88 I	
		CATEGORY	36.00	0.00	524.88	

RUN DATE 11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	245
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	L
		5	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216308 11/02/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	6.00		87.48 I	
216309 11/09/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40 I	
216310 11/02/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	3.00		43.74 I	
216311 11/09/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70 I	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				E CARE PROGRAM
		\$	SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
216312 11/09/12 216313 11/09/12	800000 800000	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 11/14/12 - SALES JRNL # 0307			REG NY NY				247 MEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
216314 11/09/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40	I
			CATEGORY	30.00	0.00	437.40	

		NYSIDE CITYWIDE				PAGE 1 - 24	48
SALES JRNL #	0307 LOC 001		REG NY NY			ADU ADULT	11/16/10
			SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DAT	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216315 11/0	9/12 000008	VISITING NURSE SERVICE	SOSA, ELSA	3.00		43.74 I	
			CATEGORY	3.00	0.00	43.74	

RUN DATE 11/14/12 SALES JRNL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 249 CSA
		S	SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
216316 11/09/12 216317 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		1.00 54.00		14.58 787.32	I I
			CUSTOMER	55.00	0.00	801.90	
			CATEGORY	55.00	0.00	801.90	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 250
			SALES REGISTER				DING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216318 11/09/12 216319 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, .=	32.00 50.50		466.56 736.29	I
210319 11/09/12	000008	VISITING NORSE SERVICE	SIAMBOULIDIS, V			730.29	
			CUSTOMER	82.50	0.00	1,202.85	
			CATEGORY	82.50	0.00	1,202.85	

ı	RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	251
ı	SALES JRN	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
ı				Ş	SALES REGISTER			BILL WEEK ENDING	11/16/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	216320	11/09/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
ı									
ı									
ı					CATEGORY	21.00	0.00	306.18	

	11/14/12 · NL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		52
				SALES REGISTE	R		BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216321	11/02/12	800000	VISITING NURSE SERVICE	E STENOS, MOSHOUL	3.50		51.03	I	
216322	11/09/12	800000	VISITING NURSE SERVICE	E STENOS, MOSHOUL	16.00		233.28	I	
216323	11/09/12	800000	VISITING NURSE SERVICE	E STERGIOU, GLORI	17.00		247.86	I	
216324	10/26/12	800000	VISITING NURSE SERVICE	E STICKELL, BLANC	6.00		87.48	I	
216325	11/09/12	800000	VISITING NURSE SERVICE	E STICKELL, BLANC	24.00		349.92	I	
216326	11/09/12	800000	VISITING NURSE SERVICE	E STROBL, ALFRED	36.00		524.88	I	
216327	11/09/12	800000	VISITING NURSE SERVIC	E SUAREZ, MARINA	24.00		349.92	I	
				CUSTOMER	126.50	0.00	1,844.37		
				 CATEGORY	126.50	0.00	1,844.37		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 253 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216328 11/09/12	000008 VISITING NURSE SERVICE	SUAREZ, TULIA	30.00	437.40 I
		CATEGORY	30.00 0.00	437.40

RUN DATE 11/14/12 SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216329 11/09/12 216330 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	17.25 56.00		251.51 816.48	I
			CUSTOMER	73.25	0.00	1,067.99	
			CATEGORY	73.25	0.00	1,067.99	

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 255
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
				SALES REGISTER	2		BILL WEEK END	DING 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216331	11/09/12	000008	VISITING NURSE SERVICE	TADDEO, LENA	51.75		754.52	I
216332	10/26/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	6.00		87.48	I
216333	11/09/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	30.00		437.40	I
				CUSTOMER	87.75	0.00	1,279.40	
				 CATEGORY	87.75	0.00	1,279.40	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 256 VCP CHOICE LHCSA BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216334 11/09/12 216335 11/09/12	000008 VISITING NURSE SERVI 000008 VISITING NURSE SERVI	•	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 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 AUR ADULT REE BILL WEEK END	-
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216336 11/02/12 216337 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TEJADA, MARIALU TEJADA, MARIALU	4.00 4.00		58.32 58.32	I I
			CUSTOMER	8.00	0.00	116.64	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/14/12 SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	258 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216338 11/09/12 216339 11/09/12 216340 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TEODORU, MIRELL TERZIAN, ASDGHI THOMPSON, ANNE	2.00 46.00 10.00		29.16 I 670.68 I 145.80 I	
			CUSTOMER	58.00	0.00	845.64	
			CATEGORY	58.00	0.00	845.64	

RUN DATE 11/14/12 - SALES JRNL # 0307			REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
BALLS GIVE # 0507	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216341 11/09/12	800000	VISITING NURSE SERVICE	TINOCO, INES	28.00		408.24 I	
			CATEGORY	28.00	0.00	408.24	

RUN DATE 11/14/12 - SALES JRNL # 0307		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	260
			ALES REGISTER			BILL WEEK ENDIN	NG 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216342 11/09/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	25.00		364.50	I
			CATEGORY	25.00	0.00	364.50	

