RUN DATE 12/05/12 - SUP SUNNYSIDE CITYWIDE

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SALES JRNL # 0310 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS NIDE REGNY NY SALES REGISTER BILL WEEK ENDING 12/07/12 REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS I 56.96 I \_\_\_\_\_ \_\_\_\_\_ CUSTOMER 1,114.00 0.00 19,210.43

CATEGORY 1,114.00 0.00

PAGE

19,210.43

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			YSIDE CITYWIDE				PAGE 1		2
SALES JR	NL # 0310	TOG 001	SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			VCP CHOICE LE BILL WEEK ENI		12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218303	10/26/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	8.00		116.64	I	
218304	11/23/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	8.00		116.64	I	
218305	11/30/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48	I	
218306	11/23/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96	I	
218307	11/30/12	800000	VISITING NURSE SERVICE	ACOSTA, ALBERTO	20.00		291.60	I	
218308	11/30/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I	
218309	11/30/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I	
218310	11/30/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM			863.87	I	
218311	11/30/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	5.00		393.66	I	
218312	11/30/12	800000	VISITING NURSE SERVICE	AFZAL, AMIR	2.00		29.16	I	
				CUSTOMER	230.25	0.00	3,677.81		
				CATEGORY	230.25	0.00	3,677.81		

RUN DATE 12/	05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	3
SALES JRNL #	0310 LOC 001		REG NY NY			LTC NURSING HOM	•
		\$	SALES REGISTER			BILL WEEK ENDIN	G 12/07/12
TATTOT CELL D	7 MID 0110M 210	CHCEOMED MANE	DEEDDENGE	HOHDG	masz asem	AMOTTATE EXT	D GUDDI IIG
INVOICE# D.	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218313 11/	30/12 000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	40.00		583.20 I	
210313 11/	30/12 000000	VIBITING NORBE BERVICE	AGGIDAR, ZORAID	10.00		303.20 1	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 12/05/12 -	SUP SUNNYSIDE CITYWIDE		I	PAGE 1 -	4
SALES JRNL # 0310	LOC 001 SUNNYSIDE CITYWIDE REG NY	NY	7	VCP CHOICE LHCSA	
	SALES	REGISTER	E	BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218314 11/30/12 218315 11/30/12		GUILAR-PROCE, 14.00 CBAR, NASEEM 20.00		204.12 I 291.60 I	
		CUSTOMER 34.00	0.00	495.72	
		CATEGORY 34.00	0.00	495.72	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - 5 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218316 10/26/12 218317 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		5.00 34.00		72.90 I 495.72 I
			CUSTOMER	39.00	0.00	568.62
			CATEGORY	39.00	0.00	 568.62

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	6 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218318 11/30/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	24.00		349.92 I	
			CATEGORY	24.00	0.00	349.92	

RUN DATE 12/05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	7
SALES JRNL # 0310 LOC 001		G NY NY			VCP CHOICE L		
	SALE	ES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218319 11/30/12 000008	VISITING NURSE SERVICE	ALMANZAR, REMIG	3.25		47.39	I	
		CATEGORY	3.25	0.00	47.39		

	12/05/12 - NL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGA	- TE CA	8 RE PROGRAM
				SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218320	11/30/12	800000	VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	3.00		43.74	I	
218321	11/30/12	000008	VISITING NURSE SERVICE	ALVARADO, EUFEM	6.00		87.48		
				CUSTOMER	9.00	0.00	131.22		
				CATEGORY	9.00	0.00	131.22		

RUN DATE 12/05/12 -		CITYWIDE					-	9
SALES JRNL # 0310	LOC 001 SUNNY		GNY NY ES REGISTER			VCP CHOICE L BILL WEEK EN		12/07/12
INVOICE# DATE	CUST NO CUSTOM	MER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218322 11/30/12	000008 VISITI	NG NURSE SERVICE	ALVAREZ, DALILA	20.00		291.60	I	
			CATEGORY	20.00	0.00	291.60		

RUN DATE 12/05/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 10
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE A	DULT
		S	SALES REGISTER			BILL WEEK END	ING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218323 11/30/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48	I
			CATEGORY	56.00	0.00	816.48	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	1 –	11
SALES JRN	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE 1		
			5	SALES REGISTER			BILL WEEK E	NDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218324	11/30/12	800000	VISITING NURSE SERVICE	ANANIA, GLYGERI	16.75		244.22	I	
				CATEGORY	16.75	0.00	244.22	-	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWI	DE REGNY NY SALES REGISTEI	R		PAGE 1 - ADU ADULT BILL WEEK ENDING	12 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218325 11/30/12	000008 VISITING NURSE SE	RVICE ANANIA, GLYGERI	31.00		451.99 I	
		CATEGORY	31.00	0.00	451.99	

RUN DATE 12/05,	/12 - SUP SUNN	TYSIDE CITYWIDE				PAGE 1 -	13
SALES JRNL # 03	310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	SA
		S	SALES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218326 11/30,	/12 000008	VISITING NURSE SERVICE	ANDINO, ESTEBAN	19.25		280.68	I
218327 11/09	/12 000008	VISITING NURSE SERVICE	ANDRADE, LOLA	12.00		174.96	I
218328 11/30,	/12 000008	VISITING NURSE SERVICE	ANDRADE, LOLA	83.50		1,217.44	I
218329 11/30,	/12 000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	63.00		918.54	I
218330 11/30	/12 000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24	I
			CUSTOMER	205.75	0.00	2,999.86	
			CATEGORY	205.75	0.00	2,999.86	

RUN DATE 12/05/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 LTC NURSING BILL WEEK EN	HOMEW/	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218331 11/30/ 218332 11/30/		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.00 61.00		291.60 889.38	I I	
			CUSTOMER	81.00	0.00	1,180.98		
			CATEGORY	81.00	0.00	1,180.98		

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
218333 11/30/12 218334 11/30/12 218335 11/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ARGENTINA, CESS	24.00 8.00 46.00		349.92 116.64 670.68	I I I
			CUSTOMER	78.00	0.00	1,137.24	
			CATEGORY	78.00	0.00	1,137.24	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	16
SALES JRN	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010006	11 /20 /10	000000		101001101111 000	20.00		425 40 -	
218336	11/30/12	000008	VISITING NURSE SERVICE	E ASADOURIAN, COR	30.00		437.40 I	
				CAMEGODY	20.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	17
SALES JR	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTE	R		BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218337	11/02/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	8.00		116.64 I	
218338	11/23/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	8.00		116.64 I	
218339	11/30/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	40.00		583.20 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	18
SALES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			2	SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218340	11/30/12	800000	VISITING NURSE SERVICE	BADILLO, JOVITA	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	19
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218341 11/30/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	25.00		364.50	I
218342 11/30/12	000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	48.00		699.84	I
218343 11/30/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	50.00		729.00	I
218344 11/30/12	000008	VISITING NURSE SERVICE	BATTLE, JEANETT	49.00		714.42	I
			CUSTOMER	172.00	0.00	2,507.76	
			CATEGORY	172.00	0.00	2,507.76	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	20 G 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218345 11/16/12	000008 VISITING NURSE SERVICE	BAZAN, VICTORIA	5.00		72.90 I	
		CATEGORY	5.00	0.00	72.90	

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
218346 11/30/12 218347 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	• • • •	42.00 56.00		612.36 816.48	I I
			CUSTOMER	98.00	0.00	1,428.84	
			CATEGORY	98.00	0.00	1,428.84	

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	22 G 12/07/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218348 11/30/12	7 800000	VISITING NURSE SERVICE	BEEBE, LINDA	2.00		29.16 I	
			CATEGORY	2.00	0.00	29.16	

	12/05/12 - NL # 0310	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		23
Bridde ord	NE    0310	100 001		SALES REGISTER			BILL WEEK EN		12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218349 218350	11/30/12 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	BELLOROFONTE, M BERENBLIT, SARA	151.00 6.00		2,201.58 87.48	I	
				CUSTOMER	157.00	0.00	2,289.06		
				CATEGORY	157.00	0.00	2,289.06		

ı	RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
ı	SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				;	SALES REGISTER			BILL WEEK ENDING	12/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	218351	11/30/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	33.00		481.14 I	
ı									
ı					CATEGORY	33.00	0.00	481.14	

RUN DATE 12/05/1	2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	-	25
SALES JRNL # 031	0 LOC 001		REG NY NY			VCP CHOICE L		
		:	SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218352 11/30/1	2 000008	VISITING NURSE SERVICE	BHATT, JYOTI	42.00		612.36	I	
			CATEGORY	42.00	0.00	612.36		

RUN DATE 12/05/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	26
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
TINVOICE    BITTE	CODI NO	CODIONER WILL	KEI EKEIVOE	1100115	11111 11111	11100111 111	BOILT EOB
218353 11/30/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 12/05/12 -			DDG NV NV			PAGE 1 - 27
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218354 11/30/12 218355 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		50.00 16.00		729.00 I 233.28 I
			CUSTOMER	66.00	0.00	962.28
			CATEGORY	66.00	0.00	962.28

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 28 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218356 11/30/12	000008 VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00	583.20 I
		CATEGORY	40.00 0.00	583.20

RUN DATE	12/05/12 -		YSIDE CITYWIDE				PAGE 1	_	29
SALES JRN	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218357	11/30/12	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	19.50		284.31	I	
218358	11/30/12	000008	VISITING NURSE SERVICE	BOCANEGREA, MAR	18.00		262.44	I	
218359	11/09/12	800000	VISITING NURSE SERVICE	BOJORQUEZDECHA,	6.00		87.48	I	
218360	11/30/12	000008	VISITING NURSE SERVICE	BOJORQUEZDECHA,	23.50		342.63	I	
218361	11/30/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60	I	
				CUSTOMER	87.00	0.00	1,268.46		
				CATEGORY	87.00	0.00	1,268.46		

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 30 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218362 11/30/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	20.00		291.60 I
			CATEGORY	20.00	0.00	291.60

RUN DATE 12/05/1						PAGE 1	
SALES JRNL # 031	LOC 001		REG NY NY			VCP CHOICE LH	
			SALES REGISTER			BILL WEEK END	ING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218363 11/23/1	L2 000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	4.00		58.32	I
218364 11/30/1	L2 000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96	I
				16.00			
			CUSTOMER	16.00	0.00	233.28	
			CATEGORY	16.00	0.00	233.28	

RUN DATE 12/05/12 - SALES JRNL # 0310		REG NY NY SALES REGISTER		PAGE 1 - 32 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218365 11/30/12	000008 VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00	510.30 I
		CATEGORY	35.00 0.00	510.30

			YSIDE CITYWIDE							33
SALES JRN	NT # 03T0	LOC 001	SUNNYSIDE CITYWID	REG 1 S A L E 3		7		VCP CHOICE L BILL WEEK EN		12/07/12
				рапе	S KEGISIEI	X		DITT MEEV EN	DING	12/0//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218366	11/30/12	800000	VISITING NURSE SER	ICE	BOYLAN, FRANK	69.75		1,016.96	I	
218367	11/30/12	800000	VISITING NURSE SER	ICE	BRACERO, HELEN	83.75		1,221.08	I	
218368	11/30/12	800000	VISITING NURSE SER	ICE	BURGOS, RAFAELA	9.00		131.22	I	
218369	11/30/12	000008	VISITING NURSE SER	ICE	BURITICA, INES	24.75		360.86	I	
218370	11/30/12	800000	VISITING NURSE SER	ICE	BURNS, MARGARET	56.00		816.48	I	
					CUSTOMER	243.25	0.00	3,546.60		
					CATEGORY	243.25	0.00	3,546.60		

RUN DATE 12/05/12 -							34
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218371 11/30/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	50.00		729.00 I	
			CATEGORY	50.00	0.00	729.00	

RUN DATE 12/05/1	2 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 3	5
SALES JRNL # 031	0 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		\$	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218372 11/30/1	2 000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
218373 11/30/1	2 000008	VISITING NURSE SERVICE	CAIPO, MATILDE	38.25		557.69 I	
			CUSTOMER	48.25	0.00	703.49	
			CATEGORY	48.25	0.00	703.49	

RUN DATE 12/05/12 - SUP SUNN SALES JRNL # 0310 LOC 001		S NY NY			PAGE 1 - 36 ADU ADULT	
"	SALE	ES REGISTER			BILL WEEK ENDING 12/07/12	
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218374 11/30/12 000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60 I	
		CATEGORY	70.00	0.00	1,020.60	

RUN DATE 12/05 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		37
DALLO GIAVE # 0	310 100 001		SALES REGISTER			BILL WEEK EN		12/07/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218375 11/30 218376 11/30		VISITING NURSE SERVICE VISITING NURSE SERVICE	·	43.50 56.00		634.24 816.48	I	
			CUSTOMER	99.50	0.00	1,450.72		
			CATEGORY	99.50	0.00	1,450.72		

ı	RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	38
ı	SALES JRN	rL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
ı				i	SALES REG	ISTER		BILL WEEK ENDI	NG 12/07/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENC	E HOURS	TAX AMT	AMOUNT T	YP SURPLUS
ı									
ı	218377	11/30/12	800000	VISITING NURSE SERVICE	CANO, ADE	LINA 35.75		521.24	I
ı									
ı					G3 =				
ı					CAT	EGORY 35.75	0.00	521.24	

RUN DATE 12/05/12 - SUP SUNNY	SIDE CITYWIDE				PAGE 1	-	39
SALES JRNL # 0310 LOC 001	SUNNYSIDE CITYWIDE REG N				VCP CHOICE L		
	SALES	S REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218378 11/30/12 000008	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72	I	
		CATEGORY	84.00	0.00	1,224.72		

RUN DATE 12/05/12							40
SALES JRNL # 0310	LOC 001		REG NY NY			LTC NURSING HOMEW	
		2	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218379 11/30/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	34.75		506.66 I	
			CATEGORY	34.75	0.00	506.66	

			YSIDE CITYWIDE				11102		41
SALES JRI	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218380	11/09/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	5.50		80.19	I	
218381	11/30/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	83.00		1,210.16	I	
218382	10/26/12	000008	VISITING NURSE SERVICE	CARDOZA, ANAIDA	6.00		87.48	I	
218383	11/30/12	000008	VISITING NURSE SERVICE	CARELA-REYES, M	23.50		342.64	I	
218384	11/30/12	800000	VISITING NURSE SERVICE	CARLOS, JULIA	8.00		116.64	I	
				CUSTOMER	126.00	0.00	1,837.11		
				CATEGORY	126.00	0.00	1,837.11		

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
SALES JRN	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADU	LT
				SALES REGISTER			BILL WEEK ENDING	G 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218385	11/30/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

RUN DATE 12/05/12 - SUP SUNNYSIDE CITYWI	DE		PAGE 1 -	43
SALES JRNL # 0310 LOC 001 SUNNYSIDE	CITYWIDE REG NY NY		LAD NURSING HOME	W/O WALLS LT
	SALES REGIST	E R	BILL WEEK ENDING	12/07/12
INVOICE# DATE CUST NO CUSTOMER NA	ME REFERENCE	HOURS TAX AM	T AMOUNT TYP	SURPLUS
218386 11/30/12 000008 VISITING NU	RSE SERVICE CARTAGENA, FRAN	53.25	776.39 I	
	CATEGORY	53.25 0.0	0 776.39	
	CITIOOILI	33.23	770.33	

RUN DATE 12/05/12 - SUP SUNN SALES JRNL # 0310 LOC 001		EG NY NY			PAGE 1 - ADU ADULT	44
	S A L	ES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218387 11/30/12 000008	VISITING NURSE SERVICE	CASTANEDA, JOSE	6.00		87.48	I
		CATEGORY	6.00	0.00	87.48	

RUN DATE 12/05/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	3 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
218388 11/30/		VISITING NURSE SERVICE		12.00		174.96 I 306.18 I	
218389 11/30/ 218390 11/30/		VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	21.00 29.00		422.82 I	
			CUSTOMER	62.00	0.00	903.96	
			CATEGORY	62.00	0.00	903.96	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 46 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218391 11/30/12	000008 VISITING NURSE SERVI	CE CHAPPLE, VICKIE	18.50	269.75 I
		CATEGORY	18.50 0.00	 269.75

