RUN DATE 09/12/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 9/14/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ALVAREZ, ANGELA 7.00 SENIOR HEALTH PARTNERS
CARRILLO, MARIA
SENIOR HEALTH PARTNERS
COLON, RAYMUNDA
SENIOR HEALTH PARTNERS
GHILIOTTY, FLOR
SENIOR HEALTH PARTNERS
GRAFSTEIN, LILL
7.00
SENIOR HEALTH PARTNERS
GUTIERREZ, LUCI
20.00
SENIOR HEALTH PARTNERS
GUTIERREZ, LUCI
20.00
SENIOR HEALTH PARTNERS
GUTIERREZ, LUCI
16.00
SENIOR HEALTH PARTNERS
HARIDIN, KHAMAT
33.00
SENIOR HEALTH PARTNERS
HARIDIN, RAMDIA
134.75
SENIOR HEALTH PARTNERS
HERNANDEZ, FRAN
33.00
SENIOR HEALTH PARTNERS
HERNANDEZ, FRAN
33.00
SENIOR HEALTH PARTNERS
MOROCHO, MANUEL
64.00
SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
25.00
SENIOR HEALTH PARTNERS
SIMON, LUPE
8.00
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
8.00
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
8.00
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
8.00
SENIOR HEALTH PARTNERS
WOO, LUZ 208564 8/24/12 000082 SENIOR HEALTH PARTNERS 99.75 I 208565 9/07/12 000082 ALVAREZ, ANGELA 4.00 57.00 I 208566 9/07/12 000082 57.00 208567 9/07/12 000082 570.00 208568 9/07/12 000082 313.50 208569 9/07/12 000082 498.75 208570 9/07/12 000082 498.75 208571 9/07/12 000082 456.00 208572 9/07/12 000082 1,400.00 208573 8/31/12 000082 285.00 208574 9/07/12 000082 228.00 208575 9/07/12 000082 470.25 208576 9/07/12 000082 1,920.19 208577 9/07/12 000082 470.25 208578 9/07/12 000082 42.75 208579 9/07/12 912.00 000082 9/07/12 285.00 208580 000082 208581 9/07/12 000082 356.25 208582 9/07/12 000082 114.00 208583 9/07/12 000082 570.00 208584 9/07/12 000082 114.00 208585 9/07/12 000082 114.00 208586 9/07/12 000082 57.00 -----_____ 602.75 0.00 9,889.44 CUSTOMER _____

CATEGORY

602.75

0.00

9,889.44

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYW	WIDE REG NY	. NY			PAGE 1 VCP CHOICE L	- HCSA	2
BALLED OIGN	VL π 0250	100 001	BONNIBIDE CITIV	SALES	REGISTER			BILL WEEK EN		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208587	9/07/12	000008	VISITING NURSE S	SERVICE A	BINANTI, IRENE	56.00		816.48	I	
208588	9/07/12	800000	VISITING NURSE S	SERVICE A	BREU, ANA	12.00		174.96	I	
208589	9/07/12	000008	VISITING NURSE S	SERVICE A	DAMES, OLGA	25.00		364.50	I	
208590	9/07/12	000008	VISITING NURSE S	SERVICE A	DAMES, RICARDO	35.00		510.30	I	
208591	9/07/12	000008	VISITING NURSE S	SERVICE A	DAMS, MYRIAM	69.00		1,006.03	I	
208592	9/07/12	000008	VISITING NURSE S	SERVICE A	DUN, JEANETTE	55.75		812.84	I	
208593	9/07/12	800000	VISITING NURSE S	SERVICE A	FZAL, AMIR	4.00		58.32	I	
					CUSTOMER	256.75	0.00	3,743.43		
					CATEGORY	256.75	0.00	3,743.43		

- 1				YSIDE CITYWIDE				PAGE 1 -	3
	SALES JRN	L # 0298	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208594	9/07/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	33.00		481.14 I	
ı					CATEGORY	33.00	0.00	481.14	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	4 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208595	9/07/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	49.00		714.42 I	
				CATEGORY	49.00	0.00	 714.42	

	09/12/12 - NL # 0298			REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208596	9/07/12	000008	VISITING NURSE SERVICE	AKBAR, NASEEM	20.25		295.25 I	
				CATEGORY	20.25	0.00	295.25	

RUN DATE 0		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	8/31/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	10.00 35.00		145.80 510.30	I I
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	 656.10	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S A	ALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208599	9/07/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	30.00		437.41 I	
				CATEGORY	30.00	0.00	437.41	

			YSIDE CITYWIDE				PAGE 1 -	8
SALES JRN	L # 0298	LOC 001		REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
				SALES KEGISIEK			PILL MEEK ENDING	3 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208600 208601	9/07/12	000008	VISITING NURSE SERVICE	•	1.00		14.58 I	
208601	9/07/12	000008	VISITING NURSE SERVICE	ALVARADO, DORA	20.00		291.60 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN				REG NY NY			PAGE 1 - ADU ADULT	9
				SALES REGISTER			BILL WEEK ENDING	, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208602	9/07/12	000008	VISITING NURSE SERVICE	ALVAREZ, DALILA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	L # 0298	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208603	9/07/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			JYSIDE CITYWIDE	DDG NV NV			PAGE 1 -	11
SALES JRN	L # UZ98	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	-
			5	ALES REGISTER	1		BILL WEEK ENDI	NG 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208604	9/07/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	19.50		284.31	I
208605	8/31/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	4.00		58.32	I
208606	9/07/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	23.25		338.99	I
208607	9/07/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	83.00		1,210.14	I
208608	9/07/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	54.75		798.26	I
208609	9/07/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24	I
				CUSTOMER	212.50	0.00	3,098.26	
				CATEGORY	212.50	0.00	3,098.26	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	20.00 61.00		291.60 I 889.38 I	
				CUSTOMER	81.00	0.00	1,180.98	
				CATEGORY	81.00	0.00	1,180.98	

- 1				YSIDE CITYWIDE				PAGE 1 -	13
	SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	0 /1 4 /1 0
				i	SALES REGISTER			BILL WEEK ENDING	9/14/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208612	9/07/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	24.00		349.92 I	
					CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 -	14
SALES JRNI	L # UZ98	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208613	9/07/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
				SALES REGISTER			BILL WEEK END	ING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
208614	9/07/12	000008	VISITING NURSE SERVICE	ARGENTINA, CESS	4.00		58.32	I
208615	9/07/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	46.00		670.68	I
				CUSTOMER	50.00	0.00	729.00	
				CATEGORY	50.00	0.00	729.00	

			YSIDE CITYWIDE				11102 1	- 1	6
SALES JRN	IL # 0298	LOC 001		REG NY NY			ADU ADULT	TNG	0/14/10
			S	SALES REGISTER			BILL WEEK ENI	JING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208616	9/07/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	18.00		262.44	I	
208617	9/07/12	000008	VISITING NURSE SERVICE	ASH, MARIE	12.00		174.96	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

ı	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	17	
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
				:	SALES REGISTER			BILL WEEK ENDING	9/14/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	208618	9/07/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	47.00		685.26 I		
ı					CATEGORY	47.00	0.00	685.26		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	18	
			S	SALES REGISTER			BILL WEEK ENDI	NG 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
208619	9/07/12	800000	VISITING NURSE SERVICE	AVILES, LEONARD	1.00		14.58	I	
				CATEGORY	1.00	0.00	14.58		

			NYSIDE CITYWIDE					19
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	·
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208620	9/07/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE				PAGE 1 - 2	0
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208621	9/07/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96 I	
208622	9/07/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30 I	
				CUSTOMER	47.00	0.00	685.26	
				CATEGORY	47.00	0.00	685.26	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 21
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	DMEW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK END	ING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
208623	9/07/12	800000	VISITING NURSE SERVICE	BALLAS, VIOLA	25.00		364.50	I
208624	9/07/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48	I
208625	9/07/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I
208626	9/07/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	42.00		612.36	I
				CUSTOMER	168.00	0.00	2,449.44	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE 09		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	22
SALES URNL	# 0296	LOC 001		SALES REGISTER			BILL WEEK ENDI	NG 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	35.00 56.00		510.30 816.48	I I
				CUSTOMER	91.00	0.00	1,326.78	
				CATEGORY	91.00	0.00	1,326.78	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		23
SALES UKN	ш # UZ90	TOC 001		SALES REGISTER			BILL WEEK EN		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208629 208630	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		151.00 3.00		2,201.58 43.74	I I	
				CUSTOMER	154.00	0.00	2,245.32		
				CATEGORY	154.00	0.00	2,245.32		