RUN DATE 11/14/12 SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216343 11/09/12 216344 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 48.00		349.92 699.84	I I
			CUSTOMER	72.00	0.00	1,049.76	
			CATEGORY	72.00	0.00	1,049.76	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 262 ADU ADULT BILL WEEK ENDING 11/16/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
216345 11/09/12	800000	VISITING NURSE SERVICE	TORO, PURA	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 11/14/3 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		63 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216346 11/09/2 216347 11/09/2		VISITING NURSE SERVICE VISITING NURSE SERVICE	TORRES, EMELINA TORRES, LUZ M	32.00 83.75		466.56 1,221.08	I	
			CUSTOMER	115.75	0.00	1,687.64		
			CATEGORY	115.75	0.00	1,687.64		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	D		PAGE 1 LTC NURSING F BILL WEEK ENI		WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT			SURPLUS
216348 11/02/12	000008 VISITING NURSE SERVICE		5.50		80.19	I	
216349 11/09/12	000008 VISITING NURSE SERVICE	·	36.00		524.88	I	
		CUSTOMER	41.50	0.00	605.07		
		 CATEGORY		0.00	 605.07		

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 265	
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 11/16/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
216350	11/09/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

	11/14/12 · NL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		66
			S	A L E S R E G I S T E R			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216351	10/26/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	4.00		58.32	I	
216352	11/09/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	20.00		291.60	I	
216353 216354	10/12/12 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TSOLISOS, FOTIN TSOLISOS, FOTIN	8.00 1.00		116.64 14.58		
216355	11/02/12	000008	VISITING NURSE SERVICE	TSOLISOS, FOTIN	8.00		116.64	I	
216356	11/09/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	56.00		816.48	I	
				CUSTOMER	97.00	0.00	1,414.26		
				CATEGORY	97.00	0.00	1,414.26		

RUN DATE 11/14/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 267
SALES JRNL # 0307	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT
		SALES REGISTER			BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216357 11/09/12	000008 VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I
		CATEGORY	20.00	0.00	291.60

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	268
SALES JRNI	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			5	SALES REGISTER			BILL WEEK ENDIN	G 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216358	11/09/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE 11/1	14/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	269
SALES JRNL #	0307 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
IIIVOICE DI	.111	CODIONER WINE	KEI EKEIVOE	1100115	11111 11111	11100111 111	Botti Hob
216359 11/0	09/12 000008	VISITING NURSE SERVICE	URBINA, ANA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 270	
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		i	SALES REGISTER			BILL WEEK ENDING 11,	/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	JRPLUS
216360 11/09/12	000008	VISITING NURSE SERVICE	VALENCIA, BERNA	25.00		364.50 I	
216361 11/09/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	13.00		189.54 I	
			CUSTOMER	38.00	0.00	554.04	
			CATEGORY	38.00	0.00	554.04	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 27 CCL CONGREGATE CAR BILL WEEK ENDING	RE PROGRAM
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216362 10/26/12 216363 11/09/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 55.50		116.64 I 809.20 I	
			CUSTOMER	63.50	0.00	925.84	
			CATEGORY	63.50	0.00	925.84	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 272 ADU ADULT BILL WEEK ENDING 11/16/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
216364 11/09/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	17.00		247.86 I	
			CATEGORY	17.00	0.00	247.86	

RUN DATE 11/14/12 - SALES JRNL # 0307		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
216365 11/09/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	34.75		506.66 I	
			CATEGORY	34.75	0.00	506.66	

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 274 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216366 11/09/12 216367 11/09/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	~ ~ ,	32.75 21.00		477.50 I 306.18 I
			CUSTOMER	53.75	0.00	783.68
			CATEGORY	53.75	0.00	783.68

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AUR ADULT REH	- 275 AB ONLY
		S	SALES REGISTER			BILL WEEK END	ING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216368 11/02/12	800000	VISITING NURSE SERVICE	VASQUEZSOTO, AR	12.00		174.96	I -
216369 11/09/12	800000	VISITING NURSE SERVICE	VASQUEZSOTO, AR	36.00		524.88	1
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 11/14/12 -			DDG 199				276
SALES JRNL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOM BILL WEEK ENDIN	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216370 11/09/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 1	1/14/12 - SUP	SUNNYSIDE CITYWI	IDE				PAGE 1 -	277
SALES JRNL	# 0307 LOC	001 SUNNYSIDE		EG NY NY			VCP CHOICE LHCSA	
			SAL	ES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE CUST	NO CUSTOMER NA	AME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216371 13	1/09/12 0000	008 VISITING NU	JRSE SERVICE	VELASQUEZ, NELL	20.00		291.60 I	
				CATEGORY	20.00	0.00		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 278 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX A	AT AMOUNT TYP SURPLUS
216372 11/02/12 216373 11/09/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		9.00 49.00	131.22 I 714.42 I
		CUSTOMER	58.00 0.	00 845.64
		CATEGORY	58.00 0.0	 00 845.64

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216374 11/09/12 216375 11/09/12 216376 11/09/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VERA, VICTOR	8.00 8.00 40.00		116.64 I 116.64 I 583.20 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