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	1 –	47	
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE	LHCSA		
			5	SALES REGISTER			BILL WEEK E	NDING	12/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
218392	11/30/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40	I		
				CATEGORY	30.00	0.00	437.40			

RUN DATE 12/05/12 - SUP SUNNYSIDE CIT	TYWIDE		PAGE 1 - 48
SALES JRNL # 0310 LOC 001 SUNNYS	IDE CITYWIDE REG NY NY		LAD NURSING HOME W/O WALLS LT
	SALES REGIST	E R	BILL WEEK ENDING 12/07/12
INVOICE# DATE CUST NO CUSTOMER	R NAME REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218393 11/23/12 000008 VISITING	G NURSE SERVICE CHARLES, JOSE	15.00	218.70 I
	CATEGORY	15.00 0.00	218.70

			YSIDE CITYWIDE						_	49	
SALES JRN	1L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REGNY N BALES RE	· <del>-</del>			VCP CHOICE LE		12/07/12	
				-							
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
218394	11/30/12	800000	VISITING NURSE SERVICE	CHAUCA	A, PEDRO	70.00		1,020.60	I		
					CATEGORY	70.00	0.00	1,020.60			

RUN DATE 12/05/12 - S	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	50
SALES JRNL # 0310 I	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDIN	G 12/07/12
INVOICE# DATE (	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218395 11/30/12 0	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	35.00		510.30 I	
			CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 -	- 51
SALES JRI	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		VCP CHOICE LHO	
				SALES REGISTE	K		BILL WEEK END	ING 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
218396	11/30/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	30.00		437.40	I
218397	11/30/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	48.00		699.84	I
218398	11/30/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	31.00		451.99	I
				CUSTOMER	109.00	0.00	1,589.23	
				==-				
				CATEGORY	109.00	0.00	1,589.23	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	52
SALES OR	4L # 03I0	100 001		ALES REGISTER			BILL WEEK ENDIN	IG 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218399	11/30/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48	<u>.</u>
				CATEGORY	6.00	0.00	87.48	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 53
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENI	DING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218400 11/30/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	16.00		233.28	I
218401 11/30/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	20.00		291.60	I
218402 11/30/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I
						1 105 04	
			CUSTOMER	78.00	0.00	1,137.24	
			CATEGORY	78.00	0.00	1,137.24	

RUN DATE 12/05	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 54
SALES JRNL # 0:	310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		\$	SALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218403 11/30	/12 000008	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I
			CATEGORY	168.00	0.00	2,449.44

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 55 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218404 11/30/12	000008 VISITING NURSE SERVICE	CORREA, MARGARI	30.00	437.40 I
		CATEGORY	30.00 0.00	437.40

RUN DATE 12/05/12 - SUP SU			PAGE 1 - 56
SALES JRNL # 0310 LOC 00			VCP CHOICE LHCSA
	SALES REG	ISTER	BILL WEEK ENDING 12/07/12
INVOICE# DATE CUST N	NO CUSTOMER NAME REFEREN	CE HOURS TAX AMT	AMOUNT TYP SURPLUS
218405 11/30/12 000008	8 VISITING NURSE SERVICE COSTA, A	NTOINET 20.00	291.60 I
	G)	TDGODY 20.00	201.60
	CA	TEGORY 20.00 0.00	291.60

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001		REG NY NY			PAGE 1 - LTC NURSING HOMEW	57 /O WALLS (LT
			SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218406 11/30/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	46.00		670.68 I	
			CATEGORY	46.00	0.00	670.68	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER		PAGE 1 - 58 HOA HOSPICE ADULT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218407 11/30/12	000008 VISITING NURSE SERVICE	COX, PETRA	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

			YSIDE CITYWIDE					11102		59
SALES JRNI	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY N				VCP CHOICE I		10/07/10
			2	SALES RE	GISTER			BILL WEEK EN	IDING	12/0//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
010400	11 /20 /10			~				0.770	_	
218408	11/30/12	800000	VISITING NURSE SERVICE	CRAWF'OF	RD, CARME	66.75		973.22	I	
					CATEGORY	66.75	0.00	973.22		

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 6	50
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LAD NURSING	HOME V	W/O WALLS LT
		5	SALES R	EGIST	E R		BILL WEEK EN	DING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218409 11/23/12	000008	VISITING NURSE SERVICE	CRUZ,	HECTOR	5.00		72.90	I	
218410 11/30/12	800000	VISITING NURSE SERVICE	CRUZ,	HECTOR	38.00		554.04	I	
				CUSTOMER	43.00	0.00	626.94		
				CATEGORY	43.00	0.00	626.94		

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	-	61
SALES JR	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE L		
				SALES R	EGISTE	R		BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218411	11/30/12	000008	VISITING NURSE SERVICE	CRUZ,	JUANA	20.00		291.60	I	
218412	11/30/12	800000	VISITING NURSE SERVICE	CRUZ,	LIDIA	34.00		495.72	I	
					CUSTOMER	54.00	0.00	787.32		
					CATEGORY	54.00	0.00	787.32		

RUN DATE 12/05/12 SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	62 G 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218413 11/30/12	000008	VISITING NURSE SERVICE	DABROWSKI, ALEK	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

	12/05/12 - NL # 0310	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING		63 /O WALLS (LT
				SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218414	11/30/12	800000	VISITING NURSE SERVICE	,	24.75		360.86	I	
218415	11/30/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	55.50		809.19	Τ	
				CUSTOMER	80.25	0.00	1,170.05		
				CATEGORY	80.25	0.00	1,170.05		

RUN DATE 1 SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		64
SALES UKNI	1 # 0310	100 001		SALES REGISTER			BILL WEEK ENI		12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	10/26/12 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 41.75		87.48 608.72	I	
				CUSTOMER	47.75	0.00	696.20		
				CATEGORY	47.75	0.00	696.20		

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 65
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		\$	SALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218418 11/30/12	800000	VISITING NURSE SERVICE	DE LA HOZ, RUTH	11.25		164.03 I
			CATEGORY	11.25	0.00	164.03

	- SUP SUNNYSIDE CITYWIDE					67
SALES JRNL # 0310	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY	_		LTC NURSING HOME	•
		SALES REGISTER	Κ.		BILL WEEK ENDING	12/0//12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218421 11/30/12	000008 VISITING NURSE SERV	CE DELACRUZ, SEFER	38.00		554.04 I	
		CATEGORY	38.00	0.00	554.04	

RUN DATE 12/05/12 -						11100	- 68
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
		S	SALES REGISTER			BILL WEEK ENL	ING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218422 11/30/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	30.00		437.40	I
218423 11/23/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	1.00		14.58	I
218424 11/30/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	28.00		408.24	I
218425 11/30/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	24.00		349.92	I
			CUSTOMER	83.00	0.00	1,210.14	
			CATEGORY	83.00	0.00	1,210.14	

			YSIDE CITYWIDE				PAGE 1 -	69
SALES JRN	1L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDIN	G 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218426	11/30/12	800000	VISITING NURSE SERVICE	DERAMIREZ, MERC	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

	# 0310 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI	ICSA	70 12/07/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
-	./30/12 000008 ./30/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.50 56.00		65.62 816.50	I I	
			CUSTOMER	60.50	0.00	882.12		
			CATEGORY	60.50	0.00	882.12		

ı	RUN DATE 1	L2/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	71
ı	SALES JRNI	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDING	G 12/07/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	218429 1	L1/30/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	42.00		612.36 I	
ı									
ı									
ı					CATEGORY	42.00	0.00	612.36	

RUN DATE 1	12/05/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	_	72
SALES JRNI	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L	HCSA	
				SALES R	EGIST	E R		BILL WEEK EN	DING	12/07/12
INVOICE#	DAME	CIICE NO	CLICHOMED NAME	DEED	RENCE	HOURS	max amm	7 MOLINIE	mv.	GIID DI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	KEFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218430 1	11/30/12	000008	VISITING NURSE SERVICE	DIAZ,	MARIA	34.75		506.66	I	
218431 1	11/30/12	800000	VISITING NURSE SERVICE	DIAZ,	OLGA	44.00		641.52	I	
218432 1	11/30/12	800000	VISITING NURSE SERVICE	DIAZ,	ROSA	42.00		612.36	I	
					-					
					CUSTOMER	120.75	0.00	1,760.54		
					CATEGORY	120.75	0.00	1,760.54		

RUN DATE 12/05	5/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	73
SALES JRNL # (	0310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	ALES REG	ISTER		BILL WEEK ENDING	3 12/07/12
INVOICE# DAT	TE CUST NO	CUSTOMER NAME	REFEREN	NCE HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
218433 11/30	0/12 000008	VISITING NURSE SERVICE	DIAZ, WI	ILLIAM 24.00		349.92 I	
			CA	ATEGORY 24.00	0.00	349.92	

RUN DATE 12/05/12 -		YSIDE CITYWIDE				PAGE 1 - 74	
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING 12,	/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
218434 11/30/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	35.25		513.95 I	
218435 11/30/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	19.75		287.96 I	
			CUSTOMER	55.00	0.00	801.91	
			CATEGORY	55.00	0.00	801.91	

RUN DATE 12/05/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	75
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218436 11/30/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 12 SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING  AMOUNT TYP	SURPLUS
			VISITING NURSE SERVICE	DUVERGE, MARIA	9.00	IAX ANI	131.22 I	SOKFIOS
	, ,							
				CATEGORY	9.00	0.00	131.22	

RUN DATE 12/05/12 - SALES JRNL # 0310	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			1 - 77 CHOICE LHCSA WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS T	CAX AMT	AMOUNT TYP SURPLUS
218438 11/30/12	000008 VISITING NURSE SERVICE	E ECHEGARAY, MARI	43.00		626.94 I
		CATEGORY	43.00	0.00	 626.94

RUN DATE 12/05/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	78
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDIN	G 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218439 11/30/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218440 11/30/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
			CATEGORY	4.00	0.00	58.32	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 80	
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	OGRAM
			5	SALES REGISTER			BILL WEEK ENDING 12/0	7/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
218441	11/30/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	16.00		233.28 I	
210111	11,00,12		VIBILING HONDE BEHVIOL	Elelen, elenes	10.00		233.20	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	81
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	<u> </u>
		:	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218442 11/30/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1	- 8	2
SALES JRN	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	TNG	10/07/10
				SALES REGISTE	K.		BILL WEEK END	ING	12/0//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
218443	11/30/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	55.75		812.84	I	
218444	11/23/12	000008	VISITING NURSE SERVICE	ESPINAL, JOSE	5.00		72.90	I	
218445	11/30/12	800000	VISITING NURSE SERVICE	ESPINAL, JOSE	24.75		360.86	I	
218446	11/30/12	800000	VISITING NURSE SERVICE	ESTADES, MARIA	23.00		335.34	I	
				CUSTOMER	108.50	0.00	1,581.94		
				CATEGORY	108.50	0.00	1,581.94		

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 83	
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	_
			2	SALES REGISTER			BILL WEEK ENDING 12/07/12	3
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
218447	11/30/12	800000	VISITING NURSE SERVICE	ETTIN, RUTH	20.00		291.60 I	
								-
				CATEGORY	20.00	0.00	291.60	

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 VCP CHOICE L BILL WEEK EN	HCSA	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218448 11/30/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	23.25		338.99	I	
			CATEGORY	23.25	0.00	338.99	-	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 85	
SALES JR	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 12/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
010440	11 /20 /10	000000			F0 F0		0.68 51 7	
218449	11/30/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	59.50		867.51 I	
				CATEGORY	59.50	0.00	867.51	
				CALEGORI	37.30	0.00	007.31	

RUN DATE 12/05/12	- SUP SUNNYSID	DE CITYWIDE				PAGE 1	. –	86
SALES JRNL # 0310	LOC 001 SUI	NNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I		
		S	ALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218450 11/30/12	000008 VIS	SITING NURSE SERVICE	FAMBIATOU, PARA	4.00		58.32	I	
			CATEGORY	4.00	0.00	58.32	-	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADU	
				SALES REGISTER			BILL WEEK ENDIN	
INVOI	- "	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	
21845	1 11/30/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	21.00		306.18	
				CATEGORY	21.00	0.00	306.18	

	TE 12/05/12 - JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	88 IG 12/07/12
INVOICE	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218452	11/30/12	800000	VISITING NURSE SERVICE	FAROUGIAS, ANGE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE AD	0,5
'	0111111	0010	200 001		SALES REGISTER			BILL WEEK ENDI	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
:	218453	11/30/12	800000	VISITING NURSE SERVICE	FAROUGIAS, EFTH	20.00		291.60	I
					CATEGORY	20.00	0.00	291.60	

RUN DATE 12/05/12 SALES JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	90
		\$	SALES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
218454 11/30/12	800000	VISITING NURSE SERVICE	FAY, JULIA	20.00		291.60	Ι
218455 11/23/12 218456 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	FERMIN, ORQUIDI FERMIN, OROUIDI	16.00 40.00		233.28 583.20	[
210430 11/30/12	000008	VISITING NORSE SERVICE	FERMIN, ORQUIDI	40.00		503.20	
			CUSTOMER	76.00	0.00	1,108.08	
			CATEGORY	76.00	0.00	1,108.08	

RUN DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	91
SALES JE	RNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218457	11/30/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1	- 9	92
SALES JR	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218458	11/30/12	000008	VISITING NURSE SERVICE	FERNANDEZ, ROSA	6.00		87.48	I	
218459	11/30/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	8.00		116.64	I	
				CUSTOMER	14.00	0.00	204.12		
				CATEGORY	14.00	0.00	204.12		

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218460	11/30/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	14.25		207.77 I	
				CATEGORY	14.25	0.00		

RUN DATE 12/05/1 SALES JRNL # 031		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	· ·
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218461 11/30/3	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	52.25		761.81 I	
			CATEGORY	52.25	0.00	761.81	

			YSIDE CITYWIDE						- 9	-
SALES JRNL	# 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA		
			5	SALES	REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218462 11	1/30/12	800000	VISITING NURSE SERVICE	FLE	CITMAN, KLARA	15.00		218.70	I	
					 CATEGORY	 15.00	0.00	218.70		

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
218463 11/30/12 218464 11/30/12 218465 11/30/12 218466 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FOLLETTO, ROSIN FONG, ALEFINA FONTEBOA, GUILL FREDERICK, AMEL	33.00 7.75 35.00 8.50		481.14 113.00 510.30 123.93	I I I
			CUSTOMER	84.25	0.00	1,228.37	
			CATEGORY	84.25	0.00	1,228.37	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
218467 11/30/12 218468 11/30/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		46.00 25.00		670.68 I 364.50 I	
			CUSTOMER	71.00	0.00	1,035.18	
			CATEGORY	71.00	0.00	1,035.18	

	12/05/12 - NL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	98 SA
			:	SALES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
218469	11/16/12	000008	VISITING NURSE SERVICE	- ,	25.00		364.50	[
218470 218471	11/30/12 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	25.00 6.00		364.50 87.48	[
2104/1	11/30/12	000008	VISITING NURSE SERVICE	GALLINA, VIRGIN	0.00		07.40	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	99
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218472 11/09/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	8.00		116.64	I
218473 11/30/12	800000	VISITING NURSE SERVICE	GALLO, BENJAMIN	39.75		579.56	I
218474 11/30/12	000008	VISITING NURSE SERVICE	GARAY, ANGELES	12.00		174.96	I
218475 11/30/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40	I
			CUSTOMER	89.75	0.00	1,308.56	
			CATEGORY	89.75	0.00	1,308.56	

	12/05/12 - NL # 0310	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 10	0
SALES UK	NT # 0310	TOC 001		SALES REGISTER			BILL WEEK END	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
111101011	21112	3321 1.3		TIET ERENOE	1100110		11100111		20112 202
218476	11/30/12	800000	VISITING NURSE SERVICE	GARCIA, URANIA	20.00		291.60	I	
218477	11/30/12	000008	VISITING NURSE SERVICE	GARY, MIKE	6.00		87.48		
				CUSTOMER	26.00	0.00	379.08		
				CATEGORY	26.00	0.00	379.08		