ı	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	9/14/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	208631	9/07/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	27.00		393.66 I	
ı									
ı									
ı					CATEGORY	27.00	0.00	393.66	

RUN DAT	E 09/12/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	25
SALES J	RNL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208632	9/07/12	000008	VISITING NURSE SERVICE	BHATT, JYOTI	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

١	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	26
١	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
١				5	SALES REGISTER			BILL WEEK ENDING	9/14/12
١									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١									
١	208633	9/07/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
١									
١									
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE	REG NY NY			PAGE 1	- 2	27
SALES URN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	ING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208634 208635	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		58.00 20.00		845.64 291.60	I I	
				CUSTOMER	78.00	0.00	1,137.24		
				CATEGORY	78.00	0.00	1,137.24		

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING 9	/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
208636	9/07/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
					40.00			
				CATEGORY	40.00	0.00	583.20	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
SALES JRN	rL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208637	9/07/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 30
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK END	ING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
208638	9/07/12	800000	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60	I
208639	9/07/12	800000	VISITING NURSE SERVICE	BOJORQUEZDECHA,	39.75		579.56	I
208640	9/07/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	49.00		714.42	I
				CUSTOMER	108.75	0.00	1,585.58	
				CATEGORY	108.75	0.00	1,585.58	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208641	9/07/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	32	
SALES JRN	L # 0298	LOC 001		REG NY NY			LTC NURSING HOME		
			:	SALES REGISTER			BILL WEEK ENDING	9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
208642	9/07/12	000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I		
				CATEGORY	25.00	0.00	364.50		

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208643	9/07/12	800000	VISITING NURSE SERVICE	BORSARI, ANTOIN	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE				PAGE 1 - 34	
SALES JRNI	և # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0 /1 4 /1 0
			2	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208644	9/07/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE					35
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOMEW, BILL WEEK ENDING	,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208645	9/07/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	34.75		506.66 I	
				CATEGORY	34.75	0.00	506.66	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	36
DALLED OIGN	L # 0230	100 001		SALES REGISTER			BILL WEEK ENDING	=
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208646 208647 208648	9/07/12 9/07/12 9/07/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BRACERO, HELEN	63.00 48.25 3.00		918.54 I 703.49 I 43.74 I	
				CUSTOMER	114.25	0.00	1,665.77	
				CATEGORY	114.25	0.00	1,665.77	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 37 ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208649	9/07/12	800000	VISITING NURSE SERVICE	BURITICA, INES	7.50		109.36 I	
				CATEGORY	7.50	0.00	109.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 38 VCP CHOICE LHCSA BILL WEEK ENDING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
208650	9/07/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	55.75		812.84 I
				CATEGORY	 55.75	0.00	812.84

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
			\$	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208651	9/07/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE							40
SALES JRN	IL # 0298	LOC 001		-	NY			VCP CHOICE L		
			5	SALES RI	EGIST	₹ R		BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208652	8/31/12	000008	VISITING NURSE SERVICE	CABA,	PURA	2.00		29.16	I	
208653	9/07/12	800000	VISITING NURSE SERVICE	CABA,	PURA	10.00		145.80	I	
					CUSTOMER	12.00	0.00	174.96		
					CATEGORY	12.00	0.00	174.96		

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208654	9/07/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208655	9/07/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	47.00		685.27 I	
				CATEGORY	47.00	0.00	685.27	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 4	13
SALES JRN	L # 0298	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208656	9/07/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE				-	44
SALES JRN	ı∟ # 0298	LOC 001		REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208657	9/07/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48	I
				CATEGORY	56.00	0.00	816.48	

			IYSIDE CITYWIDE					45
SALES URN.	L # 0298	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEV BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208658	9/07/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.50		619.65 I	
				CATEGORY	42.50	0.00	619.65	

RUN DATE SALES JRN			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S #	REGNY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCS: BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208659	9/07/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	47
	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	9/14/12
ı									
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	208660	9/07/12	000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.50		517.59 I	
ı					CATEGORY	35.50	0.00	517.59	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	48 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208661 208662 208663 208664	9/07/12 8/31/12 9/07/12 9/07/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CARDOSO, ORLAND CARDOZA, ANAIDA CARDOZA, ANAIDA CARELA-REYES, M	83.25 8.00 14.50 25.00		1,213.79 I 116.64 I 211.41 I 364.50 I	
				CUSTOMER	130.75	0.00	1,906.34	
				CATEGORY	130.75	0.00	1,906.34	

			YSIDE CITYWIDE				PAGE 1 -	49
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208665	9/07/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 50	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
			S	SALES REGISTER			BILL WEEK ENDING 9/14/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
208666	9/07/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	47.00		685.26 I	
				CATEGORY	47.00	0.00	 685.26	_

			YSIDE CITYWIDE				PAGE 1 -	51
SALES JRM	NL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208667	9/07/12	800000	VISITING NURSE SERVICE	CARUSO, GIUSEPP	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1 - 52	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 9	/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
208668	9/07/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
208669	9/07/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	21.00		306.18 I	
				CUSTOMER	41.00	0.00	597.78	
				CARRICODY	41.00	0.00	597.78	
1				CATEGORY	41.00	0.00	J91.18	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
208670	9/07/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	30.00		437.40	I
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 54 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 9/14/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208671 208672	8/31/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, , ,	20.00 12.00		291.60 I 174.96 I	
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 ·	-	55	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA		
			S	SALES REGISTER			BILL WEEK END	ING	9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ΓΥΡ	SURPLUS	
208673	9/07/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40	I		
				CATEGORY	30.00	0.00	437.40			

RUN DATE (09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 56
SALES JRNI	և # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H	OME W/O WALLS LT
			i	SALES REGISTER			BILL WEEK END	OING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
208674	8/31/12	000008	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60	I
	9/07/12	000008	VISITING NURSE SERVICE	•	20.00		291.60	I
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 5	57
SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208676	9/07/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	69.75		1,016.96 I	
				CATEGORY	69.75	0.00	1,016.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	58
				SALES REGISTER			BILL WEEK ENDIN	IG 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208677	9/07/12	800000	VISITING NURSE SERVICE	CHINGA, CELESTE	29.25		426.47 I	
				CATEGORY	29.25	0.00	426.47	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	59
SALES UKN	L # 0290	TOC 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208678 208679	9/07/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CHU, MOLLY CHUCK, ENA	40.00 33.25		583.20 I	[-
200075	J/01/12	000000	VISITING NORSE SERVICE	CUSTOMER	73.25	0.00	1,067.99	
				COSTOMER	73.25	0.00	1,007.99	
				CATEGORY	73.25	0.00	1,067.99	

			YSIDE CITYWIDE					60
SALES JRN	L # 0298	LOC 001		REG NY NY ALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	•
			-					
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208680	9/07/12	000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

	09/12/12 NL # 0298		IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	61 G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208681	9/07/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	2
SALES JRN	rL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208682	9/07/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60 I	
208683	9/07/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70 I	
208684	9/07/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	30.00		437.40 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

			YSIDE CITYWIDE				PAGE 1 - 63	
SALES JRN	L # 0298	LOC 001		REGNY NY SALES REGISTER			CCL CONGREGATE CARE BILL WEEK ENDING 9	
			Š	SALES REGISIER			BILL WEEK ENDING 9	/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
208685	9/07/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	64
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208686	9/07/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	65	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA	
			S	SALES REGISTER			BILL WEEK ENDIN	IG 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
208687	9/07/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60	<u>.</u> -	
				CATEGORY	20.00	0.00	291.60		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208688	9/07/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	53.25		776.39 I	
				CATEGORY	53.25	0.00	776.39	

RUN DATE 09/12/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY	PAGE 1 - 67 NY ADU ADULT	
	E G I S T E R BILL WEEK ENDING 9/14/12	
INVOICE# DATE CUST NO CUSTOMER NAME REFE	ERENCE HOURS TAX AMT AMOUNT TYP SURPLUS	
208689 9/07/12 000008 VISITING NURSE SERVICE COVAI	LIU, SIMION 19.75 287.96 I	
	CATEGORY 19.75 0.00 287.96	

RUN DATE	E 09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 68
SALES JF	NL # 0298	LOC 001		REG NY NY			HOA HOSPICE A	
			S	SALES REGISTER			BILL WEEK END	ING 9/14/12
INVOICE‡	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
208690	9/07/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02	I
				CATEGORY	19.00	0.00	277.02	