· ·	14/12 - SUP SUNN		REG NY NY			PAGE 1 - 2	
SALES JRNL #	0307 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216377 11/	09/12 000008	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
			CATEGORY	20.00	0.00		

RUN DATE 11/14/12 - SALES JRNL # 0307		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	281
			ALES REGISTER			BILL WEEK ENDIN	IG 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216378 11/09/12	800000	VISITING NURSE SERVICE	VILLACRES, MARI	12.00		174.96	-
			CATEGORY	12.00	0.00	174.96	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	282
SALES JRN	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTI	E R		BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216379	11/09/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	83
SALES JRN	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216380	11/09/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			L - 284 HOMEW/O WALLS (LT NDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT	TYP SURPLUS
216381 10/26/12 216382 11/09/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	· - • -	6.00 30.00	87.48 437.40	I
		CUSTOMER	36.00	0.00 524.88	
		CATEGORY	36.00	 0.00	

	TE 11/14/12 - JRNL # 0307		YSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	285
SALLS	OKNL # 0307	LOC UUI	SUNNYSIDE CITYWIDE	SALES REGISTER			BILL WEEK ENDIN	
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216383	11/09/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 286 ADU ADULT	5
		S A L E S R E G I S T E R			BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216384 11/09/12	000008 VISITING NURSE SERVIC	E VLAHOS, MARIE	20.00		291.60 I	
		CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216385	11/09/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 288 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AI	
216386 11/09/12	000008 VISITING NURSE SERVICE	WALSH, MAUREEN	6.00	87.48 I
		CATEGORY	6.00 0.0	00 87.48

			SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE AD	289
SAL	TES OKN	ш # 0307	LOC UUI		SALES REGISTER			BILL WEEK ENDI	
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
216	5387	11/09/12	800000	VISITING NURSE SERVICE	WASHINGTON, JAM	15.00		218.70	I
					CATEGORY	15.00	0.00	218.70	

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	0
SALES JR	NL # 0307	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216388	11/09/12	800000	VISITING NURSE SERVICE	WHITEHEAD, NANC	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 11/14/12 - SI SALES JRNL # 0307 LO		EG NY NY ES REGISTER		PAGE 1 - 291 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE C	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216389 11/09/12 0	000008 VISITING NURSE SERVICE	WILLIAMS, GEORG	12.00	174.96 I
		CATEGORY	12.00 0.00	174.96

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 292 HCSA
		S	SALES REGISTER			BILL WEEK END	DING 11/16/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216390 10/26/12 216391 11/09/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	YAGHDJIAN, SIRA YAGHDJIAN, SIRA	4.00 16.00		58.32 233.28	I T
		VIDITING NONDE BENVIOE	CUSTOMER	20.00	0.00	291.60	
			CODIONER			251.00	
			CATEGORY	20.00	0.00	291.60	

RUN DATE	11/14/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 29	93
SALES JRNI	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	re caf	RE PROGRAM
			2	SALES R	EGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216392	11/09/12	800000	VISITING NURSE SERVICE	YELLA	APAH, DOLLI	12.50		182.25	I	
					 CATEGORY	12.50	0.00	182.25		

RUN DATE 11/14/12 - SALES JRNL # 0307		REG NY NY S A L E S R E G I S T E R		PAGE 1 - 294 ADU ADULT BILL WEEK ENDING 11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216393 11/09/12	000008 VISITING NURSE SERVICE	E ZAMBRANO, VICTO	8.00	116.64 I
		CATEGORY	8.00 0.00	116.64

RUN DATE 11/14/12 - SALES JRNL # 0307		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOM BILL WEEK ENDIN	E W/O WALLS LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216394 11/09/12	800000	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
			CATEGORY	10.00	0.00	145.80	

RUN DATE 11/14/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 296 SALES JRNL # 0307 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 11/16/12 REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS INVOICE# DATE CUST NO CUSTOMER NAME 216395 11/09/12 000010 359.10 I 362.88 I 216396 11/09/12 000010 216397 11/02/12 000010 I 216398 11/09/12 000010 216399 11/09/12 000010 216400 11/09/12 000010 11/09/12 216401 000010 216402 11/09/12 000010 216403 11/09/12 000010 216404 11/09/12 000010 216405 11/09/12 000010 216406 11/02/12 000010 216407 11/09/12 000010 216408 11/09/12 000010 216409 11/09/12 000010 216410 11/09/12 000010 216411 11/09/12 000010 216412 11/09/12 000010 216413 11/09/12 000010 216414 11/09/12 000010 216415 11/09/12 000010 216416 11/02/12 000010 216417 11/09/12 000010 216418 10/12/12 000010 216419 11/09/12 000010 216420 11/09/12 000010 216421 11/09/12 000010 216422 11/09/12 000010 216423 11/09/12 000010 216424 11/09/12 000010 216425 11/09/12 000010 216426 11/09/12 000010 216427 10/26/12 000010 216428 10/26/12 000010 216429 11/09/12 000010 216430 11/09/12 000010 216431 11/09/12 000010 216432 10/26/12 000010 10/19/12 216433 000010 216434 11/09/12 000010 GUILDNET 216435 11/09/12 000010 GUILDNET 216436 000010 GUILDNET 11/09/12 216437 10/19/12 000010 216438 11/02/12 000010 216439 11/09/12 000010 216440 11/09/12