ı	RUN DATE 1	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	101
ı	SALES JRNI	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 12/07/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	218478 1	11/30/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	40.00		583.20 I	
ı									
ı									
ı					CATEGORY	40.00	0.00	583.20	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	102
SALES JRN	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218479	11/30/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 103
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218480 11/30/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	27.50		400.95 I
218481 11/30/12	800000	VISITING NURSE SERVICE	GERDES, WILLIAM	12.00		174.96 I
				20 50	0.00	
			CUSTOMER	39.50	0.00	575.91
			CATEGORY	39.50	0.00	575.91

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 104 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218482 11/30/12	000008 VISITING NURSE SERVICE	GIORGIO, WILLIA	48.75	710.78 I
		CATEGORY	48.75 0.00	710.78

RU	IN DATE	12/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 105	5
SA	ALES JRN	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	E PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING 1	L2/07/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21	.8483	11/30/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

	: 12/05/12 - :NL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	<u>.</u>
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218484	11/30/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE 12/05/12 -	SUP SUNNY	SIDE CITYWIDE				PAGE 1	- 107
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK EN	DING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218485 11/30/12	800000	VISITING NURSE SERVICE	GOMEZ, ROSANA	27.00		393.66	I
218486 11/30/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	21.75		317.12	I
			CUSTOMER	48.75	0.00	710.78	
			CATEGORY	48.75	0.00	710.78	

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 108 VCP CHOICE LHCSA BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218487 11/30/12 218488 11/16/12 218489 11/30/12 218490 11/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GONGORA, MARUJA GONZALEZ, CARLO GONZALEZ, CARLO GONZALEZ, DOLOR	4.00 4.00 20.00 35.00		58.32 I 58.32 I 291.60 I 510.30 I
			CUSTOMER	63.00	0.00	918.54
			CATEGORY	63.00	0.00	918.54

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNNYS LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 109 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218491 11/30/12 218492 11/30/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		25.50 21.00		371.80 I 306.18 I
			CUSTOMER	46.50	0.00	677.98
			CATEGORY	46.50	0.00	 677.98

RUN DATE 12/05/12 - SALES JRNL # 0310			EG NY NY ES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOME	CR NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218493 11/30/12 218494 11/30/12		IG NURSE SERVICE IG NURSE SERVICE	GOYES, ELBA GRAVER, EDNA	28.00 40.00		408.24 I 583.20 I	
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

RUN DATE 12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	11
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING	12/07/12
	GTTGT 370	GIIGHOMED MANG		*******		11101DT	G
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218495 11/30/12	000008	VISITING NURSE SERVICE	GREENBAUM, MASA	42.50		619.65 I	
210493 11/30/12	000008	VISITING NURSE SERVICE	GREENBAUM, MASA	42.50		019.05	
			CATEGORY	42.50	0.00	619.65	

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 112 LAA LOMBARDI AIDS ADULT POPUL BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218496 11/23/12 218497 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	7.00 35.00		102.06 I 510.30 I
			CUSTOMER	42.00	0.00	612.36
			CATEGORY	42.00	0.00	612.36

RUN DATE 12/05/1 SALES JRNL # 031		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		13
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218498 11/30/1 218499 11/30/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	GUEVARA, ELENA GUTIERREZ, ANGE	84.00 83.00		1,224.72 1,210.15	I	
			CUSTOMER	167.00	0.00	2,434.87		
			 CATEGORY	167.00	0.00	2,434.87		

RUN DATE 12/05/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	114
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218500 11/30/12	000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	24.00		349.92 I	
			 CATEGORY	24.00	0.00	349.92	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 115 ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 12/07/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218501 11/30/12 218502 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		42.00 24.00		612.36 I 349.92 I	
210302 11,30,12	00000	VIDITING NORDE BERVIOL	CUSTOMER	66.00	0.00	962.28	
			CODIONER				
			CATEGORY	66.00	0.00	962.28	

RUN DATE 12/05 SALES JRNL # 0			REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS: BILL WEEK ENDING	A
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218503 11/30	12 000008	VISITING NURSE SERVICE	HENDY, BERNICE	29.00		422.82 I	
			CATEGORY	29.00	0.00	422.82	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	117 G 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS T	TMA XAT	AMOUNT TY	P SURPLUS
218504 11/30/12	000008 VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48 I	
		CATEGORY	56.00	0.00	816.48	

RUN DATE 12/05/12 -		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 118 VCP CHOICE LHCSA	
SALES OIGH # 0310	100 001		ALES REGISTER			BILL WEEK ENDING 12/07/1	2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
218505 11/30/12	800000	VISITING NURSE SERVICE	HERNANDEZ, JUAN	36.00		524.88 I	
							_
			CATEGORY	36.00	0.00	524.88	

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	19
		:	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218507 11/23/12	V 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HERNANDEZ, MARI HERNANDEZ, MARI HERNANDEZ, MARI	4.00 10.00 37.00		58.32 I 145.80 I 539.46 I	
			CUSTOMER	51.00	0.00	743.58	
			CATEGORY	51.00	0.00	743.58	

RUN DATE 12/05/12 SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 120 VCP CHOICE LHCSA BILL WEEK ENDING 12/07/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
218509 11/30/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

ı	RUN DATE 12/	05/12 - SUP S	SUNNYSIDE CITYWI	DE				PAGE 1	- 12	21	
ı	SALES JRNL #	: 0310 LOC 0	001 SUNNYSIDE	CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT	
ı				S A	LES REGISTER			BILL WEEK ENI	DING	12/07/12	
ı											
ı	INVOICE# D	ATE CUST	NO CUSTOMER NA	AME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
ı											
ı	218510 11/	30/12 00000	)8 VISITING NU	JRSE SERVICE	HERRERA, ANGELA	31.00		451.98	I		
ı											
ı											
ı					CATEGORY	31.00	0.00	451.98			

RUN DATE 12/05/12 -		NYSIDE CITYWIDE				PAGE 1 - 122	
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS L'	Г
			SALES REGISTER			BILL WEEK ENDING 12/07/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218511 11/30/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 123
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENI	DING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218512 11/30/12	000008	VISITING NURSE SERVICE	HERRERA, HORACI	56.00		816.48	I
218513 11/23/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	7.00		102.06	I
218514 11/30/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I
						1 501 54	
			CUSTOMER	103.00	0.00	1,501.74	
			CATEGORY	103.00	0.00	1,501.74	

RUN DATE 12	/05/12 - 3	SUP SUNNY	SIDE CITYWIDE				PAGE 1 - 124	
SALES JRNL :	# 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 12/	07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
218515 11	/30/12	800000	VISITING NURSE SERVICE	HUSSAIN, AHMED	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 1 SALES JRNL			SIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGI	STER		PAGE 1 - ADU ADULT BILL WEEK ENDI	125 NG 12/07/12
INVOICE#	DATE CUS	ST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218516 1	1/30/12 000	0008 V	ISITING NURSE SERVICE	INNISS, CA	RMEN 9.00		131.22	I
				CATE	 GORY 9.00	0.00	131.22	

RUN DATE 1	12/05/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 126	
SALES JRNI	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS ADULT POPUL	
			:	SALES REGISTER			BILL WEEK ENDING 12/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218517	11/30/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	37.75		550.40 I	
					25 55			
				CATEGORY	37.75	0.00	550.40	

		12/05/12 · NL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 ADU ADULT	- 1	27	
		,,		S	SALES	REGISTER			BILL WEEK ENI	OING	12/07/12	
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
2	18518	11/30/12	800000	VISITING NURSE SERVICE	II	ISERRA, CATHER	48.75		710.78	I		
						CATEGORY	48.75	0.00	710.78			

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	128
SALES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218519	11/16/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 12/05/12 - SUP SUNNYSIDE CITYWIDE				PAGE 1 - 129
SALES JRNL # 0310 LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
	SALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
010500 11/20/10 000000 ****************************	77 77 77 77 77 77 77 77 77 77 77 77 77	0 85		105 50 7
218520 11/30/12 000008 VISITING NURSE SERVI 218521 11/30/12 000008 VISITING NURSE SERVI		8.75 15.00		127.58 I 218.70 I
210521 11/30/12 000000 VISITING NORSE SERVI	LE UACSO, ERZSEBEI	15.00		216.70 1
	CUSTOMER	23.75	0.00	346.28
	CATEGORY	23.75	0.00	346.28

RUN DATE 12/05/12 -	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 130
SALES JRNL # 0310	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	S	ALES REGISTER		BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218522 11/30/12	000008 VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00	670.68 I
		CATEGORY	46.00 0.00	670.68

			YSIDE CITYWIDE				PAGE 1	- 1	31
SALES JRNI	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	ALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218523 1	11/30/12	800000	VISITING NURSE SERVICE	JAMES, DAVINA	34.00		495.72	I	
218524 1	11/30/12	800000	VISITING NURSE SERVICE	JAMISON, BESSIE	12.00		174.96	I	
218525 1	11/30/12	800000	VISITING NURSE SERVICE	JARA DEURUCHIM,	3.00		43.74	I	
218526 1	11/30/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	77.00		1,122.66	I	
218527 1	11/30/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I	
				CUSTOMER	150.00	0.00	2,187.00		
				CATEGORY	150.00	0.00	2,187.00		

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 13 HOA HOSPICE ADULT BILL WEEK ENDING	_
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218528 11/30/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
			CATEGORY	70.00	0.00	1,020.60	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 133 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE H	OURS TAX AMT	AMOUNT TYP SURPLUS
218529 11/30/12	000008 VISITING NURSE SERVICE	JIMENEZ, ALTAGR	6.00	87.48 I
		CATEGORY	6.00 0.00	87.48

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218530 11/30/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218531 11/30/12 218532 11/30/12 218533 11/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JORRIN, HORTENS KAUR, SARD KAUR, SHARAN	25.00 8.00 40.00		364.50 116.64 583.20	I I I
			CUSTOMER	73.00	0.00	1,064.34	
			CATEGORY	73.00	0.00	1,064.34	

RUN DATE 12/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 136
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK END:	ING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
							_
218534 11/30/12	000008	VISITING NURSE SERVICE	KERNAN, DONALD	7.00		102.06	I
						100.06	
			CATEGORY	7.00	0.00	102.06	

		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 13 HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE‡	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218535	11/30/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	19.00		277.02 I	
				CATEGORY	19.00	0.00		

	DATE 12/05/12 S JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI		
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS	
2185	36 11/30/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	82.25		1,199.21	I	
				CATEGORY	82.25	0.00	1,199.21		

RUN DATE 12/05/1						PAGE 1 - 1	.39
SALES JRNL # 031	0 LOC 001		REG NY NY			ADU ADULT	10/07/10
			SALES REGISTER			BILL WEEK ENDING	12/0//12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218537 11/30/1	2 000008	VISITING NURSE SERVICE	KNOWLES, ANAMAR	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 140
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			SALES REGISTER			BILL WEEK ENDI	ING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
218538 11/30/12	000008	VISITING NURSE SERVICE	KOSTIKIAN, MARI	25.00		364.50	I
218539 11/30/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48	I
			CUSTOMER	81.00	0.00	1,180.98	
			CODICILLA	01.00	0.00	1,100.50	
			CATEGORY	81.00	0.00	1,180.98	

RUN DATE 12/05/12 - SUP SUNNYSIDE CITYWID SALES JRNL # 0310 LOC 001 SUNNYSIDE C	ITYWIDE REG NY NY		PAGE 1 - 141 ADU ADULT	
INVOICE# DATE CUST NO CUSTOMER NAM	SALES REGIST:  REFERENCE	E R HOURS TAX AMT	BILL WEEK ENDING 12/07/12  AMOUNT TYP SURPLUS	
218540 11/30/12 000008 VISITING NUR			43.74 I	
	CATEGORY	3.00 0.00	43.74	

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 142 VCP CHOICE LHCSA BILL WEEK ENDING 1	2/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218541 11/23/12 218542 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	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 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 143 ADU ADULT BILL WEEK ENDING 1:	2/07/12
			SALES KEGISIEK			BILL MEEK ENDING 1.	2/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218543 11/30/12	000008	VISITING NURSE SERVICE	- ,	6.00		87.48 I	
218544 11/30/12	000008	VISITING NURSE SERVICE	LAWRENCE, NANCY	4.00		58.32 I	
			CUSTOMER	10.00	0.00	145.80	
			CATEGORY	10.00	0.00	145.80	

RUN DATE	12/05/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	144
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			Ş	SALES REGI	STER		BILL WEEK ENDI	NG 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218545	11/30/12	800000	VISITING NURSE SERVICE	LEE, KATHLE	EEN 29.25		426.47	I
				CATEG	GORY 29.25	0.00	426.47	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 145
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENI	DING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218546 11/23/12	000008	VISITING NURSE SERVICE	LEE, MIRIAM G	2.00		29.16	I
218547 11/30/12	800000	VISITING NURSE SERVICE	LEE, MIRIAM G	8.00		116.64	I
			CUSTOMER	10.00	0.00	145.80	
			COSTONER	10.00	0.00	143.00	
			CATEGORY	10.00	0.00	145.80	

RUN DATE 12/05/12						PAGE 1 - 1	
SALES JRNL # 0310	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEV	•
		'	SALES REGISIER			BILL MEEK ENDING	12/0//12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218548 11/30/12	000008	VISITING NURSE SERVICE	LEGASPI, CECILI	12.00		174.96 I	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 12/05/12 - SUP SUNNYSIDE CITYWIDE				PAGE 1 -	147
SALES JRNL # 0310 LOC 001 SUNNYSIDE CITYWID	E REG NY NY			ADU ADULT	
	SALES REGISTE	R		BILL WEEK ENDIN	G 12/07/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218549 11/30/12 000008 VISITING NURSE SER	VICE LENDOIRO, JUAN	9.75		142.16 I	
	-				
	CATEGORY	9.75	0.00	142.16	

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 148 VCP CHOICE LHCSA BILL WEEK ENDING 12/07/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218550 11/30/12 218551 11/23/12 218552 11/30/12 218553 11/30/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LEWIS, CATHERIN LIGARDO, SOL M LIGARDO, SOL M LITSAS, MARTHA	56.00 8.00 21.25 25.00		816.48 I 116.64 I 309.83 I 364.50 I	
			CUSTOMER	110.25	0.00	1,607.45	
			CATEGORY	110.25	0.00	1,607.45	

RUN DATE 12/05/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 1	49
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H	HOME 1	W/O WALLS LT
		\$	SALES REGISTER			BILL WEEK ENI	DING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218554 11/23/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	6.00		87.48	I	
			CATEGORY	6.00	0.00	87.48		

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 150 HOMEW/O WALLS (LT DING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218555 11/30/12 218556 11/30/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	·	40.00 36.00		583.20 524.88	I I
			CUSTOMER	76.00	0.00	1,108.08	
			CATEGORY	76.00	0.00	1,108.08	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	151
SALES JRI	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	L
				SALES REGISTER			BILL WEEK ENDING	12/07/12
		GTTGT 370	GIIGEOMED MANG	222222	*******		3.40TPT	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218557	11/30/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	67.00		976.87 I	
210337	11/30/12	000000	VISITING NORSE SERVICE	LONDONO, AMIKA	07.00		270.07	
				CATEGORY	67.00	0.00	976.87	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 152
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK END	DING 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218558	11/09/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	6.00		87.48	I
218559	11/16/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	6.00		87.48	I
218560	11/23/12	000008	VISITING NURSE SERVICE	LONDONO, MARIA	6.00		87.48	I
218561	11/30/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	42.00		612.36	I
				CUSTOMER	60.00	0.00	874.80	
				 CATEGORY	60.00	0.00	874.80	

RUN DATE 12/05/12 - SUP SUNNYS SALES JRNL # 0310 LOC 001	SIDE CITYWIDE SUNNYSIDE CITYWIDE REG N	Y NY			PAGE 1 VCP CHOICE I	. – 15 .HCSA	53
BREED GRAD III GSTO EGG GGT	S A L E S				BILL WEEK EN		12/07/12
INVOICE# DATE CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218562 11/30/12 000008 V	VISITING NURSE SERVICE	LOPEZ, ANGELICA	35.00		510.30	I	
		CATEGORY	35.00	0.00	510.30		