ı	RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	59
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	9/14/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208691	9/07/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	59.00		860.23 I	
					CATEGORY	59.00	0.00	860.23	

ı	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	70
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
ı					SALES REGISTER			BILL WEEK ENDING	9/14/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208692	9/07/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	36.00		524.89 I	
					CATEGORY	36.00	0.00	524.89	

			YSIDE CITYWIDE				PAGE 1 - 7	71
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	9/14/12
			S	SALES REGISIER			DILL MEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208693	9/07/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	5.75		83.84 I	
				CATEGORY	5.75	0.00	83.84	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	72 G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	- ,
208694	9/07/12	800000	VISITING NURSE SERVICE	CRUZ, LIDIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LAD NURSING HO BILL WEEK ENDI	ME W/O WALLS LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208695	9/07/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	20.00		291.60	I
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	74
SALES UKI	111 # 0296	LOC UUI		SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208696	9/07/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 75 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208697 208698	9/07/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	15.50 56.00		225.99 I 816.48 I	
				CUSTOMER	71.50	0.00	1,042.47	
				CATEGORY	71.50	0.00	1,042.47	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	76	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L			
			S	ALES REGISTER			BILL WEEK EN	DING	9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
208699	9/07/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	36.00		524.88	I		
208700	9/07/12	800000	VISITING NURSE SERVICE	DE LAHOZ, RUTH	9.00		131.22	I		
208701	9/07/12	000008	VISITING NURSE SERVICE	DEBAZALAR, ANTO	18.00		262.44	I		
208702	9/07/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	20.00		291.60	I		
				CUSTOMER	83.00	0.00	1,210.14			
				CATEGORY	83.00	0.00	1,210.14			

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208703	9/07/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	, 0
SALES UKN	L # 0298	LOC 001		ALES REGISTER	1		BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
208704	9/07/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	24.00		349.92	I
208705	8/31/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	24.00		349.92	I
208706	9/07/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60	I
208707	9/07/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	19.00		277.02	I
208708	9/07/12	800000	VISITING NURSE SERVICE	DEY, KRISHNA	3.75		54.68	I
208709	9/07/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	57.00		831.06	I
				CUSTOMER	147.75	0.00	2,154.20	
				CATEGORY	147.75	0.00	2,154.20	

RUN DATE (09/12/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	_	79
SALES JRNI	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LAD NURSING	HOME	W/O WALLS LT
			i	SALES R	EGIST	E R		BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208710	8/31/12	000008	VISITING NURSE SERVICE	DIAZ,	HILDA	6.00		87.48	I	
208711	9/07/12	800000	VISITING NURSE SERVICE	DIAZ,	HILDA	13.75		200.48	I	
					CUSTOMER	19.75	0.00	287.96		
					CATEGORY	19.75	0.00	287.96		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	00
DALLES OWN	H 0270	100 001		ALES REGISTER	3		BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
208712	9/07/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	34.75		506.66	I
208713	9/07/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	52.00		758.16	I
208714	9/07/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	12.00		174.96	I
208715	9/07/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	71.50		1,042.47	I
208716	9/07/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	35.75		521.24	I
208717	9/07/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	16.00		233.28	I
				CUSTOMER	222.00	0.00	3,236.77	
				CATEGORY	222.00	0.00	3,236.77	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	81
				SALES REGISTER			BILL WEEK ENDI	NG 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208718	9/07/12	800000	VISITING NURSE SERVICE	DUNNING, JENNIF	4.50		65.61	Ι
				CATEGORY	4.50	0.00	 65.61	

ı	RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 82	
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WAL	LS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING 9/14	/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
ı									
ı	208719	9/07/12	000008	VISITING NURSE SERVICE	DUTAN, SELINDA	33.00		481.14 I	
ı									
ı									
ı					CATEGORY	33.00	0.00	481.14	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	83
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208720	9/07/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	0 2
SALES UKN	ш # 0290	LOC 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208721	9/07/12	000008	VISITING NURSE SERVICE		1.00		14.58	I
208722 208723	8/24/12 9/07/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	7.00 43.00		102.06 626.94	I I
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	85
CILLED CILVI	L 0230	100 001		SALES REGISTER			BILL WEEK ENDIN	G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208724	9/07/12	000008	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208725	9/07/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 87	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			S	SALES REGISTER			BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208726	9/07/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	ALES REGISTER			BILL WEEK ENDING	G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208727	9/07/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

ı	RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
ı				5	SALES REGISTER			BILL WEEK ENDING	9/14/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208728	9/07/12	800000	VISITING NURSE SERVICE	ESPIN, CESAR	61.00		889.38 I	
					CATEGORY	61.00	0.00	889.38	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			S	SALES REGISTER			BILL WEEK ENDI	ING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
208729	9/07/12	000008	VISITING NURSE SERVICE	ESPINAL, JOSE	9.00		131.22	I
208730	9/07/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	21.00		306.18	I
				CUSTOMER	30.00	0.00	437.40	
				CODIONER	30.00	0.00	137.10	
				CATEGORY	30.00	0.00	437.40	

	09/12/12 - JL # 0298		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	91 9 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208731	9/07/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	69.00		1,006.02 I	
				CATEGORY	69.00	0.00	1,006.02	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	92
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDING	G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
INVOICE#	DAIL	CUSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAX AMI	AMOUNT III	P SURPLUS
208732	9/07/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	
			\$	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208733	9/07/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	20.50		298.89 I	
				CATEGORY	20.50	0.00		

BIIN DATE	09/12/12	- SIID SIIM	YSIDE CITYWIDE				PAGE 1	_	94
SALES JRN		LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		J 1
DALLED OICH	ш т 0250	HOC 001	BONNIBIDE CITIVIDE	SALES REGISTER			BILL WEEK END	TNG	9/14/12
							DIDD WEEK END	,1110	J/ I I/ IZ
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
2111020211	21112	0001 1.0	00010111111111111	TELL ETTELLOS	1100110		11100111		50111 205
208734	9/07/12	000008	VISITING NURSE SERVICE	E FAROUGIAS, ANGE	9.00		131.22	I	
208735	9/07/12	000008	VISITING NURSE SERVICE	•	20.00		291.60	I	
208736	9/07/12	000008	VISITING NURSE SERVIC	•	25.00		364.50	I	
208737	9/07/12	000008	VISITING NURSE SERVIC	E FEENEY, JOHN	5.75		83.84	I	
208738	9/07/12	000008	VISITING NURSE SERVIC	E FERGUSON, MARIL	3.00		43.74	I	
				CUSTOMER	62.75	0.00	914.90		
				CATEGORY	62.75	0.00	914.90		

			YSIDE CITYWIDE				11102	- 9	95
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		0 /1 4 /1 0
				SALES REGISTER			BILL WEEK ENI	JING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208739	8/31/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	16.00		233.28	I	
208740	9/07/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	55.00		801.90	I	
				CUSTOMER	71.00	0.00	1,035.18		
				CATEGORY	71.00	0.00	1,035.18		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATI BILL WEEK END	E CARE PROGRAM
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
208741 208742	8/31/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 15.00		43.74 218.70	I I
				CUSTOMER	18.00	0.00	262.44	
				CATEGORY	18.00	0.00	 262.44	

	09/12/12 - NL # 0298		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 97 ADU ADULT BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208743	9/07/12	800000	VISITING NURSE SERVICE	FERRARA, ANNA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/12/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	98
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208744	9/07/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

ı	RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 99	
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
ı				5	SALES REGISTER			BILL WEEK ENDING 9/14/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
ı	208745	9/07/12	000008	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 100	
SALES JRI	NL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208746	9/07/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.00		758.16 I	
				CATEGORY	52.00	0.00	 758.16	

RU	JN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 10	1
SA	ALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	TE CAR	E PROGRAM
				:	SALES R	EGISTER			BILL WEEK EN	DING	9/14/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
20	8747	9/07/12	800000	VISITING NURSE SERVICE	FLEI	TMAN, KLARA	13.00		189.54	I	
						CATEGORY	13.00	0.00	189.54		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208748 208749 208750	9/07/12 9/07/12 9/07/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FOLLETTO, ROSIN FONG, ALEFINA FONTEBOA, GUILL	28.00 12.00 29.75		408.24 174.96 433.76	I I I	
				CUSTOMER	69.75	0.00	1,016.96		
				CATEGORY	69.75	0.00	1,016.96		