000010

000010

000010

000010 GUILDNET

216441

216442

11/09/12

11/02/12

216443 11/02/12

RUN DATE 11/14/12 - SUP SUNNYSIDE CITYWIDE PAGE 2 - 297 SALES JRNL # 0307 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 11/16/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS MICHEL, DOROTHY
MONCRIEF, LOIS
MOSCICKA, JADWI
MOSCAT, CARMEN
MUSCAT, CARMEN
NETTLES, DONNA
NETTLES, DONNA
NETTLES, DONNA
NEWBOLD, RAMONA
NEWBOLD, RAMONA
NISHIMURA, ALBE
MONUNEZ, ANGELINA
NUNEZ, IRIS
NUNEZ, IRIS
NO
ORLANDO, ANNE
ORTIZ, LAURA
ORTIZ, LAURA
ORTIZ, MERCEDES
PAPHITIS, RICHA
PAZIOULIS, KLEO
PENA, WALESKA
PEREZ, MARIA
PICHARDO, MARIA
PICHARDO, ARGENTIN
RAMOS, ARGENTIN
RAMOS, ARGENTIN
RAMOS, ARGENTIN
RAMOS, ESTHER
RESTULA, VINCEN
RESTULA, VINCEN
RESTULA, VINCEN
RESTULA, VINCEN
RESTULA, VINCEN
RESTULA, VINCEN
RODRIGUEZ, FABI
RODRIGUEZ, FABI
RODRIGUEZ, HOLG
RODAS, ANGEL
RODRIGUEZ, HOLG
ROJAS, ANGEL
RODRIGUEZ, ELIZAB
SHAYDEE
RUBLAN
SHAYDEE
RODRIGUEZ, ELIZAB
SHAYDEE
RODRIGUEZ, ELIZAB
SHAYDEE
RODRIGUEZ, ELIZAB
SHELTON, AGUEDA
SCLIS, JUDITH
RAMO
VARGAS, RAMON
VARGAS, RAMON
VARGAS, RAMON
VARGAS, RAMON
VARGAS, RAMON
VILAHOS, MARIE
AR 00
WEISZ, KLARA
WEST, BALDWIN
VI, CARLOS
VILANTSELIS, VIR
ZARE, GLORIA
ZUMAETA, FANNY
SA, 100

CUSTOMER
3,156.00

CUSTOMER
3,156.00 MICHEL, DOROTHY 47.75 216444 11/09/12 721.98 I 000010 GUILDNET | December 216445 11/09/12 MONCRIEF, LOIS 47.75 721.98 I 000010 GUILDNET 216446 11/02/12 000010 GUILDNET 786.24 I 216447 11/09/12 000010 GUILDNET 378.00 11/09/12 GUILDNET 216448 000010 216449 11/09/12 000010 GUILDNET 11/09/12 216450 000010 GUILDNET 216451 11/09/12 000010 GUILDNET 216452 11/02/12 000010 GUILDNET 216453 11/02/12 000010 GUILDNET 216454 11/09/12 000010 GUILDNET 216455 11/09/12 000010 GUILDNET 216456 11/09/12 000010 GUILDNET 216457 11/09/12 000010 GUILDNET 216458 11/09/12 000010 GUILDNET 216459 10/26/12 000010 GUILDNET 216460 11/09/12 000010 GUILDNET 216461 11/09/12 000010 GUILDNET 216462 11/09/12 000010 GUILDNET 216463 11/09/12 000010 GUILDNET 216464 11/09/12 000010 GUILDNET 216465 11/09/12 000010 GUILDNET 216466 11/09/12 000010 GUILDNET 216467 11/09/12 000010 GUILDNET 216468 10/26/12 000010 GUILDNET 216469 11/09/12 000010 GUILDNET 216470 11/09/12 000010 GUILDNET 216471 11/09/12 000010 GUILDNET 216472 11/09/12 000010 GUILDNET 216473 11/09/12 000010 GUILDNET 216474 11/09/12 000010 GUILDNET 216475 11/09/12 000010 GUILDNET 216476 11/09/12 000010 GUILDNET 216477 11/09/12 000010 GUILDNET 216478 11/09/12 000010 GUILDNET 216479 11/09/12 000010 GUILDNET 216480 11/09/12 000010 GUILDNET 216481 11/09/12 000010 GUILDNET 216482 11/09/12 000010 GUILDNET 11/09/12 216483 000010 GUILDNET 11/09/12 216484 000010 GUILDNET 216485 10/26/12 000010 GUILDNET 216486 10/19/12 000010 GUILDNET 216487 11/09/12 000010 GUILDNET 216488 11/09/12 000010 GUILDNET 10/26/12 216489 000010 GUILDNET 216490 11/02/12 000010 GUILDNET CATEGORY 3,156.00 0.00 53,972.68