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 154 ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218563 11/30/12 218564 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	LOPEZ, EVA LUACES, MIMITA	20.00		291.60 I 43.74 I
			CUSTOMER	23.00	0.00	335.34
			CATEGORY	23.00	0.00	335.34

RUN DATE 12/05/12 - SUP SU	UNNYSIDE CITYWIDE			PAGE	L – 155
SALES JRNL # 0310 LOC 00	1 SUNNYSIDE CITYWIDE	REG NY NY		CCL CONGREGA	ATE CARE PROGRAM
	S	ALES REGISTER		BILL WEEK EN	NDING 12/07/12
INVOICE# DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS TA	X AMT AMOUNT	TYP SURPLUS
218565 11/30/12 000008	VISITING NURSE SERVICE	LUCES, LETICIA	19.75	287.96	I
		CATEGORY	19.75	0.00 287.96	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 156
		S A L E S R E G I S T E R			BILL WEEK END	ING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218566 11/23/12 218567 11/30/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		40.00 40.00		583.20 583.20	I
		CUSTOMER	80.00	0.00	1,166.40	
		CATEGORY	80.00	0.00	1,166.40	

RUN DATE 12/05/12 - SUP SU	UNNYSIDE CITYWIDE			PAGE 1 - 157
SALES JRNL # 0310 LOC 00	01 SUNNYSIDE CITYWIDE	REG NY NY		CCL CONGREGATE CARE PROGRAM
	S A	LES REGISTER		BILL WEEK ENDING 12/07/12
INVOICE# DATE CUST 1	NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	TT AMOUNT TYP SURPLUS
218568 11/30/12 000008	8 VISITING NURSE SERVICE	LYMN, ANGIE	35.00	510.30 I
		CATEGORY	35.00 0.0	510.30

RUN DATE 12/05/12 - SALES JRNL # 0310	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	158 NG 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218569 11/30/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78	I
			CATEGORY	41.00	0.00	 597.78	

RUN DATE 12/	05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	159
SALES JRNL #	0310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
		2	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218570 11/3	30/12 000008	VISITING NURSE SERVICE	MAGILLIGAN, LOR	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 1	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	60
SALES JRNI	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGISTE	R		BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218571 1	11/30/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	78.00		1,137.24	I	
218572 1	11/30/12	800000	VISITING NURSE SERVICE	MALDONADO, DOMI	18.00		262.44	I	
218573 1	11/30/12	800000	VISITING NURSE SERVICE	MALDONADO, MARI	19.75		287.96	I	
218574 1	11/16/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	1.00		14.58	I	
218575 1	11/30/12	800000	VISITING NURSE SERVICE	MANGAN, JOHN	20.00		291.60	I	
				CUSTOMER	136.75	0.00	1,993.82		
				CATEGORY	136.75	0.00	1,993.82		

RUN DATE 12	2/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	161
SALES JRNL	# 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
				SALES REGISTER			BILL WEEK ENDING	G 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218576 13	1/30/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN I	DATE 12/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	52
SALE	S JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2185	77 11/16/12	800000	VISITING NURSE SERVICE	MARINO, ANN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

	ΓΕ 12/05/12 - JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218578	11/30/12	000008	VISITING NURSE SERVICE	MARINO, ANN	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE 12/05/12 -						PAGE 1 -	
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
		S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218579 11/30/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
			CATEGORY	43.00	0.00	626.94	

RUN DATE 12/05/12 - SALES JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 10 VCP CHOICE LHCSA	65
BALLS CIGNL # 0510	100 001		SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218580 11/30/12 218581 11/30/12	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	

RUN DATE 12/05/12 - S						PAGE 1 - 166
SALES JRNL # 0310 I	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		S	ALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE (	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218582 11/30/12 (	000008	VISITING NURSE SERVICE	MARTINEZ, ELENA	67.00		976.86 I
210302 11/30/12	000006	VISITING NURSE SERVICE	MARIINEZ, ELENA	67.00		970.00 1
			CATEGORY	67.00	0.00	976.86

RUN DATE	12/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 16	7
SALES JRI	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTI	E R		BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218583	11/30/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
218584	11/30/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	41.75		608.72	I	
218585	11/30/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	5.49		960.53	I	
218586	11/23/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	30.00		437.40	I	
218587	11/30/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	42.00		612.36	I	
				CUSTOMER	149.24	0.00	3,056.41		
				CATEGORY	149.24	0.00	3,056.41		

RUN DATE 12/05/12	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 16	8
SALES JRNL # 0310	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
	•	SALES REGISTE	R		BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218588 11/30/12	000008 VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54 I	
218589 11/30/12	000008 VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44 I	
218590 11/30/12	000008 VISITING NURSE SERVICE	MCCULLAGH, UNA	44.75		652.47 I	
		CUSTOMER	275.75	0.00	4,020.45	
		CATEGORY	275.75	0.00	4,020.45	

RUN DATE 12/05/12 - SUP SU	UNNYSIDE CITYWIDE			PAGE	1 - 169
SALES JRNL # 0310 LOC 00	01 SUNNYSIDE CITYWIDE REG N	Y NY		VCP CHOICE	E LHCSA
	SALES	REGISTER		BILL WEEK	ENDING 12/07/12
INVOICE# DATE CUST 1	NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUN	NT TYP SURPLUS
010501 11/20/10 00000			56.00	016	10 -
218591 11/30/12 000008	8 VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00	816.4	18 I
		CATEGORY	56.00 (	0.00 816.4	10
		CALEGURI	30.00	0.00	10

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNI LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
218592 11/30/12	000008	VISITING NURSE SERVICE	MEJIA, CLAUDIO	49.00		714.42 I	
			CATEGORY	49.00	0.00	714.42	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 171 VCP CHOICE LHCSA BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218593 11/30/12 218594 11/16/12 218595 11/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MEJIA, DINORAH MEJIA, MARINA MEJIA, MARINA	25.75 8.00 16.00		375.44 I 116.64 I 233.28 I
			CUSTOMER	49.75	0.00	725.36
			CATEGORY	49.75	0.00	725.36

RUN DATE	E 12/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 172	
SALES JF	RNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W	,
			\$	SALES REGISTER			BILL WEEK ENDING 12/	07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
218596	11/30/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	37.25		543.11 I	
				CATEGORY	37.25	0.00	543.11	

RUN DATE 12/05/12 - SALES JRNL # 0310			REG NY NY			PAGE 1 - ADU ADULT	173
		S	ALES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218597 11/30/12	000008	VISITING NURSE SERVICE	MENDEZ, ADA	34.00		495.72	I
			CATEGORY	34.00	0.00	495.72	

RUN DATE 12/05/12 - SALES JRNL # 0310		NNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 174 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218598 11/30/12	000008 VIS	ITING NURSE SERVICE	MENDEZ, NELLY	15.00		218.70 I
			CATEGORY	15.00	0.00	218.70

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 175 LTC NURSING HOMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING 12/07/12  AMOUNT TYP SURPLUS
218599 11/30/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I
			CATEGORY	39.00	0.00	568.62

RUN DATE 12/05/12 - SUP SUN SALES JRNL # 0310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 17 ADU ADULT BILL WEEK ENDING	
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218600 11/30/12 000008	VISITING NURSE SERVICE	MENYHERT, YAE	9.00		131.22 I	
		CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				PAGE 1 -	177
SALES JRNL	# 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			i	SALES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218601 11	/30/12	800000	VISITING NURSE SERVICE	MIRANDA, LUIS	30.00		437.40	I
218602 11	/30/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	11.75		171.32	I
218603 11	/30/12	800000	VISITING NURSE SERVICE	MONTALVO, FIDEL	21.00		306.18	I
218604 11	/30/12	800000	VISITING NURSE SERVICE	MONTOYA, ROSALB	12.00		174.96	Γ
				CUSTOMER	74.75	0.00	1,089.86	
				CATEGORY	74.75	0.00	1,089.86	

RUN DATE 12/05/12 - SALES JRNL # 0310		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 17 ADU ADULT	78
SALES OIGH # 0310	HOC 001		SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218605 11/30/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 12/05/1	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 - 1	L79
SALES JRNL # 031	0 LOC 001		REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218606 11/30/1	2 000008	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
			CATEGORY	35.00	0.00	510.30	

RUN DATE 12/05/12 - SALES JRNL # 0310		NNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 180 LTC NURSING HOMEW/O WA BILL WEEK ENDING 12/0	•
INVOICE# DATE	CUST NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
218607 11/23/12 218608 11/30/12		ITING NURSE SERVICE ITING NURSE SERVICE		6.00 36.00		87.48 I 524.88 I	
			CUSTOMER	42.00	0.00	612.36	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 12/05	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	181
SALES JRNL # 0	310 LOC 001		REG NY NY			LAD NURSING HOM	
		•	SALES REGISTER			BILL WEEK ENDING	± 12/0//12
INVOICE# DAT	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218609 11/30	12 000008	VISITING NURSE SERVICE	MORALES, CARMEN	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 18	32
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		:	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218610 11/30/12	000008	VISITING NURSE SERVICE	MOREL, NOHEMY P	12.00		174.96 I	
218611 11/30/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	42.00		612.36 I	
			CUSTOMER	54.00	0.00	787.32	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

ı	RUN DATE 1	L2/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 183
ı	SALES JRNI	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING 12/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	218612 1	1/30/12	000008	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I
ı					CATEGORY	20.00	0.00	291.60

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		PAGE 1 - 184 VCP CHOICE LHCSA
		SALES REGISTER		BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218613 11/30/12	000008 VISITING NURSE SERVICE	NICKELL, JEAN	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DATE 1 SALES JRNL		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	185
SALES URNL	1 # 0310	LOC UUI		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218614 1	1/30/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	35.00		510.30 I	
				CATEGORY	35.00	0.00		

RUN DATE 12/05/12 -	- SUP SUNNYSIDE C	ITYWIDE				PAGE 1 -	186
SALES JRNL # 0310	LOC 001 SUNNY	SIDE CITYWIDE REG	NY NY			CCL CONGREGATE	CARE PROGRAM
		SALE	S REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE	CUST NO CUSTOM	ER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218615 11/30/12	000008 VISITI	NG NURSE SERVICE	NIETO RAMOS, JO	62.50		911.25	I
			CATEGORY	62.50	0.00	911.25	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218616 10/26/12 218617 11/23/12 218618 11/30/12 218619 11/30/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NIEVES, NANCY NIEVES, NANCY NINO, CARMEN	20.00 20.00 50.00 20.00		291.60 I 291.60 I 729.00 I 291.60 I	
			CUSTOMER	110.00	0.00	1,603.80	
			CATEGORY	110.00	0.00	1,603.80	

RUN DATE 12/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 18	38
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW	O WALLS (LT
		5	SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218620 11/30/12	800000	VISITING NURSE SERVICE	NOBLIN, ELOISE	25.00		364.50	I	
218621 10/05/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	16.00		233.28	I	
218622 11/23/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	6.00		87.48	I	
218623 11/30/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	33.75		492.08	I	
			CUSTOMER	80.75	0.00	1,177.34		
			CATEGORY	80.75	0.00	1,177.34		

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 189
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
		i i i i i i i i i i i i i i i i i i i	SALES REGISTER			BILL WEEK END	ING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218624 11/30/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	49.00		714.42	I
218625 11/30/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	28.00		408.24	I
			CUSTOMER	77.00	0.00	1,122.66	
			COSTONER	77.00	0.00	1,122.00	
			CATEGORY	77.00	0.00	1,122.66	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 190 ADU ADULT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP SURPLUS
218626 11/30/12 218627 11/30/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	3.00 9.00	43.74 I 131.22 I
		CUSTOMER	12.00	0.00 174.96
		CATEGORY	12.00	 0.00 174.96

RUN DATE 12/05/12 - SALES JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 191	
BALLS CIUL # 0310	100 001		SALES REGISTER			BILL WEEK ENI		2/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218628 11/30/12 218629 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ORNANO, BOLIVAR ORTEGA, CARLOS	20.00		291.60 160.38	I	
210029 11/30/12	000000	VISITING NORSE SERVICE	ORIEGA, CARLOS					
			CUSTOMER	31.00	0.00	451.98		
			CATEGORY	31.00	0.00	451.98		

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 - 1	92
SALES JRNL	ı # 0310	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218630 1	11/30/12	800000	VISITING NURSE SERVICE	PAOLONI, MARY	14.50		211.42 I	
				CATEGORY	14.50	0.00	211.42	

RUN DATE 1	2/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 193
SALES JRNL	# 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
				SALES REGISTE:	R		BILL WEEK END	ING 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218631 1	1/30/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00	I
218632 1	1/30/12	800000	VISITING NURSE SERVICE	PAPOUTSIS, MARY	9.00		131.22	I
218633 1	1/30/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	56.00		816.48	I
218634 1	1/30/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	24.00		349.92	I
218635 1	1/30/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50	I
				CUSTOMER	164.00	0.00	2,391.12	
				CATEGORY	164.00	0.00	2,391.12	

			YSIDE CITYWIDE	DDG 1991				- 194
SALES JRI	NL # 0310	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			ADU ADULT BILL WEEK END	ING 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218636	11/30/12	800000	VISITING NURSE SERVICE	PEREA, LUIS	20.00		291.60	I
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE					- 19	95
SALES JR	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			Si	ALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218637	11/30/12	000008	VISITING NURSE SERVICE	PEREZ MONSER, C	48.75		710.78	т	
218638	11/30/12	000008	VISITING NURSE SERVICE	PEREZ, GLADYS	31.75		462.92	± +	
				•				±	
218639	11/30/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40	Τ	
218640	11/30/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	45.50		663.39	I	
218641	11/30/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	1.00		14.58	I	
218642	11/30/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50	I	
218643	11/30/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	36.00		524.88	I	
218644	11/30/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	30.00		437.40	I	
				CUSTOMER	248.00	0.00	3,615.85		
				 CATEGORY	248.00	0.00	3,615.85		

RUN DATE 12/05/12 - SALES JRNL # 0310	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	196 G 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218645 11/30/12	800000	VISITING NURSE SERVICE	POLANCO, JUAN	16.00		233.28 I	
			CATEGORY	16.00	0.00	233.28	

RUN DATE 12/05/12 -	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 197
SALES JRNL # 0310	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	\$	SALES REGISTER		BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218646 11/30/12	000008 VISITING NURSE SERVICE	PONCE, ALICIA	40.00	583.20 I
		CATEGORY	40.00 0.00	583.20

RUN DATE 12/05/12 SALES JRNL # 0310		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
218647 11/30/12 218648 11/30/12 218649 11/30/12	800000 000008 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PULLIZA, DIANNE	47.75 12.00 30.00		696.20 I 174.96 I 437.40 I	
			CUSTOMER	89.75	0.00	1,308.56	
			CATEGORY	89.75	0.00	1,308.56	

RUN	DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	199
SAL	ES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				i	SALES REGISTER			BILL WEEK ENDING	12/07/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218	650	11/30/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	49.00		714.42 I	
					CATEGORY	49.00	0.00		

RUN DATE 12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 200	)
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	L2/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218651 11/30/12	800000	VISITING NURSE SERVICE	OUIZHPI, MARIA	12.00		174.96 I	
218652 11/30/12	800000	VISITING NURSE SERVICE	RAJA, HANIFA	29.75		433.76 I	
			CUSTOMER	41.75	0.00	608.72	
				41 85			
			CATEGORY	41.75	0.00	608.72	

RUN DATE 12/05/12	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 201	
SALES JRNL # 0310	LOC 001		REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
			SALES REGISTER			BILL WEEK ENDING 12/07/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218653 11/30/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 12/05/12 -						PAGE 1 - 202
SALES JRNL # 0310	LOC 001		REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218654 11/30/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I
			CATEGORY	43.00	0.00	626.94

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	203
SALES JRNI	և # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			i	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010655					20.00		405 40 -	
218655	11/30/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	
				CALEGORY	30.00	0.00	437.40	