	09/12/12 - JL # 0298			REGNY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEV BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208751	9/07/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	104
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208752	9/07/12	000008	VISITING NURSE SERVICE	FREDERICK, AMEL	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOI BILL WEEK ENDII	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208753 208754	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	46.00 35.00		670.68 510.30	I I
				CUSTOMER	81.00	0.00	1,180.98	
				CATEGORY	81.00	0.00	1,180.98	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 106
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA
			S	SALES REG	ISTER		BILL WEEK EN	DING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREN	CE HOURS	TAX AMT	AMOUNT	TYP SURPLUS
208755	8/31/12	000008	VISITING NURSE SERVICE	GAID, AS	ILA 35.00		510.30	I
208756	9/07/12	000008	VISITING NURSE SERVICE	•			364.50	I
				CU	STOMER 60.00	0.00	874.80	
				CA'	TEGORY 60.00	0.00	874.80	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 107 ADU ADULT	
511225 014	0250	200 001		SALES REGISTER				/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
208757	9/07/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	08
SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208758	9/07/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING 1 BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208759 208760 208761	9/07/12 9/07/12 9/07/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLO, BENJAMIN GARAY, ANGELES GARCIA, OLGA	32.00 20.00 30.00		466.56 291.60 437.40	I I I	
				CUSTOMER	82.00	0.00	1,195.56		
				CATEGORY	82.00	0.00	1,195.56		

			YSIDE CITYWIDE				PAGE 1 - 11	LO
SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208762	9/07/12	800000	VISITING NURSE SERVICE	GARCIA-VARGAS,	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208763	9/07/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE				PAGE 1 - 1	.12
SALES JRN	ъ # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208764	9/07/12	800000	VISITING NURSE SERVICE	GENAO MOSQUE, A	6.00		87.48 I	
				====				
				CATEGORY	6.00	0.00	87.48	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	113
SALES JRN	NL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			5	SALES REGISTER			BILL WEEK ENDIN	IG 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208765	9/07/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	114
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	9/14/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	208766	9/07/12	000008	VISITING NURSE SERVICE	GIORGIO, WILLIA	48.75		710.78 I	
ı									
ı									
ı					CATEGORY	48.75	0.00	710.78	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	115
SALES JRI	NL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	
			:	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208767	9/07/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	53.00		772.74 I	
				CATEGORY	53.00	0.00	 772.74	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	116
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	Ā
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208768	9/07/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 117 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
208769 208770	9/07/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		35.00 33.00		510.30 I 481.14 I
				CUSTOMER	68.00	0.00	991.44
				CATEGORY	68.00	0.00	991.44

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCS. BILL WEEK ENDIN	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208771	9/07/12	000008	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 11 ADU ADULT	19	
	- "			SALES REGISTER			BILL WEEK ENDING	9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
208772	9/07/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I		
				CATEGORY	9.00	0.00	131.22		

RUN DATE (09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	120
SALES JRNI	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208773	9/07/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/12/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	121
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208774	9/07/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELBA	25.50		371.79 I	
				CATEGORY	25.50	0.00	371.79	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	122
			Ş	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208775	9/07/12	000008	VISITING NURSE SERVICE	GONZALEZ, NITZA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 123	3
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
TATIOTORU	DARR	CTICE NO	CHOMONED NAME	DEEDDENGE	HOHDG	max and	AMOUNTE TWO	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208776	9/07/12	000008	VISITING NURSE SERVICE	GOVERDOVSKIY, N	21.00		306.18 I	
200770	J/01/12	000000	VISITING NORSE SERVICE	GOVERDOVSKII, N	21.00		300.10 1	
				CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			S	SALES REGISTER			BILL WEEK ENI	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208777 208778 208779	8/31/12 9/07/12 9/07/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA GOYES, ELBA GRAVER, EDNA	24.00 20.00 39.75		349.92 291.60 579.56	I I I	
				CUSTOMER	83.75	0.00	1,221.08		
				CATEGORY	83.75	0.00	1,221.08		

			YSIDE CITYWIDE				PAGE 1 -	125
SALES JRNI	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			9	SALES REGISTER			BILL WEEK ENDIN	G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
000700	0 /05 /10	00000		and the second	40.05		F10 0F T	
208780	9/07/12	000008	VISITING NURSE SERVICE	GREENBAUM, MASA	49.25		718.07 I	
				GA EERGODY	40.05	0.00	710 07	
1				CATEGORY	49.25	0.00	718.07	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	126
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AID	S ADULT POPUL
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208781	9/07/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -		7
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO		0/14/10
				SALES REGISTER			BILL WEEK END	ING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP	SURPLUS
208782	9/07/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I	
208783	9/07/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	82.75		1,206.50	I	
				CUSTOMER	166.75	0.00	2,431.22		
				CATEGORY	166.75	0.00	2,431.22		

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	28
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208784	9/07/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

			YSIDE CITYWIDE				-	129
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
				SALES REGISIER			PILL MEEK ENDIN	G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208785	9/07/12	000008	VISITING NURSE SERVICE	- , · · · ·	24.00		349.92 I	
208786	9/07/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	28.25		411.89 I	
				CUSTOMER	52.25	0.00	761.81	
				0001011111	32.23	0.00	,01.01	
				CATEGORY	52.25	0.00	761.81	

RUN DATE SALES JRN		SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - 130 ADU ADULT BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208787	9/07/12	800000	VISITING NURSE SERVICE	HENRIQUEZ, MARI	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

ı	RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	131	
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				5	SALES REGISTER			BILL WEEK ENDING	9/14/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	208788	9/07/12	000008	VISITING NURSE SERVICE	HERNANDEZ, JUAN	23.50		342.63 I		
	200700	3,0,,12		VIBILING HORBE BERVIOL	manumana ya a a a a a a a a a a a a a a a a a	20.00		312.03		
ı										
ı					CATEGORY	23.50	0.00	342.63		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	132
INVOICE#	DATE	CUST NO	_	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	,
208789	9/07/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	43.75		637.88 I	
				CATEGORY	43.75	0.00	637.88	

ı	RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	33
ı	SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				5	SALES REGISTER			BILL WEEK ENDING	9/14/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208790	9/07/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	34	
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	9/14/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	208791	9/07/12	800000	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40 I		
ı					CATEGORY	30.00	0.00	437.40		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	W/O WALLS LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208792	9/07/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 136 ADU ADULT	
				SALES REGISTER				14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		RPLUS
208793	9/07/12	000008	VISITING NURSE SERVICE	HIGUERA, MARGAR	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	137
SALES JRN	IL # 0298	LOC 001		REG NY NY			LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208794	9/07/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	41.50		605.07 I	
				CATEGORY	41.50	0.00	605.07	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 138 VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 9/1	14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
208795 208796	8/31/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	20.00 16.00		291.60 I 233.28 I	
200790	3707712	00000	VIDITING NORDE BERVICE	CUSTOMER	36.00	0.00	524.88	
				CODIONER			321.00	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 139
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT
			i i i i i i i i i i i i i i i i i i i	SALES REGISTER			BILL WEEK ENDING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
208797	8/03/12	000008	VISITING NURSE SERVICE	ICIANO, ALFREDO	5.00		72.90 I
208798	9/07/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	20.00		291.60 I
				CUSTOMER	25.00	0.00	364.50
				CATEGORY	25.00	0.00	364.50

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 140 ADU ADULT BILL WEEK ENDING 9/14/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
208799	8/24/12	800000	VISITING NURSE SERVICE	INNELLI, THERES	5.25		76.55 I	
				CATEGORY	5.25	0.00	76.55	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	11
SALES JRN	rL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI	AIDS	ADULT POPUL
			5	SALES REGISTER			BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208800	7/27/12	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	5.00		72.90	I	
208801	9/07/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	38.00		554.04	I	
				CUSTOMER	43.00	0.00	626.94		
				COSTONER	43.00	0.00	020.74		
				CATEGORY	43.00	0.00	626.94		

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 142 ADU ADULT	
DIEED CITY	L 0250	100 001		SALES REGISTER			-	/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
208802	9/07/12	000008	VISITING NURSE SERVICE	INSERRA, CATHER	48.25		703.49 I	
				CATEGORY	48.25	0.00	703.49	

RUN D	DATE 09/12/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	:3
SALES	JRNL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20880	9/07/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	44
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208804	9/07/12	800000	VISITING NURSE SERVICE	JACSO, ERZSEBET	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 09/12/12 -							- 145
SALES JRNL # 0298	LOC 001 S		REG NY NY ALES REGISTER			LTC NURSING HO	OMEW/O WALLS (LT
		S	ALES REGISIER			BILL MEEK END	ING 9/14/12
INVOICE# DATE	CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
208805 9/07/12	000008 VI	SITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68	I
			 CATEGORY	46.00	0.00	 670.68	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 14	16
	_ "			SALES REGISTER			BILL WEEK ENI		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208806	9/07/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	12.00		174.96	I	
208807	9/07/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	77.00		1,122.66	I	
208808	9/07/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I	
				CUSTOMER	113.00	0.00	1,647.54		
				CATEGORY	113.00	0.00	1,647.54		