RUN DATE	11/14/12	- SUP SUNN	YSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E REFERENCE			PAGE 1	- 2	98
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH F	IRST	
				SALES REGISTE	R		BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216491	11/09/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
216492	11/09/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
216493	11/09/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	41.00		692.08	I	
216494	11/09/12	000122	HEALTH FIRST	BOWERS, DIANE	50.00		844.00	I	
216495	11/09/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
216496	11/09/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
216497	11/09/12	000122	HEALTH FIRST	CEBALLOS, ANA	32.00		540.16	I	
216498	11/09/12	000122	HEALTH FIRST	CHARITAR, RAMKA	20.00		337.60	I	
216499	11/02/12	000122	HEALTH FIRST	CORTES DE GALIN	48.00		810.24	I	
216500	11/09/12	000122	HEALTH FIRST	DELACRUZ, ANA	70.00		1,181.60	I	
216501	11/09/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	38.00		641.44	I	
216502	11/09/12	000122	HEALTH FIRST	ESTEVES, JOSE	36.00		607.68	I	
216503	11/02/12	000122	HEALTH FIRST	FERGERSON, TINA	32.00		540.16	I	
216504	11/09/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
216505	11/09/12	000122	HEALTH FIRST	FONTANES, PEDRO	40.00		675.20	I	
216506	11/09/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
216507	11/09/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
216508	11/09/12	000122	HEALTH FIRST	LARA, TOMASA	48.00		810.24	I	
216509	11/09/12	000122	HEALTH FIRST	LAZALA, GLADYS	49.00		827.12	I	
216510	11/09/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	77.00		1,299.76	I	
216511	11/09/12	000122	HEALTH FIRST	MACARENA, SAHAR	84.00		1,417.92	I	
216512	11/09/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
216513	10/26/12	000122	HEALTH FIRST	PALAZZOLO, FLOR	120.00		2,025.60	I	
216514	11/09/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
216515	11/09/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	I	
216516	11/09/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
216517	11/09/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
216518	11/09/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	I	
216519	11/09/12	000122	HEALTH FIRST	SPIVEY, PATRICI	24.00		405.12	I	
216520	11/09/12	000122	HEALTH FIRST	SURIEL, GERTRUD	58.00		979.04	Ī	
216521	11/09/12	000122	HEALTH FIRST	VASOUEZ, OLGA	20.00		337.60	Ī	
216522	10/26/12	000122	HEALTH FIRST	VEGA, GLORTA	104.00		1.755.52	Ī	
	,0,								
				CUSTOMER	1,453.00	0.00	24,526.64		
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN BOWERS, DIANE CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DELACRUZ, ANA ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA PALAZZOLO, FLOR RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG SALHUANA, YOLAN SPIVEY, PATRICI SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA CUSTOMER	1,453.00	0.00	24,526.64		

			YSIDE CITYWIDE		NY NY S REGISTEF			PAGE 1	- 2	99
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			NHP NEIGHBOR	HOOD I	HEALTH
				SALE	S REGISTER	₹		BILL WEEK EN	DING	11/16/12
TATIOTORU	DAME.	GIIGE NO	CHCHOMED NAME							
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT			SURPLUS
216523	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	AHMED, UMARA AKHTER, SELINA CHUKWUJIORAH, T DIAZ 1, CARMEN FERNANDEZ, MARI FLORES, MARITZA HAMPTON, PRISCI JONES, CYNTHIA KHALIL, RASHAN KHAN, FARUQUE	56.00		945.28	I	
216524	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	AKHTER, SELINA	45.00		759.60	I	
216525	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	CHUKWUJIORAH, T	36.00		607.68	I	
216526	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	DIAZ 1, CARMEN	28.00		472.64	I	
216527	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
216528	10/19/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	FLORES, MARITZA	130.00		2,194.40	I	
216529	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	HAMPTON, PRISCI	45.00		759.60	I	
216530	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	JONES, CYNTHIA	2.00		33.76	I	
216531	10/26/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KHALIL, RASHAN	57.00		962.16	I	
216532	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KHAN, FARUQUE	71.00		1,198.48	I	
216533	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KROLL, KATHERIN	39.00		658.32	I	
216534	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	MOSKOWITZ, RONA	36.00		607.68	I	
216535	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	OCASIO, VIRGINI	30.00		506.40	I	
216536	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	RODRIGUEZ, JESS	15.00		253.20	I	
216537	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	RODRIGUEZ, MARI	20.00		337.60	I	
216538	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	SHEPPARD, ERMA	66.00		1,114.08	I	
216539	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	WELLS, WYNORIA	16.00		270.08	I	
216540	11/09/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KHAN, FARUQUE KROLL, KATHERIN MOSKOWITZ, RONA OCASIO, VIRGINI RODRIGUEZ, JESS RODRIGUEZ, MARI SHEPPARD, ERMA WELLS, WYNORIA WILSON, SHERYL	38.00		641.44	I	
					CUSTOMER	742.00	0.00	12,524.96		
					CATEGORY	742.00	0.00	12,524.96		