RUN DATE 12/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 204
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		:	SALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218656 11/30/12	800000	VISITING NURSE SERVICE	RAMOS, ISMAEL	3.00		43.74 I
			CATEGORY	3.00	0.00	43.74

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 205 VCP CHOICE LHCSA BILL WEEK ENDING 12	2/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
218657 11/30/12 218658 11/30/12 218659 11/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMPHAL, INDRIA RASMUSSEN, GEOR REINA, JOSE	20.00 6.50 20.00		291.60 I 94.77 I 291.60 I	
			CUSTOMER	46.50	0.00	677.97	
			CATEGORY	46.50	0.00	677.97	

- 1			NYSIDE CITYWIDE					206
	SALES JRNL # 0	310 LOC 001		REG NY NY			ADU ADULT	10/07/10
				SALES REGISTER			BILL WEEK ENDING	12/0//12
	INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	218660 11/30	/12 000008	VISITING NURSE SERVICE	RENDON, EDUARDO	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 12/05/12 SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REGNY 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
218661 11/30/12 218662 11/30/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	RICCA, MARIE RICE, SYDNEY	19.75 4.00		287.96 58.32	I I
			CUSTOMER	23.75	0.00	346.28	
			CATEGORY	23.75	0.00	346.28	

RUN DATE 12/05/12 - SALES JRNL # 0310			REG NY NY			PAGE 1 - CCL CONGREGATE C	
			SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218663 11/30/12	800000	VISITING NURSE SERVICE	RISCO, GUILEERM	49.00		714.42 I	
			CATEGORY	49.00	0.00	714.42	

			TYSIDE CITYWIDE					209
SALES	JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHC BILL WEEK ENDI	
				SALES REGISTER			DILL WEEK ENDI	10 12/0//12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
21866	4 11/23/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	16.00		233.28	I
				CATEGORY	16.00	0.00	233.28	

ı	RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	210
ı	SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				:	SALES REGISTER			BILL WEEK ENDING	12/07/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	218665	11/30/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
ı									
ı									
ı					CATEGORY	56.00	0.00	816.48	

	12/05/12 - NL # 0310	- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218666 218667 218668	11/30/12 11/23/12 11/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RIVERA, CARMEN RIVERA, ERNESTO RIVERA, ERNESTO	30.00 8.00 20.00		437.40 116.64 291.60	I I I
				CUSTOMER	58.00	0.00	845.64	
				CATEGORY	58.00	0.00	 845.64	

RUN DATE 12/05/12 SALES JRNL # 0310		REG NY NY SALES REGISTER			PAGE 1 - 212 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218669 11/16/12 218670 11/30/12		, -	4.00 20.00		58.32 I 291.60 I
		CUSTOMER	24.00	0.00	349.92
		CATEGORY	24.00	0.00	349.92

RUN DATE 12/05/12 - SALES JRNL # 0310		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	213 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218671 11/30/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
			CATEGORY	28.00	0.00	408.24	

RUN DATE 12/05/12 -						PAGE 1 -	
SALES JRNL # 0310	LOC 001 SU		REG NY NY			LTC NURSING HOME	•
		S	SALES REGISTER			BILL WEEK ENDING	12/0//12
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218672 11/30/12	000008 VIS	SITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 215 VCP CHOICE LHCSA BILL WEEK ENDING 12/0	7/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
218673 11/30/12 218674 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, BIEN RODRIGUEZ, IRMA	3.50 41.00		51.03 I 597.78 I	
			CUSTOMER	44.50	0.00	648.81	
			CATEGORY	44.50	0.00	648.81	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	216
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			2	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218675	11/30/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	71.00		1,035.18 I	
				CATEGORY	71.00	0.00	1,035.18	

RUN DATE 12/05/12 -			5-10 has			PAGE 1 - 217
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 12/07/12
			SALES KEGISIEK			BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218676 11/23/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARI	10.00		145.80 I
218677 11/30/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARI	24.00		349.92 I
			CUSTOMER	34.00	0.00	495.72
			CATEGORY	34.00	0.00	495.72

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	YWIDE REG NY NY SALES REGIS	TER	PAGE 1 - 218 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218678 11/23/12 218679 11/30/12	000008 VISITING NURSE 0000008 VISITING NURSE			291.60 I 291.60 I
		CUSTOME	R 40.00 0.00	583.20
		CATEGOR	Y 40.00 0.00	583.20

RUN DATE 12/05/1	2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 219	
SALES JRNL # 031	0 LOC 001		REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING 1	2/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218680 11/30/1	2 000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 220 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218681 11/16/12 218682 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	6.00 40.00		87.48 I 583.20 I
			CUSTOMER	46.00	0.00	670.68
			CATEGORY	46.00	0.00	670.68

RUN DATE 12/05/12 - SALES JRNL # 0310	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 221 ADU ADULT
			SALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218683 11/16/12 218684 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00		58.32 I 291.60 I
			CUSTOMER	24.00	0.00	349.92
			CATEGORY	24.00	0.00	349.92

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 222	
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
			S	SALES REGISTER			BILL WEEK ENDING 12/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218685	11/30/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	40.00		583.20 I	
				CATEGORY	40.00	0.00	 583.20	

RUN DATE 12/05/	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	223
SALES JRNL # 03	10 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	3 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218686 11/30/	12 000008	VISITING NURSE SERVICE	ROMERO, SANTHY	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	2	24
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY N	1X			LTC NURSING	HOMEW	O WALLS (LT
			SALES RE	EGIST	E R		BILL WEEK EN	DING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFER	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218687 11/30/12	000008	VISITING NURSE SERVICE	ROMO,	FLOR	56.00		816.48	I	
218688 11/16/12	800000	VISITING NURSE SERVICE	ROSA,	ANA	8.00		116.64	I	
218689 11/30/12	800000	VISITING NURSE SERVICE	ROSA,	ANA	40.00		583.20	I	
				CUSTOMER	104.00	0.00	1,516.32		
				CATEGORY	104.00	0.00	1,516.32		

			YSIDE CITYWIDE				PAGE 1		25
SALES JR	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	ALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218690	11/30/12	000008	VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48	I	
218691	11/30/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
218692	11/30/12	000008	VISITING NURSE SERVICE	ROSARIO, ELSA	35.00		510.30	I	
218693	11/30/12	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	10.00		145.80	I	
218694	11/23/12	000008	VISITING NURSE SERVICE	ROSARIOBREU, EM	5.00		72.90	I	
218695	11/30/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	21.00		306.18	I	
				CUSTOMER	143.00	0.00	2,084.94		
				CATEGORY	143.00	0.00	2,084.94		

RUN DATE 12/05/12						PAGE 1 - 226	
SALES JRNL # 0310	LOC 001		REGNY NY SALES REGISTER			ADU ADULT	2/07/12
		S	SALES REGISIER			BILL WEEK ENDING 1	2/0//12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010000 11 (00 (10				4 00			
218696 11/30/12	800000	VISITING NURSE SERVICE	ROSE, EVA	4.00		58.32 I	
			CATEGORY	4.00	0.00	58.32	

RUN DATE 12/05/12						PAGE 1 -	
SALES JRNL # 0310	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
			SALES REGISTER			BILL MEEK ENDING	12/0//12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218697 11/30/12	000008	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26 I	
			CATEGORY	47.00	0.00	685.26	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 228 LTC NURSING HOMEW/O WA BILL WEEK ENDING 12/0	,
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
218698 11/30/12	000008 VISITING NURSE SERVICE	RUFFEN, SANDRA	6.00		87.48 I	
		CATEGORY	6.00	0.00	87.48	

	05/12 - SUP SUNN		DEC NV NV			-	229
SALES JRNL #	0310 LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 12/07/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218699 11/	30/12 000008	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 2 HCSA	30
		S	SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP	SURPLUS
218700 11/30/12 218701 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SAK, FIRDEVS SALADIN, MARIA	15.00 76.75		218.70 1,119.02	I I	
, , , , ,			CUSTOMER	91.75	0.00	1,337.72		
			CATEGORY	91.75	0.00	1,337.72		

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	31
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218702	11/30/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
					26.00			
				CATEGORY	36.00	0.00	524.88	

RUN DATE 12/05/12 SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218703 11/16/12 218704 11/30/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	SAMPOGNA, LUCY SAMPOGNA, LUCY	10.00 75.75		145.80 1,104.44	I	
			CUSTOMER	85.75	0.00	1,250.24		
			CATEGORY	85.75	0.00	1,250.24		

			YSIDE CITYWIDE				PAGE 1 - 23	3
SALES JRN	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT	10/07/10
				SALES REGISIER			BILL WEEK ENDING	12/0//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218705	11/30/12	800000	VISITING NURSE SERVICE	SANCHEZ, ADOLFO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 12/05/12 -	- SUP SUNNYSIDE	E CITYWIDE				PAGE 1 -	234
SALES JRNL # 0310	LOC 001 SUN	NNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	!SA
		S A :	LES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE	CUST NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218706 11/30/12	000008 VISI	ITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42	I
			CATEGORY	49.00	0.00	714.42	

RUN DATE 12/	05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	35
SALES JRNL #	0310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218707 11/	/30/12 000008	VISITING NURSE SERVICE	SANCHEZ, MARIA	35.00		510.30 I	
			CATEGORY	35.00	0.00	510.30	

ı	RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 236	
	SALES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING 12/0	7/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
	218708	11/30/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	42.00		612.36 I	
					CATEGORY	42.00	0.00	612.36	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 237 ADU ADULT BILL WEEK ENDING 12/	07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
218709 11/16/12 218710 11/23/12 218711 11/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SANDOVAL, FANNY SANDOVAL, FANNY SANDOVAL, FANNY	4.00 8.00 15.00		58.32 I 116.64 I 218.70 I	
			CUSTOMER	27.00	0.00	393.66	
			CATEGORY	27.00	0.00	393.66	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218712 11/30/12 218713 11/30/12 218714 11/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SCOTT, CATHERIN	30.00 55.75 28.00		437.40 I 812.84 I 408.24 I	
			CUSTOMER	113.75	0.00	1,658.48	
			CATEGORY	113.75	0.00	1,658.48	

	12/05/12 - NL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	200
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218715	11/23/12	800000	VISITING NURSE SERVICE	SECONDINI, ANNA	1.00		14.58	I
				 CATEGORY	1.00	0.00	14.58	

RUN DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	40
SALES JRI	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			i	SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218716	11/30/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.00		524.88	I	
218717	11/30/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	68.75		1,002.38	I	
				CUSTOMER	104.75	0.00	1,527.26		
				CATEGORY	104.75	0.00	1,527.26		

RUN DATE 12/05/12 - SALES JRNL # 0310	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 241
		S	BALES REGISTER			BILL WEEK ENDI	ING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
218718 11/23/12 218719 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SERRA, JOSE SERRA, JOSE	7.00 34.25		102.06 499.38	I
			CUSTOMER	41.25	0.00	601.44	
			CATEGORY	41.25	0.00	601.44	

RUN DATE 12/05/12 SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSZ BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218720 11/30/12 218721 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	55.50 41.75		809.19 I 608.72 I	
			CUSTOMER	97.25	0.00	1,417.91	
			CATEGORY	97.25	0.00	1,417.91	

RUN DATE 12/0	05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	243
SALES JRNL #	0310 LOC 001		REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218722 11/3	30/12 000008	VISITING NURSE SERVICE	SHANNON, MADELI	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	

	12/05/12 - NL # 0310	- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218723 218724 218725	10/26/12 11/30/12 11/23/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SHARMA, DEROPDI SHARMA, DEROPDI SIFFETI, ROHAFZ	5.00 14.50 10.00		72.90 I 211.41 I 145.80 I	
				CUSTOMER	29.50	0.00	430.11	
				CATEGORY	29.50	0.00	430.11	

RUN DATE 12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	245
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
		S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218726 11/30/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 12/05/12 -			DEC NV NV			PAGE 1 - 246	
SALES JRNL # 0310	TOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 12/07/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218727 11/23/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	5.00		72.90 I	
218728 11/30/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40 I	
218729 11/16/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	12.00		174.96 I	
218730 11/30/12	000008	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70 I	
			CUSTOMER	62.00	0.00	903.96	
			CATEGORY	62.00	0.00	903.96	

	05/12 - SUP SUNN 0310 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - CCL CONGREGATE C	
SALES URNL #	0310 LOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218731 11/	30/12 000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	8.00		116.64 I	
			CATEGORY	8.00	0.00	116.64	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 248 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TYP SURPLUS
218732 11/30/12	000008 VISITING NURSE SERVICE	E SORIA, ROLANDO	30.00	437.40 I
		CATEGORY	30.00 0.	00 437.40

			YSIDE CITYWIDE					PAGE 1 -	249
SALES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE		NY			ADU ADULT	
			9	SALES R	EGISTE	R		BILL WEEK ENDI	NG 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
01000				~~~	~-	10.05		100 61	_
218733	11/30/12	000008	VISITING NURSE SERVICE	SOSA,	ELSA	12.25		178.61	1
					CATEGORY	12.25	0.00	178.61	

RUN DATE 12/05/1							- 250	
SALES JRNL # 031	0 LOC 001		REG NY NY			VCP CHOICE LE		
		2	SALES REGISTER			BILL WEEK ENI	DING 12/07/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
218734 11/30/1	2 000008	VISITING NURSE SERVICE	STAFILIAS, EVAN	47.25		688.91	I	
			CATEGORY	47.25	0.00	688.91		
			CAILGONI	17.23	0.00	000.71		

RUN DATE 12/05/12 - SUP SUNNY SALES JRNL # 0310 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG N	IY NY			PAGE 1 - ADU ADULT	251
	SALES	REGISTER			BILL WEEK ENDIN	G 12/07/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS I	'AX AMT	AMOUNT TY	P SURPLUS
218735 11/30/12 000008	VISITING NURSE SERVICE	STALZER, STEPHA	69.75		1,016.96 I	
		CATEGORY	69.75	0.00	1,016.96	

RUN DATE 12/0	)5/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	252
SALES JRNL #	0310 LOC 001		REG NY NY			VCP CHOICE LHCS	
		:	SALES REGISTER			BILL WEEK ENDING	G 12/07/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
218736 11/3	30/12 000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	55.25		805.55 I	
			CATEGORY	55.25	0.00	805.55	

RUN DATE 12/05/12 SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 253 HOA HOSPICE ADULT BILL WEEK ENDING 12/07/1	.2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	ıs
218737 11/30/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 12/05/12 -						PAGE 1 - 254	
SALES JRNL # 0310	LOC 001		REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 12/07/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218738 11/30/12	800000	VISITING NURSE SERVICE	STEINBERG, ROSL	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 12/05/	12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	255
SALES JRNL # 03	10 LOC 001		REG NY NY			VCP CHOICE LHCS	
		S	SALES REGISTE	R		BILL WEEK ENDIN	G 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218739 11/30/3	12 000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	20.00		291.60 I	
218740 11/30/3	12 000008	VISITING NURSE SERVICE	STERGIOU, GLORI	16.00		233.28 I	
218741 11/30/3	12 000008	VISITING NURSE SERVICE	STICKELL, BLANC	23.75		346.28 I	
218742 11/30/3	12 000008	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88 I	
218743 11/30/	12 000008	VISITING NURSE SERVICE	SUAREZ, MARINA	24.00		349.92 I	
			CUSTOMER	119.75	0.00	1,745.96	
			CATEGORY	119.75	0.00	1,745.96	

RUN DATE 12/0	05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 256
SALES JRNL #	0310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	IOMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK END	ING 12/07/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218744 11/3	16/12 000008	VISITING NURSE SERVICE	SUAREZ, TULIA	6.00		87.48	I
218745 11/2	23/12 000008	VISITING NURSE SERVICE	SUAREZ, TULIA	12.00		174.96	I
218746 11/3	30/12 000008	VISITING NURSE SERVICE	SUAREZ, TULIA	36.00		524.88	I
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