			YSIDE CITYWIDE	DEG NW NW			PAGE 1 - 1	
SALES JRN	NL # U298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208809	9/07/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEV BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208810	9/07/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 149	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 9	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
208811	9/07/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 150	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 9	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
208812	9/07/12	000008	VISITING NURSE SERVICE	JIMENEZ, CARMEN	3.00		43.74 I	
208813	9/07/12	000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	20.00		291.60 I	
				CUSTOMER	23.00	0.00	335.34	
				CATEGORY	23.00	0.00	335.34	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	51
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208814	9/07/12	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

			YSIDE CITYWIDE				-	152
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 /14 /10
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208815	9/07/12	000008	VISITING NURSE SERVICE	KAUR, SARD	12.00		174.96 I	
208816	9/07/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	48.00		699.84 I	
208817	9/07/12	800000	VISITING NURSE SERVICE	KERNAN, DONALD	8.25		120.29 I	
				CUSTOMER	68.25	0.00	995.09	
				CATEGORY	68.25	0.00	995.09	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - :	
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208818	9/07/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
	.2 0250	200 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
208819	8/31/12	000008	VISITING NURSE SERVICE	KILIMLIAN, PEPR	8.00		116.64	I
208820	9/07/12	000008	VISITING NURSE SERVICE	KILIMLIAN, PEPR	56.00		816.48	I
208821	9/07/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	55.50 		809.19	
				CUSTOMER	119.50	0.00	1,742.31	
				CATEGORY	119.50	0.00	1,742.31	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 15 ADU ADULT	55
	"			SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208822	9/07/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN	,	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
DALLO GIAN	<u>п</u> 0290	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208823	9/07/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 15 ADU ADULT BILL WEEK ENDING	7 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208824	9/07/12	800000	VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208825 208826 208827 208828	9/07/12 8/10/12 8/17/12 9/07/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LEE, KATHLEEN LEGASPI, CECILI LEGASPI, CECILI LEGASPI, CECILI	20.00 4.00 4.00 15.75		291.60 I 58.32 I 58.32 I 229.64 I	
				CUSTOMER	43.75	0.00	637.88	
				CATEGORY	43.75	0.00	637.88	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 159 ADU ADULT BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208829	9/07/12	800000	VISITING NURSE SERVICE	LENDOIRO, JUAN	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 160	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA	
			S	ALES REGISTER			BILL WEEK END	OING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
208830	9/07/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48	I	
208831	9/07/12	800000	VISITING NURSE SERVICE	LIGARDO, SOL M	23.75		346.28	I	
208832	9/07/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	68.00		991.44	I	
208833	9/07/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	23.50		342.63	I	
				CUSTOMER	171.25	0.00	2,496.83		
				CATEGORY	171.25	0.00	2,496.83		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0298	LOC 001		REG NY NY S A L E S R E G I S T E R			LAD NURSING HOME BILL WEEK ENDING	
				SALES REGISIER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208834	9/07/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

		YSIDE CITYWIDE					- 16	
SALES JRNL # (1298 LOC 001		REGNY NY SALES REGISTER			LTC NURSING		•
		'	SALES REGISTER			BILL WEEK EN	DING	9/14/12
INVOICE# DAT	CE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208835 9/07		VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	40.00		583.20	I	
208836 9/07	7/12 000008	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	Τ	
			CUSTOMER	82.00	0.00	1,195.56		
			0001011111	02.00	0.00	1,1,0.00		
			CATEGORY	82.00	0.00	1,195.56		

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	63
SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208837	9/07/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE					L64
SALES JRN	L # 0298	LOC 001		REGNY NY ALES REGISTER			LTC NURSING HOMEV	•
			5 F	ALES KEGISIEK			BILL MEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208838	9/07/12	000008	VISITING NURSE SERVICE	LONDONO, MARIA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 165	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 9/14/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
208839	9/07/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	35.00		510.30 I	
208840	9/07/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	8.00		116.64 I	
				CUSTOMER	43.00	0.00	626.94	_
				CATEGORY	43.00	0.00	626.94	-

RUN DATE SALES JRN				REGNY NY BALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208841	9/07/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

	12/12 - SUP SUNN		DEC NV NV			PAGE 1 - 16	57
SALES JRNL #	0298 LOC 001	SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			ADU ADULT BILL WEEK ENDING	9/14/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208842 8/	31/12 000008	VISITING NURSE SERVICE	LOZADA, LAURA	12.00		174.96 I	
			CATEGORY	12.00	0.00		

RUN DATE 09/12 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 CCL CONGREGATE CA BILL WEEK ENDING	.68 RE PROGRAM 9/14/12
INVOICE# DAT	CE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208843 8/33 208844 9/03 208845 8/33 208846 9/03	7/12 000008 1/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LUCES, LETICIA LUCES, LETICIA LYMN, ANGIE LYMN, ANGIE	4.00 20.00 20.00 25.00		58.32 I 291.60 I 291.60 I 364.50 I	
			CUSTOMER	69.00	0.00	1,006.02	
			CATEGORY	69.00	0.00	1,006.02	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 16 ADU ADULT BILL WEEK ENDING	9 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208847	9/07/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	38.75		564.98 I	
				CATEGORY	38.75	0.00	 564.98	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.70
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208848	9/07/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE					- 17	1
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		0 /1 4 /1 0
				SALES REGISTER			BILL WEEK END	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208849	9/07/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72	I	
208850	9/07/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	19.75		287.96	I	
208851	8/17/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	2.00		349.92	I	
208852	9/07/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	7.00		1,224.72	I	
				CUSTOMER	112.75	0.00	3,087.32		
				CATEGORY	112.75	0.00	3,087.32		

			VYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - : LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208853	9/07/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	50.00		729.00 I	
				CATEGORY	50.00	0.00	729.00	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	13
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			\$	SALES REGISTER			BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208854	9/07/12	000008	VISITING NURSE SERVICE	MARGOLIS, HARRI	9.00		131.22	I	
208855	9/07/12	800000	VISITING NURSE SERVICE	MARINO, ANN	30.00		437.40	I	
				CUSTOMER	39.00	0.00	568.62		
				CATEGORY	39.00	0.00	568.62		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	7
INVOICE#	DATE	CUST NO		SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYPE	, ,
208856	9/07/12	000008	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

			TYSIDE CITYWIDE	556 197			PAGE 1 - 1	
SALES JRN	IL # 0298	LOC 001		REG NY NY SALES REGISTER			LTC NURSING HOMEV BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208857	9/07/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 17 HCSA	76
			S	SALES REGISTER			BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208858	9/07/12	000008	VISITING NURSE SERVICE	MARTE, JOSE	7.00		102.06	I	
208859	8/31/12	800000	VISITING NURSE SERVICE	• -	3.00		43.74	I	
208860	9/07/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70	I	
				CUSTOMER	25.00	0.00	364.50		
				CATEGORY	25.00	0.00	364.50		

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	7
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	
			:	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208861	9/07/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	

	/12/12 - SUP SUNN # 0298 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 178 VCP CHOICE LHCSA BILL WEEK ENDING	8 9/14/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208863 8/ 208864 9/	707/12 000008 724/12 000008 707/12 000008 707/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARGA MARTINEZ, MARTA MARTINEZ, MARTA MARTINEZ, ROSA	30.00 6.00 29.00 38.75		437.40 I 87.48 I 422.82 I 1,206.50 I	
			CUSTOMER	103.75	0.00	2,154.20	
			CATEGORY	103.75	0.00	2,154.20	

ı	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	179
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	9/14/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	208866	9/07/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	25.50		371.79 I	
ı									
ı									
1					CATEGORY	25.50	0.00	371.79	

RUN DATE 0		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 18	0
Brillia Grave	0250	100 001		SALES REGISTER			BILL WEEK END	ING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	9/07/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		63.00 168.00		918.54 2,449.44	I	
				CUSTOMER	231.00	0.00	3,367.98		
				CATEGORY	231.00	0.00	3,367.98		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		1
			S	SALES REGISTER			BILL WEEK END	ING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208869	9/07/12	000008	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48	I	
208870	9/07/12	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	28.25		411.89	I	
208871	9/07/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	20.00		291.60	I	
				CUSTOMER	104.25	0.00	1,519.97		
				CATEGORY	104.25	0.00	1,519.97		