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3	0.0
SALES JRN	IL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/F	IDELIS
				SALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	11/09/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	42.00		708.54	I	
216542	10/12/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	54.00		910.98	I	
216543	11/09/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	49.00		826.63	I	
216544	11/09/12	000126	NYS CATHOLIC/FIDELIS	ISKANDER, JACOU	48.00		809.76	I	
216545	11/09/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	19.00		320.53	I	
216546	10/26/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	81.00		1,366.47	I	
	11/09/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	12.00		202.44	I	
	11/09/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	35.00		590.45	T	
	11/09/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	36.00		607.32	T	
210319	11/00/12	000120	NID CHIMODIC/IIDBBID	VINCOLO, IGIQUEE					
				CUSTOMER	376.00	0.00	6,343.12		
				CATEGORY	376.00	0.00	6,343.12		

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYW	DE REGNY NY SALES REGIST	E R		PAGE 1 - UHC UNITED HEALT BILL WEEK ENDING	ГН
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
216550 11/09/12 216551 11/09/12 216552 11/02/12	000128 UNITED HEALTH CA 000128 UNITED HEALTH CA 000128 UNITED HEALTH CA	E MILLAN, ARMIDA	70.00 53.00 112.00		1,201.20 I 909.48 I 1,921.92 I	
		CUSTOMER	235.00	0.00	4,032.60	
		CATEGORY	235.00	0.00	4,032.60	

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 30	02
SALES JR	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			EHP EMBLEM H	EALTH	
				SALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216553	11/09/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	21.00		294.00	I	
216554	11/02/12	000114	EMBLEM HEALTH	COPE, WILLIE	90.25		1,263.50	I	
216555	11/02/12	000114	EMBLEM HEALTH	COPELAND, ELISE	56.00		798.00	I	
216556	11/09/12	000114	EMBLEM HEALTH	DE JESUS, TIBUR	84.00		1,197.00	I	
216557	11/09/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
216558	11/09/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	36.00		504.00	I	
216559	11/09/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	48.00		672.00	I	
216560	11/09/12	000114	EMBLEM HEALTH	KEATON, CATHERI	83.50		1,169.00	I	
216561	11/09/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
216562	11/09/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	83.50		1,169.00	I	
				CUSTOMER	534.25	0.00	7,514.50		
				CATEGORY	534.25	0.00	7,514.50		

-	11/14/12 - NL # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE RE S A L	G NY NY ES REGISTER	2		PAGE 1 HIP HEALTH IN BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216563 216564 216565 216566 216567 216568	11/09/12 11/09/12 11/09/12 11/09/12 11/09/12 11/09/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE LOYOLA, MARIA ORR, LOUISE SHAH, HANSIKABE WILLIAMS, DIANE	12.00 20.00 40.00 35.00 5.00 20.00		202.56 337.60 675.20 590.80 84.40 337.60	I I I I I	
				CUSTOMER	132.00	0.00	2,228.16		
				 CATEGORY	132.00	0.00	2,228.16		

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 30	04
SALES JRN	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLU	S HEAD	LTH
				SALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216569	10/26/12	000130	METROPLUS HEALTH	ANDERSON, BETH	34.00		583.10	I	
216570	10/12/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
216571	11/09/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	58.00		994.70	I	
216572	11/02/12	000130	METROPLUS HEALTH	DOBBINS, SANDRA	190.00		3,258.50	I	
216573	11/02/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	24.00		411.60	I	
216574	11/09/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
216575	11/09/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	32.00		548.80	I	
216576	11/09/12	000130	METROPLUS HEALTH	OSORIO, ELVIA	9.00		154.35	I	
216577	10/26/12	000130	METROPLUS HEALTH	PERSAD, USHA	80.00		1,372.00	I	
216578	11/09/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	20.00		343.00	I	
216579	10/26/12	000130	METROPLUS HEALTH	RYALS, CHARLES	80.00		1,372.00	I	
216580	10/26/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	40.00		686.00	I	
216581	11/02/12	000130	METROPLUS HEALTH	VALLE, BLASINA	54.00		926.10	I	
				CUSTOMER	724.00	0.00	12,416.60		
				CATEGORY	724.00	0.00	12,416.60		

RUN DATE 11/14/12 - SALES JRNL # 0307		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
216582 11/09/12 216583 11/09/12 216584 11/09/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 36.00 48.00		842.80 619.20 825.60	I I I	
				CUSTOMER	133.00	0.00	2,287.60		
				CATEGORY	133.00	0.00	2,287.60		

	11/14/12 - NL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY S A L E S	NY REGISTER			AMG AMERIGRO		11/16/12
				SALES	REGISIER	-		BILL WEEK EN	JING -	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216585	11/09/12	000132	AMERIGROUP	DE	ENNISON, KELVI	28.00		472.64	I	
216586	11/09/12	000132	AMERIGROUP	ES	SPERSON, CLAUD	8.00		135.04	I	
216587	11/09/12	000132	AMERIGROUP	FE	RNANDEZ, NORK	42.00		708.96	I	
216588	11/02/12	000132	AMERIGROUP	FR	RASIEUR, GARY	17.00		286.96	I	
216589	11/09/12	000132	AMERIGROUP	GU	JERRA, LORRAIN	38.00		641.44	I	
216590	11/09/12	000132	AMERIGROUP	HA	ARDING, EDNA	16.00		270.08	I	
216591	11/02/12	000132	AMERIGROUP	MI	CHEL, VERULIA	42.00		708.96	I	
216592	11/09/12	000132	AMERIGROUP	PR	RUITT, JOHNNY	8.00		135.04	I	
					CUSTOMER	199.00	0.00	3,359.12		
					CATEGORY	199.00	0.00	3,359.12		