RUN DATE 12/05/12 SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK ENI		12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218747 11/30/12 218748 11/30/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	TABOADA, DIMAS TABOADA, ELIZAB	17.50 56.00		255.15 816.48	I	
			CUSTOMER	73.50	0.00	1,071.63		
			CATEGORY	73.50	0.00	1,071.63		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 258 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218749 11/30/12 218750 11/30/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- ,	55.00 24.00		801.90 I 349.92 I
		CUSTOMER	79.00	0.00	1,151.82
		CATEGORY	 79.00	0.00	1,151.82

RUN DATE 12/05/12 - SALES JRNL # 0310		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 259 VCP CHOICE LHCSA BILL WEEK ENDING 1	2/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218751 11/30/12 218752 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 20.00		174.96 I 291.60 I	
			CUSTOMER	32.00	0.00	466.56	
			CATEGORY	32.00	0.00	466.56	

		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 26 AUR ADULT REHAB ON	
DALLED UNI	1D # 0310	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218753	11/30/12	800000	VISITING NURSE SERVICE	TEJADA, MARIALU	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

RUN DATE 12/05/12 SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 261 ADU ADULT
		2	SALES REGISTER			BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218754 11/30/12 218755 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00 36.00		218.70 I 524.88 I
			CUSTOMER	51.00	0.00	743.58
			CATEGORY	51.00	0.00	 743.58

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	262
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218756 11/30/12	000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	6.00		87.48 I	
218757 11/30/12	800000	VISITING NURSE SERVICE	TINOCO, INES	42.00		612.36 I	
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 1:	2/05/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 26	3
SALES JRNL	# 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	12/07/12
		~						
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010750 1	1 /20 /10	00000	VICINING NUDGE CEDVICE	MOI ENTEINO DAGO	24 75		360 06 T	
218758 13	1/30/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	24.75		360.86 I	
				CATEGORY	24.75	0.00	360.86	
				CALEGORI	24.73	0.00	300.00	

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 264
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
		5	SALES REGISTER			BILL WEEK END	ING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
218759 11/30/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	24.00		349.92	I
			CATEGORY	24.00	0.00	349.92	

RUN DATE 12/05/12 - SUF SALES JRNL # 0310 LOC	C 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 265 ADU ADULT BILL WEEK ENDING 12/07/12
INVOICE# DATE CUS	ST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218760 11/30/12 000	0008 VISITING NURSE SERVICE	TORO, PURA	83.00	1,210.14 I
		CATEGORY	83.00 0.00	1,210.14

RUN DATE 12/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	66
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218761 11/30/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	32.00		466.56	I	
218762 11/30/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	83.50		1,217.43	I	
			CUSTOMER	115.50	0.00	1,683.99		
			CATEGORY	115.50	0.00	1,683.99		

RUN DATE 12/05/12	- SUP SUNNYSIDE CITYWIDE					PAGE 1	- 26	7
SALES JRNL # 0310	LOC 001 SUNNYSIDE CI		NY			LTC NURSING H		•
		SALES	REGISTER			BILL WEEK END	ING	12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218763 11/30/12	000008 VISITING NURS	E SERVICE TOR	RES, MARGOT	42.00		612.36	I	
			CATEGORY	42.00	0.00	612.36		

	/05/12 - SUP SUNN # 0310 LOC 001		REG NY NY			PAGE 1 - ADU ADULT	268
SALES ORNE #	+ 0310 LOC 001		SALES REGISTER			BILL WEEK ENDING	3 12/07/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
218764 11/	/30/12 000008	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30 I	
			CATEGORY	35.00	0.00	510.30	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LHO BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
218765 11/30/12 218766 11/30/12 218767 11/30/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TSOLISOS, FOTIN TZOUMAS, EFFIE	8.00 32.00 62.00		116.64 466.56 903.96	I I I
			CUSTOMER	102.00	0.00	1,487.16	
			CATEGORY	102.00	0.00	1,487.16	

RUN DATE 12/05/12 - SALES JRNL # 0310	- 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 - 270 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
218768 11/30/12	000008 VISITING NURSE SERVIC	E URBINA, ANA	5.00		72.90 I
		CATEGORY	5.00	0.00	 72.90

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	- 271 DING 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218769 11/30/12 218770 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	URENA, ARGELIA URUCHIMA, VICTO	16.00 2.75		233.28 40.10	I I
			CUSTOMER	18.75	0.00	273.38	
			CATEGORY	18.75	0.00	273.38	

ı	RUN DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	272
ı	SALES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	CARE PROGRAM
				5	SALES REGISTER			BILL WEEK ENDIN	G 12/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	218771	11/02/12	800000	VISITING NURSE SERVICE	VALENCIA, BERNA	4.00		58.32 I	
ı					CATEGORY	4.00	0.00	58.32	

	ATE 12/05/12   JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING  AMOUNT TYP	
21877			VISITING NURSE SERVICE		5.00		72.90 I	2311-232
				CATEGORY	5.00	0.00	 72.90	

RUN DATE 12/0	05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	74
SALES JRNL #	0310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
		S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218773 11/3	30/12 000008	VISITING NURSE SERVICE	VALENCIA, BERNA	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

				YSIDE CITYWIDE	DEC NV NV			PAGE 1 - 2	75
S	ALES JRN	L # 0310	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	12/07/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	18774	11/30/12	000008	VISITING NURSE SERVICE	VALENCIA, ESTHE	25.00		364.50 I	
					CATEGORY	25.00	0.00	364.50	

RU	N DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	276
SA	LES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				:	SALES REGISTER			BILL WEEK ENDING	12/07/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21	.8775	11/30/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001		REG NY NY			PAGE 1 - 277 ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 12/0	07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
218776 11/30/12 218777 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	23.75 4.00		346.28 I 58.32 I	
210/// 11/50/12	000000	VIBILING NORDE BERVICE					
			CUSTOMER	27.75	0.00	404.60	
			CATEGORY	27.75	0.00	404.60	

RUN DATE 1	L2/05/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 2	78	
SALES JRNL	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE I	HCSA		
			S	SALES	REGISTER			BILL WEEK EN	DING	12/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
218778 1	11/30/12	800000	VISITING NURSE SERVICE	VA	SQUEZ, ARTURO	42.00		612.36	I		
					CATEGORY	42.00	0.00	612.36			

RUN DATE 12/05/12 SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		YP SURPLUS
218779 11/02/12 218780 11/30/12 218781 11/02/12 218782 11/30/12 218783 11/30/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, EUSTAG VASQUEZ, EUSTAG VASQUEZ, RAPHAE VASQUEZ, RAPHAE VAZQUEZ, ESTHER	4.00 33.00 3.00 21.00 34.00		58.32 481.14 43.74 306.18 495.72	I I I I
			CUSTOMER	95.00	0.00	1,385.10	
			CATEGORY	95.00	0.00	1,385.10	

			YSIDE CITYWIDE				PAGE 1 -	280
SALES JRN	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	z 12/07/12
				SALES KEGISIEK			DIDD WEEK ENDING	3 12/0//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
218784	11/30/12	800000	VISITING NURSE SERVICE	VAZQUEZ, FELIPE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

F	RUN DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	281
5	SALES JRN	rL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	12/07/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	218785	11/30/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	12.00		174.96 I	
					CATEGORY	12.00	0.00	 174.96	

RUN DATE 12/05/12 - SALES JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	282
			SALES REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
218786 11/30/12 218787 11/30/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00		58.32 87.48	Г Г
210707 117,30712	00000	VIDITING NORDE BERVIOL	CUSTOMER	10.00	0.00	145.80	
			CODIONER				
			CATEGORY	10.00	0.00	145.80	

RUN DATE 12/05/12 - SALES JRNL # 0310			G NY NY ES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
218788 11/23/12 218789 11/30/12		NURSE SERVICE NURSE SERVICE	VENTURA, ROSA VENTURA, ROSA	4.00 36.00		58.32 524.88	I I
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

ı	RUN DATE 12/	05/12 - SUP SU	NNYSIDE CITYWIDE				PAGE 1 -	284
ı	SALES JRNL #	0310 LOC 00	1 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
ı			5	SALES REGISTER			BILL WEEK ENDING	G 12/07/12
	INVOICE# D	ATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	218790 11/	23/12 000008	VISITING NURSE SERVICE	VERA, ROSARIO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	285
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDIN	G 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218791	11/30/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 12/	05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 286
SALES JRNL #	0310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
		S	SALES REGISTER			BILL WEEK END	ING 12/07/12
INVOICE# D.	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
218792 11/	30/12 000008	VISITING NURSE SERVICE	VERA, VICTOR	16.00		233.28	I
218793 11/	30/12 000008	VISITING NURSE SERVICE	VERAS, JUANA	48.00		699.84	I
			CUSTOMER	64.00	0.00	933.12	
			CATEGORY	64.00	0.00	933.12	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 287	
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 12/0	07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
218794	11/30/12	800000	VISITING NURSE SERVICE	VILLACRES, MARI	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	288
SALES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTE	R		BILL WEEK ENDING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218795	11/30/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	34.00		495.72 I	
				 CATEGORY	34.00	0.00	495.72	

RUN DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 28	89	
SALES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	CE CAF	RE PROGRAM	
			Ş	SALES	REGISTER			BILL WEEK ENI	DING	12/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
218796	11/30/12	800000	VISITING NURSE SERVICE	VI	SCONTI, JASON	3.50		51.03	I		
					CATEGORY	3.50	0.00	51.03			

RUN DATE 12/05	5/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	290
SALES JRNL # (	0310 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DAT	re cust no	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218797 11/30	000008	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92 I	
			CATEGORY	24.00	0.00	349.92	

RUN	DATE :	12/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	91
SALE	S JRNI	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	.CSA	
				5	SALES REGIS	3 T E R		BILL WEEK END	ING	12/07/12
INVC	ICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
2187	98 :	11/30/12	000008	VISITING NURSE SERVICE	VIVACQUA, EM	MMA 70.00		1,020.60	I	
					CATEGO	ORY 70.00	0.00	1,020.60		

RUN DATE 1: SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE RI	EG NY NY			PAGE 1 - ADU ADULT	292
			S A L	ES REGISTER			BILL WEEK ENDIN	IG 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
218799 13	1/30/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I	- -
				CATEGORY	20.00	0.00	291.60	

RUN DATE 12/05/12 - SU	JP SUNNYSIDE CITYWIDE			PAGE 1 - 293
SALES JRNL # 0310 LO		REG NY NY		VCP CHOICE LHCSA
	S A	LES REGISTER		BILL WEEK ENDING 12/07/12
INVOICE# DATE CU	JST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218800 11/30/12 00	00008 VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00	43.74 I
		CATEGORY	3.00 0.00	43.74

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 294 ADU ADULT BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
218801 11/30/12	000008 VISITING NURSE SERVICE	WALSH, MAUREEN	6.00	87.48 I
		CATEGORY	6.00 0.00	87.48

		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AI BILL WEEK END:	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
218802	11/30/12	800000	VISITING NURSE SERVICE	WASHINGTON, JAM	14.75		215.06	I
				CATEGORY	14.75	0.00	215.06	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 296 ADU ADULT BILL WEEK ENDING 12/07/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
218803 11/30/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 12/05/12 - SUP SALES JRNL # 0310 LOC	SUNNYSIDE CITYWIDE 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 297 CSA
	S	SALES REGISTER			BILL WEEK END	ING 12/07/12
INVOICE# DATE CUS'	T NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
218804 11/30/12 000 218805 11/30/12 000		WHITEHEAD, NANC YAGHDJIAN, SIRA	4.00 16.00		58.32 233.28	I I
, , , , , , , , , , , , , , , , , , , ,		CUSTOMER	20.00	0.00	291.60	
		CATEGORY	20.00	0.00	291.60	

RUN DATE	12/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 298	
SALES JRN	L # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 1	2/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
218806	11/30/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN		12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218807 11/16/12 218808 11/30/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · · · · · · · · · · · · · · · · ·	4.00 16.00		58.32 233.28	I	
			CUSTOMER	20.00	0.00	291.60		
			CATEGORY	20.00	0.00	291.60		

RUN DATE 12/05/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 300
SALES JRNL # 0310 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET

DALLES OR	VI # 0310	100 001	SOUNTSIDE CITIWIDE	SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE  ACERNO, CLAIRE ALI, AMRUNISSA ALIX, PEDRO ALSTON, ZULINE ASH, MARIE BEGUM, JAMILA BERJASHEVIC, LI BERROCAL, ISABE BUCARO, CONCETT CANINO, CARMEN CARSWELL, LUELL CARTAGENA, LUZ CEPEDA, TOMASA COLAVITTI, JEAN COLEMAN, REGINA COMET, JULIA CUCALON, INES DE LA CRUZ, AGU DELEON, JUANA DEZUNIGA, LEONO DIAZ 2, CARMEN DIAZ, ALICIA DONOSO, MARGARE DURAN, CARMEN EARLINGTON, ALB ECKMAN, LOIS ESPINOZA, MARIA EXPOSITO, ALFON FELICIANO, JOAN FERNANDEZ, ANA FERNANDEZ, ANA FERNANDEZ, FELI FERRARA, ANN FERRO, JOSEPHIN FRANCIS, VICTOR GARCIA, MARIA A GOMEZ, YOLANDA GONZALEZ MONTA GREAVES, BARBAR GREENSPAN, ALIC GUZMAN, ALICIA HENLEY, LUVENIA HENRIQUEZ, TERE HERNANDEZ, LUZ HICKS, SYLVIA HUSTIU, SILVIA IGLESIAS, JUANA JACKSON, PATRIC JIMENEZ, EUGENI	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218809	11/30/12	000010	GUILDNET	ACERNO, CLAIRE	19.25		291.06	I	
218810	11/30/12	000010	GUILDNET	ALI, AMRUNISSA	24.00		362.88	I	
218811	11/30/12	000010	GUILDNET	ALIX, PEDRO	6.00		1,179.36	I	
218812	11/09/12	000010	GUILDNET	ALSTON, ZULINE	64.00		967.68	I	
218813	11/30/12	000010	GUILDNET	ASH, MARIE	12.00		181.44	I	
218814	11/30/12	000010	GUILDNET	BEGUM, JAMILA	72.00		1,088.64	I	
	11/30/12	000010	GUILDNET	BERJASHEVIC, LI	12.00		181.44	I	
218816	11/30/12	000010	GUILDNET	BERROCAL, ISABE	30.00		453.60	I	
218817	11/30/12	000010	GUILDNET	BUCARO, CONCETT	45.00		680.40	I	
218818	11/30/12	000010	GUILDNET	CANINO, CARMEN	30.00		453.60	I	
218819	11/30/12	000010	GUILDNET	CARSWELL, LUELL	47.75		721.98	I	
218820	11/16/12	000010	GUILDNET	CARTAGENA, LUZ	20.00		302.40	I	
	11/30/12	000010	GUILDNET	CEPEDA, TOMASA	30.00		453.60	I	
	11/30/12	000010	GUILDNET	COLAVITTI, JEAN	54.50		824.04	I	
	11/23/12	000010	GUILDNET	COLEMAN, REGINA	42.50		642.60	I	
	11/30/12	000010	GUILDNET	COMET, JULIA	30.00		453.60	I	
	11/30/12	000010	GUILDNET	CUCALON, INES	55.00		831.60	I	
	11/30/12	000010	GUILDNET	DE LA CRUZ, AGU	15.75		238.14	Ī	
218827	11/30/12	000010	GUILDNET	DELEON, JUANA	30.00		453.60	I	
	11/30/12	000010	GUILDNET	DEZUNIGA, LEONO	16.00		241.92	Ī	
	11/30/12	000010	GUILDNET	DIAZ 2. CARMEN	46.00		695.52	Ī	
	11/30/12	000010	GUILDNET	DIAZ, ALICIA	45.00		680.40	Ī	
	11/30/12	000010	GUILDNET	DONOSO. MARGARE	24.00		362.88	I	
	11/30/12	000010	GUILDNET	DURAN. CARMEN	19.50		294.84	Ī	
	11/30/12	000010	GUILDNET	EARLINGTON. ALB	41.00		619.92	Ī	
	11/30/12	000010	GUILDNET	ECKMAN. LOIS	7.00		1.375.92	Ī	
	11/30/12	000010	GUILDNET	ESPINOZA, MARIA	45.00		680.40	Ī	
	10/12/12	000010	GUILDNET	EXPOSITO, ALFON	16.00		241.92	Ī	
	11/16/12	000010	GUILDNET	EXPOSITO, ALFON	54.00		816.48	I	
	11/30/12	000010	GUILDNET	FELICIANO, JOAN	38.00		574.56	Ī	
	11/30/12	000010	GUILDNET	FERNANDEZ ANA	28.00		423.36	Ī	
	11/30/12	000010	GUILDNET	FERNANDEZ, FELT	16.00		241.92	Ī	
	11/09/12	000010	GUILDNET	FERRARA. ANN	72.00		1.088.64	Ī	
	11/30/12	000010	GUILDNET	FERRO. JOSEPHIN	64.00		967.68	I	
	11/30/12	000010	GUILDNET	FRANCIS, VICTOR	35.00		529.20	I	
	11/30/12	000010	GUILDNET	GARCIA, MARIA A	49.00		740.88	Ī	
	11/30/12	000010	GUILDNET	GOMEZ, YOLANDA	8.00		120.96	I	
	11/30/12	000010	GUILDNET	GONZALEZ MONTA	24.00		362.88	Ī	
	11/16/12	000010	GUILDNET	GREAVES, BARBAR	16.00		241.92	Ī	
	11/30/12	000010	GUILDNET	GREENSPAN, ALIC	35.00		529.20	Ī	
	11/16/12	000010	GUILDNET	GUZMAN. ALTCIA	39.75		601.02	Ī	
	11/30/12	000010	GUILDNET	HENLEY, LUVENTA	26.00		393.12	Ī	
	11/30/12	000010	GUILDNET	HENRIOUEZ, TERE	40.00		604.80	Ī	
	11/30/12	000010	GUILDNET	HERNANDEZ, LIIZ	30.00		453.60	Ī	
	11/30/12	000010	GUILDNET	HICKS SYLVIA	43.50		657.72	Ī	
	11/30/12	000010	GUILDNET	HUSTIU, SILVIA	3.75		56.70	Ī	
	11/30/12	000010	GUILDNET	IGLESIAS, JUANA	168.00		2.540.16	Ī	
	11/30/12	000010	GUILDNET	JACKSON: PATRIC	25.00		378.00	Ī	
	11/30/12	000010	GUILDNET	JIMENEZ, EUGENT	68.00		1,028.16	Ī	
	_, _ , ,			2			_,020.10	_	