RUN DATE (SALES JRN)		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208872 208873	8/24/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	7.00 37.75		102.06 550.40	I	
				CUSTOMER	44.75	0.00	652.46		
				CATEGORY	44.75	0.00	652.46		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 18	33
DALLO GIAV.	ы _т одуо	100 001		SALES REGISTER			BILL WEEK ENI	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208874 208875	9/07/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	41.50 76.75		605.07 1,119.02	I I	
				CUSTOMER	118.25	0.00	1,724.09		
				CATEGORY	118.25	0.00	1,724.09		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 184 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
208876	9/07/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I
				CATEGORY	39.00	0.00	 568.62

			SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	100
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208877	9/07/12	800000	VISITING NURSE SERVICE	MENDOZA, ROSA	3.00		43.74	I
				CATEGORY	3.00	0.00	43.74	
	SALES JRN:	SALES JRNL # 0298 INVOICE# DATE	SALES JRNL # 0298 LOC 001 INVOICE# DATE CUST NO	S INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 208877 9/07/12 000008 VISITING NURSE SERVICE MENDOZA, ROSA 3.00	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 208877 9/07/12 000008 VISITING NURSE SERVICE MENDOZA, ROSA 3.00	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY ADU ADULT S A L E S R E G I S T E R BILL WEEK ENDI INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT T 208877 9/07/12 000008 VISITING NURSE SERVICE MENDOZA, ROSA 3.00 43.74

			YSIDE CITYWIDE				-	186
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208878	9/07/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	2.00		29.16 I	
208879	9/07/12	800000	VISITING NURSE SERVICE	MILEO, MARY	39.25		572.27 I	
				CUSTOMER	41.25	0.00	601.43	
				CATEGORY	41.25	0.00	601.43	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	187
SALES OWN	L # 0230	100 001		SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208880	9/07/12	800000	VISITING NURSE SERVICE	MIRANDA, LUIS	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	188
	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
				S	SALES REGISTER			BILL WEEK ENDING	9/14/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
	208881	9/07/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	2.00		29.16 I	
					CATEGORY	2.00	0.00	29.16	

	09/12/12 - JL # 0298		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 18 ADU ADULT BILL WEEK ENDING	9 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208882	9/07/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 19	90
SALES JRN	և # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				VCP CHOICE L		
			S	BALES RE	GISTER			BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	NCE F	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208883	9/07/12	800000	VISITING NURSE SERVICE	MORAITI	S, AGATH 3	35.00		510.30	I	
				C	ATEGORY 3	 35.00	0.00	510.30		

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 191 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
208884 208885	8/31/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING 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 SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 192 LAD NURSING HOME W/O WALI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	S A L E S R E G I S T E R REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING 9/14/1 AMOUNT TYP SURPLU	
208886	9/07/12	000008	VISITING NURSE SERVICE	MORALES, CARMEN	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208887	9/07/12	800000	VISITING NURSE SERVICE	MOSTEIRIN, MART	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 - 1	94
SALES JRN	L # 0298	TOG 001		REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208888	9/07/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE (09/12/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 19	95
SALES JRNI	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY N	Y			CCL CONGREGA'	TE CAR	RE PROGRAM
			S	SALES RE	GISTER			BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208889	9/07/12	800000	VISITING NURSE SERVICE	NAVARR	O, MARIA	16.00		233.28	I	
1					CATEGORY	16.00	0.00	233.28		

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	96
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208890	9/07/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L97
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208891	9/07/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	48.25		703.49 I	
				CATEGORY	48.25	0.00	703.49	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	198
SALES JRN	ъ # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208892	9/07/12	000008	VISITING NURSE SERVICE	NIETO RAMOS, JO	63.00		918.54 I	
200092	9/0//12	000006	VISITING NURSE SERVICE	NIETO RAMOS, JO	03.00		910.54	
				CATEGORY	63.00	0.00	918.54	

RUN DATE 09/12/12 SALES JRNL # 0298		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 TYPE	SURPLUS
208893 8/31/12 208894 9/07/12 208895 9/07/12	800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NIEVES, NANCY NINO, CARMEN	50.00 30.00 20.00		729.00 I 437.40 I 291.60 I	
			CUSTOMER	100.00	0.00	1,458.00	
			CATEGORY	100.00	0.00	1,458.00	

PAGE 1 - 200
LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/14/12
AMT AMOUNT TYP SURPLUS
291.60 I
495.72 I
787.32
787.32
)

			YSIDE CITYWIDE				PAGE 1		1
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		0 /1 4 /1 0
				SALES REGISTER			BILL WEEK END	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208898	9/07/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	48.75		710.78	I	
208899	9/07/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	I	
				CUSTOMER	91.75	0.00	1,337.72		
				COSTOMER	91.75	0.00	1,337.72		
				CATEGORY	91.75	0.00	1,337.72		

RUN DA	TE 09/12/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 202	
SALES	JRNL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WAL	LS (LT
			S	SALES REGISTER			BILL WEEK ENDING 9/14	/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
208900	9/07/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	3
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			;	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208901	9/07/12	000008	VISITING NURSE SERVICE	ORNANO, BOLIVAR	20.00		291.60 I	
208902	9/07/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	17.00		247.86 I	
208903	9/07/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	1.00		14.58 I	
208904	9/07/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	23.75		346.28 I	
				CUSTOMER	61.75	0.00	900.32	
				CATEGORY	61.75	0.00	900.32	

	09/12/12 - NL # 0298			REGNY NY SALES REGISTER			PAGE 1 - 204 ADU ADULT BILL WEEK ENDING 9	/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
208905	9/07/12	800000	VISITING NURSE SERVICE	PAOLONI, MARY	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	205
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	ALES REGISTER			BILL WEEK ENDI	NG 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208906	8/31/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	10.00		145.80	I
208907	9/07/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00	I
208908	9/07/12	000008	VISITING NURSE SERVICE	PAPOUTSIS, MARY	9.00		131.22	I
208909	9/07/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	55.75		812.84	I
				CUSTOMER	124.75	0.00	1,818.86	
				CATEGORY	 124.75	0.00	1,818.86	

			YSIDE CITYWIDE				PAGE 1 -	- 206
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	-NG 0/14/10
				SALES REGISTER			BILL WEEK ENDI	ING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	TYP SURPLUS
208910	9/07/12	000008	VISITING NURSE SERVICE	PARTAGAS, ANA	15.00		218.70	I
208911	9/07/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	35.75		521.24	I
				CUSTOMER	50.75	0.00	739.94	
				CATEGORY	50.75	0.00	739.94	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- `	
			\$	SALES REGISTER			BILL WEEK END	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208912 208913 208914	9/07/12 9/07/12 9/07/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ MONSER, C	20.00 49.00 41.50		291.60 714.42 605.07	I I I	
				CUSTOMER	110.50	0.00	1,611.09		
				CATEGORY	110.50	0.00	1,611.09		

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	208
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
000015	0 /05 /10						427 40 -	
208915	9/07/12	000008	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
							425 40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	19
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				S A L E S R E G I S T E R			BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208916	9/07/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	32.00		466.56	I	
208917	9/07/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	6.00		87.48	I	
208918	9/07/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	27.50		400.96	I	
208919	9/07/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	35.75		521.24	I	
208920	9/07/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	36.00		524.88	I	
				CUSTOMER	137.25	0.00	2,001.12		
				CATEGORY	137.25	0.00	2,001.12		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 210 ADU ADULT	
	- "			SALES REGISTER				9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
208921	9/07/12	800000	VISITING NURSE SERVICE	POLANCO, JUAN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 21 LTC NURSING HOMEW/	
SALES URN	L # UZ90	TOC 001		SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208922	8/24/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	8.00		116.64 I	
208923 208924	8/31/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PONCE, ALICIA PONCE, ALICIA	8.00 40.00		116.64 I 583.20 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

				YSIDE CITYWIDE				PAGE 1 -	
SA	ALES JRNI	և # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
					SALES REGISTER			BILL WEEK ENDING	9/14/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
20	18925	9/07/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	68.75		1,002.38 I	
					CATEGORY	68.75	0.00	1,002.38	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1	- 213 E CARE PROGRAM
SALES UKN	H 0290	LOC 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
208926 208927	8/31/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	6.00 29.50		87.48 430.11	I I
				CUSTOMER	35.50	0.00	517.59	
				CATEGORY	35.50	0.00	517.59	