RUN DATE 11/14/12 - SALES JRNL # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 HCP HEALTHCARE PA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216593 11/09/12 216594 11/09/12 216595 11/09/12	000148 000148 000148	HEALTH CARE PARTNERS HEALTH CARE PARTNERS HEALTH CARE PARTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 12.00 16.00		1,063.44 I 202.56 I 270.08 I	
			CUSTOMER	91.00	0.00	1,536.08	
			CATEGORY	91.00	0.00	1,536.08	

	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 308
SALES JRNL # 0307	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		ICS INDEPENDENCE CARE SYSTEMS BILL WEEK ENDING 11/16/12
		SALES REGISTER		BILL WEEK ENDING 11/10/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
216596 11/02/12	000172 INDEPENDENCE CARE SY	STEMS MUSHAYEV, BORIS	28.00	445.20 I
		CATEGORY	28.00 0.00	445.20

RUN DATE 1	11/14/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 309	
SALES JRNI	L # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG N	Y NY			VCS VNSNY CHO	ICE SELECTHE	ALTH
				SALES	REGISTER			BILL WEEK END	ING 11/16/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	S
									_	
216597	11/09/12	000170	VNSNY CHOICE SELECT	HEALTH	KARASSAVIDES, A	35.00		600.60	I	
						25 00		600 60		_
					CATEGORY	35.00	0.00	600.60		

RUN DATE 11,	/14/12 - SI	UP SUNN	YSIDE CITYWIDE				PAGE 1	- 3	10
SALES JRNL	# 0307 Lo	OC 001	SUNNYSIDE CITYWIDE REG	NY NY			PAR PRIVATE		
			SALE	S REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE# I	DATE C	UST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
016500 11	100/10						116.00	_	
		00002	SUNNYSIDE COMMUNITY SERVICES	ANGEL, LUCY	8.00		116.00	I	
		00002	SUNNYSIDE COMMUNITY SERVICES	ESCOBAR, MARIA	8.00		116.00	I	
		00002	SUNNYSIDE COMMUNITY SERVICES	ESPINOZA, LUPE	12.00		174.00	I	
216601 10,	/26/12 0	00002	SUNNYSIDE COMMUNITY SERVICES	RAYZMAN, SOLOMO	1.00		14.50	I	
216602 11,	/09/12 0	00002	SUNNYSIDE COMMUNITY SERVICES	RICKS, WALTER	8.00		116.00	I	
216603 11,	/09/12 0	00002	SUNNYSIDE COMMUNITY SERVICES	RIZZO, SALVATOR	6.75		97.88	I	
				CUSTOMER	43.75	0.00	634.38		
216604 11,	/09/12 0	00040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
	,,								
216605 11,	/09/12 0	00049	DOMINICAN SISTERS FAM HLTH	MORSHELINA, NAS	15.00		217.50	I	
216606 11,	/02/12 0	00078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	4.00		62.00	I	
216607 11,	/09/12 0	00078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CUSTOMER	12.00	0.00	186.00		
				CATEGORY	90.75	0.00	1,347.88		

RUN DATE	11/14/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 31	.1
SALES JRI	NL # 0307	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN	'S AID	SOCIETY
			S A	ALES REGISTER			BILL WEEK EN	DING	11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
016600	11 /00 /10	00000	CULT DDDDV/G 3 TD GOGTDDV	517777 MITTOUS	F 00		BB 50	_	
216608	11/09/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	5.00		77.50	Τ	
216609	10/12/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
216610	10/19/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
216611	11/02/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	2.00		31.00	I	
216612	11/02/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	2.00		31.00	I	
216613	11/02/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	4.00		62.00	I	
216614	11/02/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	2.00		31.00	T	
216615	11/09/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	28.00		434.00	Ť	
216616	11/09/12	000088	CHILDREN'S AID SOCIETY	VARGAS, BRANDON	13.50		209.25	±	
				,				<u>+</u>	
216617	11/09/12	000088	CHILDREN'S AID SOCIETY	VARGAS, JOHN	13.25		205.38	Т	
				CUSTOMER	81.75	0.00	1,267.13		
				CATEGORY	81.75	0.00	1,267.13		

RUN DATE 11/14/12 - SALES JRNL # 0307		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 312 PAR PRIVATE BILL WEEK ENDING 11/16	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
216618 11/09/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
			CATEGORY	20.00	0.00	310.00	

RUN DATE 11/14/12 - SALES JRNL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 313 ELD ELDERSERVEHEALTH BILL WEEK ENDING 11/16/12
						, , ,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
216619 11/09/12	000101	ELDERSERVEHEALTH	BEAN, ELMIRA	20.00		285.00 I
216620 11/09/12	000101	ELDERSERVEHEALTH	BLACK, DOROTHY	16.00		228.00 I
			CUSTOMER	36.00	0.00	513.00
			CATEGORY	36.00	0.00	513.00