RUN DATE 12/05/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0310 LOC 001 SUNNYSIDE CITYWIDE
SALES JRNL # 0310 LOC 001 SUNNYSIDE CITYWIDE
SALES REGISTER

PAGE 2 - 301
GUI GUILDNET
SALES REGISTER
BILL WEEK ENDING 12/07/12

				SALES REGISTER			BILL WEEK ENI	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE  JOHNSON, DOROTH JONES, LUCILLE LANZILOTTA, ROS LEMOINE, RICARD LOPEZ, CARMEN LORA, FERNANDO LUGO, DOLORES LUIS, MAXIMINA MANGRAY, KARMAD MARTIN, RUTH MARTINEZ, EMMA MARTINEZ, EMMA MARTINEZ, GLORI MASSOL, PEDRO A MATEO, RAFAEL MCQUAIL, MAUREE MICHEL, DOROTHY MIMMS, GRACE T MONCRIEF, LOIS MONTALVO, VERON MONTES, ADOLFO MORA, PAULA MOSCICKA, JADWI MOYA, MARINA MUSCAT, CARMEN NETTLES, DONNA NEVAREZ, MARTA NEWBOLD, RAMONA NISHIMURA, ALBE NUNEZ, ANGELINA NUNEZ, REYNA OCASIO, FELIX OJEDA, SARA OLMO, GLORIA ORLIZ, LAURA ORTIZ, MERCEDES PAPHITIS, RICHA PATTERSON, RUME PAZIOULIS, KLEO PENA, WALESKA PEREZ, MARIA PICHARDO, MARIA PICHARDO, MARIA PICHARDO, BRUNO RAMOS, CECILIA RESTULA, VINCEN	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218858	11/30/12	000010	GUILDNET	JOHNSON, DOROTH	64.00		967.68	I	
218859	11/23/12	000010	GUILDNET	JONES, LUCILLE	16.00		241.92	I	
218860	11/30/12	000010	GUILDNET	LANZILOTTA, ROS	28.00		423.36	Ī	
218861	11/30/12	000010	GUILDNET	LEMOINE, RICARD	28.00		423.36	Ī	
218862	11/30/12	000010	GUILDNET	LOPEZ CARMEN	47.00		710.64	Ī	
218863	11/23/12	000010	GUILDNET	LORA, FERNANDO	38.00		574.56	Ī	
218864	11/23/12	000010	GUILDNET	LUGO DOLORES	20.00		302 40	Ī	
218865	11/30/12	000010	GUILDNET	LUITS MAXIMINA	18 00		272 16	Ī	
218866	11/30/12	000010	GUILDNET	MANGRAY KARMAD	40 00		604 80	Ī	
218867	11/30/12	000010	GUILDNET	MARTIN RITH	7 00		1 375 92	Ī	
218868	11/30/12	000010	GUILDNET	MARTINEZ EMMA	36 00		544 32	Ī	
218869	11/30/12	000010	GUILDNET	MARTINEZ CLORI	25 00		378 00	Ī	
218870	11/02/12	000010	GUILDNET	MASSOL DEDRO A	30 00		453 60	Ī	
218871	11/30/12	000010	GUILDNET	MATEO DAFAEL	24 00		362.88	I	
218872	11/30/12	000010	GUILDNET	MCOINTI MAIDEE	70 00		1 050 40	I	
218873	11/30/12	000010	GUILDNET	MICURI DODOTUV	70.00 56 00		2,030.40	I	
218874	11/30/12	000010	GUILDNET	MICHEL, DOROTHI	36.00		520.72 520.20	I	
218875	11/30/12	000010	GUILDNET	MONCOTER LOIC	55.00		946 72	I	
218876	11/16/12	000010	GUILDNET	MONTALIO VEDON	75 00		1 124 00	I	
		000010	GUILDNET	MONTER ADOLEO	75.00		1,134.00	I	
218877	11/30/12		GUILDNET	MODIES, ADOLFO	4 00		544.32		
218878	11/30/12	000010	GUILDNET	MORA, PAULA	4.00		262.00	I	
218879	11/30/12	000010	GUILDNET	MOSCICKA, JADWI	24.00		302.88	I	
218880	11/30/12	000010	GUILDNET	MOYA, MARINA	40.00		004.80	I	
218881	11/30/12	000010	GUILDNET	MUSCAT, CARMEN	25.00		3/8.00	I	
218882	11/30/12	000010	GUILDNET	NETTLES, DONNA	8.00		120.96	I	
218883	11/30/12	000010	GUILDNET	NEVAREZ, MARTA	21.00		338.52	I	
218884	11/30/12	000010	GUILDNET	NEWBOLD, RAMONA	20.00		302.40	I	
218885	11/16/12	000010	GUILDNET	NISHIMURA, ALBE	90.00		1,360.80	I	
218886	11/30/12	000010	GUILDNET	NUNEZ, ANGELINA	20.00		302.40	I	
218887	11/23/12	000010	GUILDNET	NUNEZ, IRIS	24.00		362.88	I	
218888	11/30/12	000010	GUILDNET	NUNEZ, REYNA	20.00		302.40	I	
218889	11/30/12	000010	GUILDNET	OCASIO, FELIX	30.00		453.60	I	
218890	11/30/12	000010	GUILDNET	OJEDA, SARA	34.00		548.08	I	
218891	11/30/12	000010	GUILDNET	OLMO, GLORIA	28.00		423.36	I	
218892	11/30/12	000010	GUILDNET	ORLANDO, ANNE	25.00		3/8.00	I	
218893	11/30/12	000010	GUILDNET	ORTIZ, ANTHONY	35.00		529.20	I	
218894	11/30/12	000010	GUILDNET	ORTIZ, LAURA	63.00		952.56	I	
218895	11/30/12	000010	GUILDNET	ORTIZ, MERCEDES	42.75		040.38	I	
218896	11/30/12	000010	GUILDNET	PAPHITIS, RICHA	24.00		362.88	I	
218897	11/30/12	000010	GUILDNET	PATTERSON, RUME	22.00		332.64	I	
218898	11/30/12	000010	GUILDNET	PAZIOULIS, KLEO	55.00		831.60	I	
218899	11/30/12	000010	GUILDNET	PENA, WALESKA	44./5		6/6.62	I	
218900	11/09/12	000010	GUILDNET	PEKEZ, MAKIA	48.00		/25./6	I	
218901	11/30/12	000010	GUILDNET	PICHARDO, MARIA	03.00		952.56	I	
218902	11/30/12	000010	GUILDNET	PINILLA, VICTOR	∠5.UU		3/8.00	I	
218903	11/30/12	000010	GUILDNET	PROAMO PRIMO	10.UU		∠9U.16	I	
218904	11/30/12	000010	GUILDNET	PAMOG GEGILIA	33.00		531.96	I	
218905	11/30/12	000010	GUILDNET	RAMOS, CECLLIA	00.00		997.92	I	
218906	11/30/12	000010	GUILDNET	KESIULA, VINCEN	∠∪.∪∪		302.40	I	
I									

RUN DATE	12/05/12	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTE:			PAGE 3	- 3	02
SALES JE	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		
				SALES REGISTE:	R		BILL WEEK EN	DING	12/07/12
l									
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218907	11/30/12	000010	GUILDNET	PEVES MILACROS	18 00		290 16	т	
218908	11/30/12	000010	GUILDNET	RIVAS ANA	9 75		147 42	T	
218909	11/30/12	000010	GUILDNET	RIVERA MARTINEZ	49 00		740 88	T	
218910	11/30/12	000010	GUILDNET	RIVERA RAMONIT	16.00		241 92	T	
218911	11/30/12	000010	GUILDNET	RODRIGHEZ FART	24 00		362.88	T	
218912	11/30/12	000010	GUILDNET	RODRIGUEZ, FABI	63 00		952.56	T	
218913	11/30/12	000010	GUILDNET	ROJAS ANGEL	15 00		241 80	T	
218914	11/30/12	000010	GUILDNET	ROJAS, ANGEL	20.00		322 40	Ť	
218915	11/16/12	000010	GUILDNET	ROMAN GLADVS	120.00		1 814 40	T	
218916	11/30/12	000010	GUILDNET	PIRTANO MARTA	16 00		241 02	T	
218917	11/30/12	000010	GUILDNET	CALTANTA DILITA	53 00		241.72	T	
218918	11/30/12	000010	GUILDNET	CANCER FITAR	43 00		650 16	T	
218919	11/30/12	000010	GUILDNET	CANTANA OCTANI	25.00		270 00		
218920	11/30/12	000010	GUILDNET	CANTIACA ADMIN	20.00		370.00		
218921	11/30/12	000010	GUILDNET	CANTIAGO, ARMIN	20.00 56 00		946 72		
218922	11/30/12	000010	GUILDNET	CANTIAGO, ILIA	30.00		540.72 E71 E6		
218923	11/30/12	000010	GUILDNET	SANTIAGO, IVEIR	30.00		202 40		
218923	11/30/12	000010	GUILDNET	SANITAGO, VICIO	42.00		502.40 625.04		
218925	11/30/12	000010	GUILDNET	COLIC TIDITII	42.00		725 76		
218925	11/16/12	000010	GUILDNET	SOLIS, UUDIIN	40.00		725.70 60.40		
218927	11/30/12	000010	GUILDNET	SUMRAU, UMILLA	22.00		400.40		
218927	11/30/12	000010	GUILDNET	IHEN, MAKIA	33.00		498.96		
218928	11/30/12		GUILDNET	TORRES, JUANITA	40.00		695.52		
218929		000010	GUILDNET	IRUISI, DELIA	40.00		504.80		
218930	11/30/12	000010	GUILDNET	VARGAS, ALCIBIA	35.00		529.20		
	11/30/12	000010	GUILDNET	VARGAS, RAMON	30.00		453.60	Τ_	
218932 218933	11/30/12 11/30/12	000010	GUILDNET	VLAHUS, MARIE	63.75		963.90		
218933		000010	GUILDNET	WEISZ, KLARA	7.00		105.84		
	11/30/12	000010	GUILDNET	WHITLEY, MYRNA	12.00		181.44	Τ_	
218935	11/30/12	000010	GUILDNET	YI, CARLOS	24.00		362.88		
218936	11/16/12	000010	GUILDNET	YIANTSELIS, VIR	7.52		1,478.13	<u> </u>	
218937	11/30/12	000010	GUILDNET	ZARAGOZA, ISABE	40.00		604.80	Τ_	
218938	11/30/12	000010	GUILDNET	ZARE, GLORIA	84.00		1,270.08	I	
218939	11/30/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		967.68	I	
				CUSTOMER	4,689.77	0.00	76,061.55		
				REFERENCE  REYES, MILAGROS RIVAS, ANA RIVERA MARTINEZ RIVERA, RAMONIT RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE ROMAN, GLADYS RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SANTANA, OCTAVI SANTIAGO, ARMIN SANTIAGO, ILIA SANTIAGO, IVETH SANTIAGO, VICTO SHELTON, AGUEDA SOLIS, JUDITH SOMRAJ, UMILLA THEN, MARIA TORRES, JUANITA TROISI, DELIA VARGAS, ALCIBIA VARGAS, RAMON VLAHOS, MARIE WEISZ, KLARA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARAGOZA, ISABE ZARE, GLORIA ZUMAETA, FANNY  —— CUSTOMER	4,689.77	0.00	76,061.55		

RUN DATE	E 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTE:			PAGE 1	- 3	03
SALES JF	RNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		HFS HEALTH F	IRST	10/05/10
				SALES REGISTE.	R		BILL WEEK EN	DING	12/0//12
INVOICE;	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218940	11/30/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
218941	11/30/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
218942	11/30/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	29.00		489.52	I	
218943	11/30/12	000122	HEALTH FIRST	BOWERS *, DIANE	50.00		844.00	I	
218944	11/30/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
218945	11/30/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
218946	11/30/12	000122	HEALTH FIRST	CEBALLOS, ANA	31.00		523.28	I	
218947	11/30/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
218948	11/23/12	000122	HEALTH FIRST	CORTES DE GALIN	54.00		911.52	I	
218949	11/02/12	000122	HEALTH FIRST	DELACRUZ, ANA	80.00		1,350.40	I	
218950	11/30/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	38.00		641.44	I	
218951	11/30/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96	I	
218952	11/30/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
218953	11/23/12	000122	HEALTH FIRST	FONTANES, PEDRO	39.00		658.32	I	
218954	11/23/12	000122	HEALTH FIRST	FRANCISCO, RICH	54.00		911.52	I	
218955	11/30/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
218956	11/30/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
218957	11/30/12	000122	HEALTH FIRST	LARA, TOMASA	40.00		675.20	I	
218958	11/30/12	000122	HEALTH FIRST	LAZALA, GLADYS	49.00		827.12	I	
218959	11/30/12	000122	HEALTH FIRST	MACARENA, SAHAR	84.00		1,417.92	I	
218960	11/30/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
218961	11/09/12	000122	HEALTH FIRST	PALAZZOLO, FLOR	114.00		1,924,32	I	
218962	11/30/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
218963	11/30/12	000122	HEALTH FIRST	RIVERA. EDDIE	21.00		354.48	T	
218964	11/30/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	T	
218965	10/12/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	8.00		135.04	T	
218966	11/30/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	T	
218967	11/30/12	000122	HEALTH FIRST	SALHUANA. YOLAN	40.00		675.20	T	
218968	11/30/12	000122	HEALTH FIRST	SPIVEY PATRICI	15.00		253.20	T	
218969	11/16/12	000122	HEALTH FIRST	ST ROMAINE CLA	78 00		1 316 64	T	
218970	11/23/12	000122	HEALTH FIRST	SIRIEL GERTRID	66 00		1 114 08	Ť	
218971	11/30/12	000122	HEALTH FIRST	VASOUEZ OLGA	20.00		337 60	T	
218972	11/16/12	000122	HEALTH FIRST	VEGA, GLORIA	80.00		1,350.40	I	
				CUSTOMER	1,419.00	0.00	23,952.72		
				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 FERREA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS MACARENA, SAHAR MARTIN, ARIANA PALAZZOLO, FLOR RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA  ———————————————————————————————————	1,419.00	0.00	23,952.72		