RUN DATE	09/12/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	14
SALES JRN	NL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208928	9/07/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	28.50		415.53 I	
				CATEGORY	28.50	0.00	415.53	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208929	9/07/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	42.00		612.36 I	
1				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 - 216	
SALES JRNL	# 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 9/14/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
208930	9/07/12	000008	VISITING NURSE SERVICE	RAHMAN, SYEDA	9.00		131.22 I	
208931	9/07/12	800000	VISITING NURSE SERVICE	RAJA, HANIFA	6.00		87.48 I	
				CUSTOMER	15.00	0.00	218.70	
					15.00			
				CATEGORY	15.00	0.00	218.70	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 217	
SALES JRN	L # 0298	LOC 001		REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
				SALES REGISTER			BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208932	9/07/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 218	3
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208933	9/07/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

ı	RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 219	9
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W	O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDING	9/14/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	208934	9/07/12	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	24.00		349.92 I	
ı									
ı									
ı					CATEGORY	24.00	0.00	349.92	

RUN DATE 09/12/12 SALES JRNL # 0298		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	220 G 9/14/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208935 8/24/12 208936 9/07/12 208937 9/07/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMOS, ISMAEL	3.00 6.00 19.75		43.74 I 87.48 I 287.96 I	
			CUSTOMER	28.75	0.00	419.18	
			CATEGORY	28.75	0.00	419.18	

RUN DATE	09/12/12 -		YSIDE CITYWIDE				PAGE 1	- 22	21
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				S A L E S R E G I S T E R			BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208938	9/07/12	000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	4.00		58.32	I	
208939	9/07/12	800000	VISITING NURSE SERVICE	E REINA, JOSE	14.00		204.12	I	
208940	9/07/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	19.50		284.32	I	
208941	9/07/12	800000	VISITING NURSE SERVIC	RICE, SYDNEY	8.00		116.64	I	
				CUSTOMER	45.50	0.00	663.40		
				CATEGORY	45.50	0.00	663.40		

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	222
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208942	9/07/12	800000	VISITING NURSE SERVICE	RISCO, GUILLERM	26.75		390.02 I	
				CATEGORY	26.75	0.00	390.02	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	23
SALES JRN	rL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208943	9/07/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RI	UN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	24
Si	ALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
					SALES REGISTER			BILL WEEK ENDING	9/14/12
			GTTGT 170	GUGEOVED MANG		******		11401PT	G11D D1 11G
11	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21	08944	9/07/12	000008	VISITING NURSE SERVICE	DIMADENETDA DO	56.00		816.48 I	
4	08944	9/0//12	000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		810.48	
					CATEGORY	56.00	0.00	816.48	

	E 09/12/12 RNL # 0298		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	25
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208945	9/07/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	42.00		612.36 I	
				 CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 - 2	226
SALE	S JRNL # 029	8 LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2089	46 9/07/1	2 000008	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 227 LTC NURSING HOMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
208947 208948	8/24/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	4.00 20.00		58.32 I 291.60 I
				CUSTOMER	24.00	0.00	349.92
				CATEGORY	24.00	0.00	349.92

RUN DATE SALES JRN				REG NY NY			ADU ADULT	228
INVOICE#	DATE	CUST NO		SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	9/14/12 SURPLUS
208949	9/07/12		VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

	09/12/12 - JL # 0298			REGNY NY SALES REGISTER			PAGE 1 - 229 LAD NURSING HOME W/O WALLS I BILL WEEK ENDING 9/14/12	ΣT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208950	9/07/12	800000	VISITING NURSE SERVICE	RIVERA, WANDA	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 230 LTC NURSING HOMEW/O WALLS (LT	
DALLO GIAN	L # 0250	100 001		SALES REGISTER			BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208951	9/07/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	09/12/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	31
SALES JRN	IL # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208952	9/07/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, FERM	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

				REG NY NY			PAGE 1 - 232 ADU ADULT	
	- "							9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208953	9/07/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, GLOR	15.00		218.70 I	
				CATEGORY	 15.00	0.00	 218.70	
	SALES JRN	SALES JRNL # 0298 INVOICE# DATE	SALES JRNL # 0298 LOC 001 INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE RODRIGUEZ, GLOR	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 208953 9/07/12 000008 VISITING NURSE SERVICE RODRIGUEZ, GLOR 15.00	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 208953 9/07/12 000008 VISITING NURSE SERVICE RODRIGUEZ, GLOR 15.00	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER BILL WEEK ENDING INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP 208953 9/07/12 000008 VISITING NURSE SERVICE RODRIGUEZ, GLOR 15.00 218.70 I

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 233	
SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208954	9/07/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 - 23	
SALES JRN	L # 0298	LOC 001		REG NY NY			CCL CONGREGATE CAR	
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208955	9/07/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	83.00		1,210.15 I	
				CATEGORY	83.00	0.00	1,210.15	

ı	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	235	
ı	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
ı					SALES REGISTER			BILL WEEK ENDING	9/14/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	208956	9/07/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	25.00		364.50 I		
ı					CATEGORY	25.00	0.00	364.50		

RUN DATE	09/12/12 -		YSIDE CITYWIDE				PAGE 1 - 236	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208957	8/31/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	7.00		102.06 I	
208958	9/07/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
				SALES KEGISIEK			DIDD WEEK ENDING	J/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208959	9/07/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 23 ADU ADULT	38
SALES UKN	L # 0250	100 001		SALES REGISTER				9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208960	9/07/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	54.75		798.26 I	
				CATEGORY	54.75	0.00	798.26	

RUN DATE 09/12/ SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 239 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/14/12	Γ
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208961 8/31/ 208962 9/07/		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00 48.00		116.64 I 699.84 I	
			CUSTOMER	56.00	0.00	816.48	
			 CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	SA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208963	9/07/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	40.00		583.20 I	Ī
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGIS	TER			- 241 MEW/O WALLS (LT NG 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		YP SURPLUS
208964	9/07/12	800000	VISITING NURSE SERVICE	ROMO, FLOR	48.00		699.84	I
				CATEGO	RY 48.00	0.00	699.84	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	2
SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208965	9/07/12	000008	VISITING NURSE SERVICE	ROQUE, GLORIA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	243
ı	SALES JRN	L # 0298	LOC 001		REG NY NY			LTC NURSING HOMEW	· ·
ı				i	SALES REGISTER			BILL WEEK ENDING	9/14/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208966	9/07/12	800000	VISITING NURSE SERVICE	ROSA, ANA	40.00		583.20 I	
					CATEGORY	40.00	0.00	 583.20	

				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
I	NVOICE#	DATE	CUST NO		ALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDIN AMOUNT TY	,
		9/07/12		VISITING NURSE SERVICE	ROSA, LUZ E	56.00		816.48 I	
					 CATEGORY	56.00	0.00	816.48	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	:5
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	ALES REGISTER			BILL WEEK END	ING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208968	9/07/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	12.00		174.96	I	
208969	9/07/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	24.00		349.92	I	
208970	9/07/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	23.25		338.99	I	
208971	9/07/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.25		368.15	I	
208972	9/07/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26	I	
				CUSTOMER	131.50	0.00	1,917.28		
				CATEGORY	131.50	0.00	1,917.28		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 246 ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 9/14/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
208973	9/07/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	69.25		1,009.67 I	
				CATEGORY	69.25	0.00	1,009.67	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : LTC NURSING HOME	= = :
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208974	9/07/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

	09/12/12 - JL # 0298			REG NY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208975	9/07/12	000008	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

- 1	RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	- 24	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK END	TYP	9/14/12 SURPLUS
	208976	9/07/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	76.75		1,119.02	I	
					 CATEGORY	76.75	0.00	1,119.02		

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	250
SALES JRN	rL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	9/14/12
T1770 T GT !!	D.3.000	GTTGT 370	GUGEOLER MANE	255555	******		334017777 7717	CIID DI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208977	9/07/12	000008	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
200977	9/01/12	000000	VISITING NORSE SERVICE	SALVATIERRA, TE	30.00		324.00 1	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 25	51
BILLED GIAN	1 0250	100 001		SALES REGISTER			BILL WEEK ENI		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208978 208979	9/07/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SAMPOGNA, LUCY SANCHEZ, LIDIA	24.00 49.00		349.92 714.42	I	
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

			YSIDE CITYWIDE				-	252
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			2	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208980	9/07/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	53
SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208981	9/07/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	30.25		441.05 I	
				CATEGORY	30.25	0.00	441.05	