RUN DATE 11/14/12 - SALES JRNL # 0307	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	YWIDE REGNY NY SALES REGISTE	l R		PAGE 1 - 31 PAR PRIVATE BILL WEEK ENDING	11/16/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
216621 10/26/12 216622 11/09/12	000143 ETTORE COPPOLA 000143 ETTORE COPPOLA	COPPOLA, ETTORE COPPOLA, ETTORE	5.00 25.00		77.50 I 387.50 I	
		CUSTOMER	30.00	0.00	465.00	
		- CATEGORY	30.00	0.00	465.00	

RUN DATE 11/14/12 - SALES JRNL # 0307	RUN DATE 11/14/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0307 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER				PAGE 1 - 315 CCM COMPREHENSIVE CARE MGMT BILL WEEK ENDING 11/16/12		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
216623 11/09/12 216624 11/09/12 216625 11/09/12 216626 11/09/12 216627 11/09/12	000150 000150 000150 000150 000150	COMPREHENSIVE CARE MANAGEMENT COMPREHENSIVE CARE MANAGEMENT COMPREHENSIVE CARE MANAGEMENT COMPREHENSIVE CARE MANAGEMENT	GARCIA, MARIA MELAMED, ESTER PULLIAM, WILLIE	17.00 24.00 12.00 1.00 30.00		239.70 338.40 169.20 14.10 423.00	I I I
			CUSTOMER	84.00	0.00	1,184.40	
			CATEGORY	84.00	0.00	1,184.40	

	: 11/14/12 - RNL # 0307	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E		R		PAGE 1 PAR PRIVATE BILL WEEK ENI		16 11/16/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
216628	11/09/12	000155	ROSEMARY JIBAJA		JIBAJA, ROSEMAR	168.00		2,676.00	I	
216629	11/09/12	000179	DOROTHY TABICKMAN		TABICKMAN, DORT	12.00		186.00	I	
216630	11/09/12	000181	EDELMAN, MILDRED		EDELMAN, MILDRE	1.00		17.00	I	
216631	11/09/12	000183	STEPHEN EDEL		EDEL, CANDACE	81.00		1,279.50	I	
					 CATEGORY	262.00	0.00	4,158.50		

RUN DATE 11/14/12 - SALES JRNL # 0307		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 HHH HHH HOME BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
216632 11/02/12 216633 11/09/12	000192 000192	HHH LONG TERM HOME I		TOVAR, ELENA TOVAR, ELENA	5.50 34.00		82.50 510.00	I I
				CUSTOMER	39.50	0.00	592.50	
				 CATEGORY	39.50	0.00	 592.50	

	11/14/12 - NL # 0307	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	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		SURPLUS
216634	11/09/12	000193	ALZHEIMER'S ASSOCIATION, NYC	ESPINOZA, LUPE	8.00		124.00	I	
216635	11/09/12	000197	KLEA THEOHARIS	THEOHARIS, ARIS	18.00		279.00	I	
216636	11/09/12	000199	NORMA SCHORR	SCHORR, NORMA	11.50		178.25	I	
216637	11/09/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
216638	11/09/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
216639	10/19/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	5.00		67.50	I	
216640	11/09/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
216641	11/09/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	2.75		42.63	I	
216642 216643	10/26/12 11/09/12	009752 009752	PETER CAPORASO PETER CAPORASO	CAPORASO, VINCE CAPORASO, VINCE	12.00 24.00		204.00 408.00	I I	
				CUSTOMER	36.00	0.00	612.00		
216644	11/09/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	2.00		31.00	I	
216645	11/09/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
216646	11/09/12	010529	STEPHEN WEISS	WEISS, STELLA	4.00		68.00	I	
216647	11/09/12	010530	DANA SITILDES	ANSELMI, PETER	23.75		373.75	I	
216648	11/09/12	011016	MICHAEL SIANO	SIANO, ANDREW	30.00		405.00	I	
216649	11/09/12	011060	ROBIN WARREN CHARLES	WARREN, CYNTHIA	133.00		2,118.50	I	
216650	11/02/12	011394	HELGA JENSEN	JENSEN, HELGA	16.00		272.00	I	
216651	11/09/12	011536	CARNEY ELIZABETH	CARNEY, ELIZABE	13.50		209.25	I	
216652	11/09/12	011542	LUCY SAMPOGNA	SAMPOGNA, LUCY	10.00		158.00	I	
216653	11/09/12	011630	JAMES BENZ	CAGAN, RUMANDO	4.00		62.00	I	
216654	11/09/12	011642	ROSA FLORES	FLORES, ROSA	39.00		604.50	I	
				CATEGORY	414.50	0.00	6,525.38		
				LOCATION	23,373.00		363,701.79		
				COMPANY	23,373.00	0.00	363,701.79		

RUN DATE 11/14/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 319
SALES JRNL # 0307 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 11/16/12

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

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