RUN DATE 1: SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG SALE	NY NY S REGISTER			PAGE 1 NHP NEIGHBOR BILL WEEK EN	- 30 HOOD I DING	)4 HEALTH 12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218973 13	1/30/12	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 KROLL, KATHERIN MORALES HERNAD MOSKOWITZ, RONA RODRIGUEZ, JESS RODRIGUEZ, MARI SHEPPARD, ERMA WELLS, WYNORIA WILSON, SHERYL	56.00		945.28	I	
	1/30/12	000120		PROVIDERS	AKHTER, SELINA	36.00		607.68	I	
218975 13	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	CHUKWUJIORAH, T	36.00		607.68	I	
218976 13	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	DIAZ 1, CARMEN	28.00		472.64	I	
	1/23/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	FERNANDEZ, MARI	16.00		270.08	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	HAMPTON, PRISCI	45.00		759.60	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	JONES, CYNTHIA	14.00		236.32	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KHALIL, RASHAN	36.00		607.68	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KHAN, FARUQUE	72.00		1,215.36	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	KROLL, KATHERIN	25.00		422.00	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	MORALES HERNAD	42.00		708.96	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	MOSKOWITZ, RONA	30.00		506.40	I	
	1/23/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	RODRIGUEZ, JESS	25.00		422.00	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	RODRIGUEZ, MARI	20.00		337.60	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	SHEPPARD, ERMA	69.00		1,164.72	I	
	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	WELLS, WYNORIA	16.00		270.08	I	
218990 13	1/30/12	000120	NEIGHBORHOOD HEALTH	PROVIDERS	WILSON, SHERYL	38.00		641.44	I	
					CUSTOMER	674.00	0.00	11,377.12		
					CATEGORY		0.00	11,377.12		

RUN DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3	05
SALES JRI	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/F	IDELIS
				SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
218991	11/30/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I	
218992	11/30/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49	I	
218993	11/30/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	49.00		826.63	I	
218994	11/30/12	000126	NYS CATHOLIC/FIDELIS	ISKANDER, JACOU	56.00		944.72	I	
218995	11/30/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	9.00		151.83	I	
218996	11/23/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	36.00		607.32	I	
218997	11/30/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	13.00		219.31	I	
218998	11/30/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	42.00		708.54	I	
218999	11/30/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	63.00		1,062.81	I	
				CUSTOMER	344.00	0.00	5,803.28		
				CATEGORY	344.00	0.00	5,803.28		

RUN DATE 12/05/12 - SALES JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 UHC UNITED HEALTH BILL WEEK ENDING	I
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
219000 11/30/12 219001 11/30/12 219002 11/30/12 219003 11/30/12	000128 000128 000128 000128	UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE	CALDERON, MIGDA KHAN, FAZAL MILLAN, ARMIDA SAFOS, PATRA	60.00 36.00 53.00 56.00		1,029.60 I 617.76 I 909.48 I 960.96 I	
			CUSTOMER	205.00	0.00	3,517.80	
			CATEGORY	205.00	0.00	3,517.80	

			YSIDE CITYWIDE				11102	- 3	07
SALES JR	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			EHP EMBLEM H		10/05/10
				SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
219004	11/30/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	20.00		280.00	I	
219005	11/30/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
219006	11/30/12	000114	EMBLEM HEALTH	COPELAND, ELISE	49.00		698.25	I	
219007	11/30/12	000114	EMBLEM HEALTH	DE JESUS, TIBUR	80.00		1,140.00	I	
219008	11/30/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	16.00		224.00	I	
219009	11/23/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	79.25		1,109.50	I	
219010	11/30/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	48.50		679.00	I	
219011	11/30/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
219012	11/23/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	92.50		1,295.00	I	
219013	11/30/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	609.25	0.00	8,561.75		
				CATEGORY	609.25	0.00	8,561.75		

RUN DATE 12/05 SALES JRNL # 0		NYSIDE CITYWIDE REG SUNNYSIDE CITYWIDE REG SALE				PAGE 1 HIP HEALTH IN BILL WEEK END	
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
219014 11/30 219015 11/23 219016 11/30 219017 11/23 219018 11/30 219019 11/30	/12 000136 /12 000136 /12 000136 /12 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE LOYOLA, MARIA ORR, LOUISE SHAH, HANSIKABE WILLIAMS, DIANE	20.00 20.00 40.00 40.00 5.00 20.00		337.60 337.60 675.20 675.20 84.40 337.60	I I I I I
			CUSTOMER	145.00	0.00	2,447.60	
			CATEGORY	145.00	0.00	2,447.60	

RUN DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3	09
SALES JRN	IL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			MPH METROPLU	S HEA	LTH
				SALES REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
219020	11/30/12	000130	METROPLUS HEALTH	ANDERSON, BETH	22.00		377.30	I	
219021	11/30/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
219022	11/30/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	68.00		1,166.20	I	
219023	11/30/12	000130	METROPLUS HEALTH	DOBBINS, SANDRA	144.00		2,469.60	I	
219024	11/30/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	4.00		68.60	I	
219025	11/30/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
219026	11/30/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
219027	11/30/12	000130	METROPLUS HEALTH	OSORIO, ELVIA	35.00		600.25	I	
219028	11/23/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I	
219029	11/30/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	17.00		291.55	I	
219030	11/30/12	000130	METROPLUS HEALTH	RYALS, CHARLES	30.00		514.50	I	
219031	11/23/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	45.00		771.75	I	
219032	11/23/12	000130	METROPLUS HEALTH	VALLE, BLASINA	56.00		960.40	I	
				CUSTOMER	635.00	0.00	10,890.25		
				CATEGORY	635.00	0.00	10,890.25		

RUN DATE 12/05/12 - SALES JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 WEL WELCARE ( BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
219033 11/30/12 219034 11/30/12 219035 11/30/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO *, MIR MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 36.00 63.00		842.80 619.20 1,083.60	I I I	
				CUSTOMER	148.00	0.00	2,545.60		
				CATEGORY	148.00	0.00	2,545.60		

RUN DATE 12/05/12 SALES JRNL # 0310	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 AMG AMERIGROU BILL WEEK ENI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
219036 11/30/12 219037 11/30/12 219038 11/30/12 219039 11/23/12 219040 11/30/12 219041 11/23/12 219042 11/30/12	000132 000132 000132 000132 000132 000132	AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP	DENNISON, KELVI ESPERSON, CLAUD FERNANDEZ, NORK GUERRA, LORRAIN HARDING, EDNA MICHEL, VERULIA PRUITT, JOHNNY	12.00 8.00 42.00 53.00 16.00 18.00 8.00		202.56 135.04 708.96 894.64 270.08 303.84 135.04	I I I I I
			CUSTOMER	157.00	0.00	2,650.16	
			CATEGORY	157.00	0.00	2,650.16	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	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
219043 11/30/12 219044 11/30/12 219045 11/30/12	000148 000148 000148	HEALTH CARE PARTNERS HEALTH CARE PARTNERS HEALTH CARE PARTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	36.00 16.00 16.00		607.68 I 270.08 I 270.08 I	
			CUSTOMER	68.00	0.00	1,147.84	
			CATEGORY	68.00	0.00	1,147.84	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 313 ICS INDEPENDENCE CARE SYSTEMS BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
219046 11/30/12 219047 11/30/12	000172 INDEPENDENCE CARE SYSTE 000172 INDEPENDENCE CARE SYSTE		29.25 20.00	465.08 I 318.00 I
		CUSTOMER	49.25 0.00	783.08
		CATEGORY	49.25 0.00	783.08

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 31	.4
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCS VNSNY CHO	DICE S	SELECTHEALTH
			SALES	REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
219048 11/30/12	000170	VNSNY CHOICE SELECT	HEALTH KA	ARASSAVIDES, A	35.00		600.60	I	
				CATEGORY	35.00	0.00	600.60		

RUN DATE	12/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3	15
SALES JRI	NL # 0310	LOC 001		NY NY			PAR PRIVATE		
			SALE	S REGISTER			BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
219049	11/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	ALPER, NORMAN	2.00		29.00	I	
219050	11/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	ANGEL, LUCY	7.50		108.75	I	
219051	11/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	ESPINOZA, LUPE	4.00		58.00	I	
219052	11/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	HERNANDEZ, REGI	4.00		58.00	I	
219053	11/23/12	000002	SUNNYSIDE COMMUNITY SERVICES	RAYZMAN, SOLOMO	4.00		58.00	I	
219054	11/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	RICKS, WALTER	4.00		58.00	I	
219055	11/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	VALDERRATEN, MA	4.75		68.88	I	
219056	11/30/12	000002	SUNNYSIDE COMMUNITY SERVICES	VARELAS, ANNA	4.00		58.00	I	
				CUSTOMER	34.25	0.00	496.63		
219057	11/30/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
219058	11/30/12	000049	DOMINICAN SISTERS FAM HLTH	DIOP, SERIGNE	27.00		391.50	I	
219059	11/16/12	000049	DOMINICAN SISTERS FAM HLTH	MORSHELINA, NAS	15.00		217.50	I	
				CUSTOMER	42.00	0.00	609.00		
219060	11/30/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	104.25	0.00	1,539.63		

RUN DATE 12/05/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 CAS CHILDREN BILL WEEK ENI		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
219061 11/23/ 219062 11/30/ 219063 11/16/ 219064 11/16/ 219065 11/30/ 219066 11/30/ 219067 11/30/	.2 000088 .2 000088 .2 000088 .2 000088 .2 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN	1.00 25.00 6.00 6.00 28.00 13.50		15.50 387.50 93.00 93.00 434.00 209.25 209.25	I I I I I	
			CUSTOMER	93.00	0.00	1,441.50		
			CATEGORY	93.00	0.00	1,441.50		

RUN DATE 12/05/12 - SALES JRNL # 0310		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - PAR PRIVATE	317
			SALES REGISTER			BILL WEEK ENDING	12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
219068 11/30/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
			CATEGORY	20.00	0.00	310.00	

RUN DATE 12/05/12 - SALES JRNL # 0310	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ELD ELDERSERVER BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
219069 11/30/12 219070 11/30/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	20.00		285.00 1 285.00 1	I I
			CUSTOMER	40.00	0.00	570.00	
			CATEGORY	40.00	0.00	 570.00	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 319 PAR PRIVATE BILL WEEK ENDING 12/07/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
219071 11/30/12	000143 ETTORE COPPOLA	COPPOLA, ETTORE	25.00	387.50 I
		CATEGORY	25.00 0.00	387.50

			YSIDE CITYWIDE				PAGE 1	- 32	10
SALES JR	NL # 0310	LOC 001	SUNNYSIDE CITYWIDE REG				CCM COMPREHEN		CARE MGMT
			SALE	S REGISTER			BILL WEEK ENI	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
219072	11/30/12	000150	COMPREHENSIVE CARE MANAGEMENT	BONES, ANA	8.00		112.80	I	
219073	11/23/12	000150	COMPREHENSIVE CARE MANAGEMENT	GARCIA, MARIA	32.00		451.20	I	
219074	11/30/12	000150	COMPREHENSIVE CARE MANAGEMENT	GARCIA, MARIA	16.00		225.60	I	
219075	11/30/12	000150	COMPREHENSIVE CARE MANAGEMENT	MELAMED, ESTER	16.00		225.60	I	
219076	11/30/12	000150	COMPREHENSIVE CARE MANAGEMENT	PULLIAM, WILLIE	28.50		401.85	I	
219077	11/30/12	000150	COMPREHENSIVE CARE MANAGEMENT	ROSARIO, CELEST	30.00		423.00	I	
				CUSTOMER	130.50	0.00	1,840.05		
				CATEGORY	130.50	0.00	1,840.05		

	12/05/12 - NL # 0310	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E		R		PAGE 1 PAR PRIVATE BILL WEEK END		21
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
219078	11/30/12	000155	ROSEMARY JIBAJA		JIBAJA, ROSEMAR	168.00		2,676.00	I	
219079	11/30/12	000179	DOROTHY TABICKMAN		TABICKMAN, DORT	16.00		248.00	I	
219080	11/30/12	000181	EDELMAN, MILDRED		EDELMAN, MILDRE	32.00		514.00	I	
219081	11/30/12	000183	STEPHEN EDEL		EDEL, CANDACE	81.00		1,279.50	I	
					 CATEGORY	297.00	0.00	4,717.50		

RUN DATE 12/05/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	322
SALES JRNL # 0310	LOC 001	SUNNYSIDE CITYWIDE	REG :	NY NY			ннн ннн номе с	ARE INC.
			SALE	S REGISTER			BILL WEEK ENDI	NG 12/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
219082 10/19/12	000192	HHH LONG TERM HOME	HLTH CARE	TOVAR, ELENA	16.00		240.00	I
219083 10/26/12	000192	HHH LONG TERM HOME	HLTH CARE	TOVAR, ELENA	10.00		150.00	I
219084 11/16/12	000192	HHH LONG TERM HOME	HLTH CARE	TOVAR, ELENA	10.00		150.00	I
219085 11/30/12	000192	HHH LONG TERM HOME	HLTH CARE	TOVAR, ELENA	34.00		510.00	I
				CUSTOMER	70.00	0.00	1,050.00	
				CATEGORY	70.00	0.00	1,050.00	

	2 12/05/12 RNL # 0310	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE					PAR PRIVATE	- 3	
				SALES RE	GISTE	R		BILL WEEK EN	DING	12/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	NCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
219086	11/30/12	000197	KLEA THEOHARIS	THEOHAR	IS, ARIS	18.00		279.00	I	
219087	11/30/12	000201	DIANE CERVONE	ESPINOZ	A, LUPE	3.00		46.50	I	
219088	11/30/12	002215	KEITH SALMON	LAWRANC	E, LILLA	20.00		322.00	I	
219089	11/30/12	003108	NIGRO, CATHERINE	NIGRO,	CATHERIN	20.00		310.00	I	
219090	11/30/12	004784	CAMILLERI, JOSEPH	CAMILLE	RI, JOSE	19.75		266.63	I	
219091	11/30/12	009498	LOUIS LE NOACH	LENOACH	, LOUIS	9.00		148.50	I	
219092	11/30/12	009605	OLGA OBYMAKO	OBYMAKO	, OLGA	3.00		46.50	I	
219093	11/30/12	009752	PETER CAPORASO	CAPORAS	O, VINCE	24.00		408.00	I	
219094	11/30/12	009854	HELEN TAYLOR	HERNAND	EZ, FRAN	4.00		62.00	I	
219095	11/30/12	010269	ANGELINA MARASA	MARASA,	ANGELIN	6.00		93.00	I	
219096	11/30/12	010529	STEPHEN WEISS	WEISS,	STELLA	6.00		102.00	I	
219097	11/30/12	010530	DANA SITILDES	ANSELMI	, PETER	23.75		373.75	I	
219098	11/30/12	011016	MICHAEL SIANO	SIANO,	ANDREW	30.00		405.00	I	
219099	11/30/12	011060	ROBIN WARREN CHARLES	WARREN,	CYNTHIA	133.00		2,118.50	I	
219100	11/16/12	011394	HELGA JENSEN	JENSEN,	HELGA	7.00		108.50	I	
219101	11/30/12	011536	CARNEY ELIZABETH	CARNEY,	ELIZABE	12.00		186.00	I	
219102	11/30/12	011630	JAMES BENZ	CAGAN,	RUMANDO	5.00		77.50	I	
219103	11/30/12	011642	ROSA FLORES	FLORES,	ROSA	40.00		620.00	I	
				C	ATEGORY	383.50	0.00	5,973.38		
				L	OCATION	25,508.51	0.00	393,473.69		
				C	OMPANY	25,508.51		393,473.69		

RUN DATE 12/05/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 324
SALES JRNL # 0310 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 12/07/12

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

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