RUN DATE 09/12 SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	54 9/14/12
INVOICE# DATE	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208982 9/07, 208983 9/07, 208984 9/07,	/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SARRO, MICHELE SCOTT, CATHERIN SECONDINI, ANNA	11.50 54.50 2.00		167.67 I 794.62 I 29.16 I	
			CUSTOMER	68.00	0.00	991.45	
			CATEGORY	68.00	0.00	991.45	

			YSIDE CITYWIDE				11102	- 25	5
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		0 /1 4 /1 0
			S A	LES REGISTER	£ .		BILL WEEK ENI	JING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208985	9/07/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.00		524.88	I	
208986	9/07/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	65.00		947.70	I	
208987	9/07/12	000008	VISITING NURSE SERVICE	SERRANO, AGUEDA	56.00		816.48	I	
208988	9/07/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36	I	
208989	8/24/12	000008	VISITING NURSE SERVICE	SHARMA, DEROPDI	5.00		72.90	I	
208990	9/07/12	000008	VISITING NURSE SERVICE	SHARMA, DEROPDI	20.00		291.60	I	
208991	8/24/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80	I	
208992	8/31/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	13.00		189.54	I	
208993	9/07/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	16.00		233.28	I	
				CUSTOMER	263.00	0.00	3,834.54		
				CATEGORY	263.00	0.00	3,834.54		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	
SALES UKI	NL # 0296	TOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208994	9/07/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	41.25		601.44 I	
				CATEGORY	41.25	0.00	601.44	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 25 HCSA	57
511225 0144	.2 0250	200 001		SALES REGISTER			BILL WEEK EN		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208995	9/07/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40	I	
208996	8/10/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	3.00		43.74	I	
208997	9/07/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70	I	
				CUSTOMER	48.00	0.00	699.84		
				CATEGORY	48.00	0.00	699.84		

			NYSIDE CITYWIDE				PAGE 1 - 25	•
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEW/ BILL WEEK ENDING	O WALLS (LT 9/14/12
			S	SALES REGISIER			RILL MEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208998	9/07/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	:59
SALES JRN	ъ # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208999	9/07/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S #	REGNY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	CW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209000	9/07/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 261 VCP CHOICE LHCSA	
DALLO OICI	L # 0250	100 001		SALES REGISTER				9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209001 209002	9/07/12 9/07/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SOTO, MARCELINA STAFILIAS, EVAN	8.00 56.00		116.64 I 816.48 I	
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

			YSIDE CITYWIDE				-	62
SALES JRNL	ı # U298	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	STALZER, STEPHA STAMBOULIDIS, V	16.00 55.75		233.28 I 812.84 I	
				CUSTOMER	71.75	0.00	1,046.12	
				CATEGORY	71.75	0.00	1,046.12	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209005	9/07/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	264
SALES JRN	ъ # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
				SALES REGISTER			BILL WEEK ENDI	NG 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209006	9/07/12	000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	19.00		277.02	I
209007	9/07/12	000008	VISITING NURSE SERVICE	STERGIOU, GLORI	20.00		291.60	I
209008	9/07/12	000008	VISITING NURSE SERVICE	STICKELL, BLANC	24.00		349.92	I
209009	9/07/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88	I
				CUSTOMER	99.00	0.00	1,443.42	
				CATEGORY	99.00	0.00	1,443.42	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209010	9/07/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	25.00		364.50 I	
				CATEGORY	25.00	0.00		

RUN DATE (09/12/12 -	SUP SUNN	IYSIDE CITYWIDE				PAGE 1 - 266	
SALES JRNI	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209011	9/07/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	
	SALES JRNI	SALES JRNL # 0298 INVOICE# DATE	SALES JRNL # 0298 LOC 001 INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE 209011 9/07/12 000008 VISITING NURSE SERVICE SUAREZ, TULIA	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 209011 9/07/12 000008 VISITING NURSE SERVICE SUAREZ, TULIA 30.00	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 209011 9/07/12 000008 VISITING NURSE SERVICE SUAREZ, TULIA 30.00	SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REG ISTER LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/14/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 209011 9/07/12 000008 VISITING NURSE SERVICE SUAREZ, TULIA 30.00 437.40 I

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	267
DILLED CITY	L 0230	100 001		SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209012	9/07/12	800000	VISITING NURSE SERVICE	SYED, GHULAM	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 26 ICSA	58
			S	SALES REGISTER			BILL WEEK END	ING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209013 209014	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TABOADA, DIMAS TABOADA, ELIZAB	18.75 51.75		273.38 754.52	I	
				CUSTOMER	70.50	0.00	1,027.90		
				CATEGORY	70.50	0.00	1,027.90		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209015 209016	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	56.00 25.00		816.48 I 364.50 I	
				CUSTOMER	81.00	0.00	1,180.98	
				 CATEGORY	81.00	0.00	1,180.98	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	0
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209017	9/07/12	000008	VISITING NURSE SERVICE	TAVERAS, BERNAR	12.00		174.96 I	
209018	9/07/12	800000	VISITING NURSE SERVICE	TEJADA, BALDOME	20.00		291.60 I	
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 271 ADU ADULT BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209019	9/07/12	000008	VISITING NURSE SERVICE	TEODORU, MIRELL	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 27	72
	.2 0250	200 001		ALES REGISTER			BILL WEEK END		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209020	9/07/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	43.00		626.94	I	
209021	9/07/12	000008	VISITING NURSE SERVICE	TINOCO, INES	7.00		102.06		
				CUSTOMER	50.00	0.00	729.00		
				CATEGORY	50.00	0.00	729.00		

			YSIDE CITYWIDE				-	273
SALES JRN	IL # 0298	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209022	9/07/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	15.00		218.70 I	
				CATEGORY	15.00	0.00		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 27	74
SALES UKN	ш # 0296	LOC 001		SALES REGISTER	!		BILL WEEK ENI		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209023	9/07/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	20.00		291.60	I	
209024	9/07/12	800000	VISITING NURSE SERVICE	TORO, PURA	82.00		1,195.57	I	
209025	9/07/12	000008	VISITING NURSE SERVICE	TORRES, EMELINA	40.00		583.20	I	
209026	8/31/12	000008	VISITING NURSE SERVICE	TORRES, LUZ M	12.00		174.96	I	
209027	9/07/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	84.00		1,224.72	I	
				CUSTOMER	238.00	0.00	3,470.05		
				CATEGORY	238.00	0.00	3,470.05		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27 LTC NURSING HOMEW/	
	_ "			SALES REGISTER	_		BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209028 209029	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 6.00		87.48 I 87.48 I	
				CUSTOMER	12.00	0.00	174.96	
				 CATEGORY	12.00	0.00	174.96	

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	276
				S	SALES REGISTER			BILL WEEK ENDING	9/14/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209030	9/07/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	
ı					CALEGORI	33.00	0.00	310.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 27	17
Brilles orde	0250	100 001		SALES REGISTER			BILL WEEK EN		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209031	9/07/12	000008	VISITING NURSE SERVICE	TRUONG, TINH	16.00		233.28	I	
209032	9/07/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	56.00		816.48	Τ	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	 72.00	0.00	1,049.76		

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 27 LAD NURSING HOME W BILL WEEK ENDING	//O WALLS LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209033	9/07/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 27	79
	.2 0250	200 001		ALES REGISTER			BILL WEEK ENI		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209034 209035	9/07/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	63.00		918.54	I	
209035	9/07/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72	1	
				CUSTOMER	70.00	0.00	2,143.26		
				CATEGORY	70.00	0.00	2,143.26		

RUN DATE 09/12/12 SALES JRNL # 0298	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 280 LTC NURSING HOMEW/O BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209036 8/31/12 209037 9/07/12		- ,	5.00 35.00		72.90 I 510.30 I	
		CUSTOMER	40.00	0.00	583.20	
		 CATEGORY	40.00	0.00	583.20	

RUN DATE	09/12/12 -		YSIDE CITYWIDE				PAGE 1	- 28	31
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			2	SALES REGISTER			BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209038	9/07/12	000008	VISITING NURSE SERVICE	VALENCIA, BERNA	8.00		116.64	I	
209039	9/07/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64	I	
				CUSTOMER	16.00	0.00	233.28		
					16.00				
				CATEGORY	16.00	0.00	233.28		

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : ADU ADULT	282
				SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209040	9/07/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	23.75		346.28 I	
				CATEGORY	23.75	0.00	346.28	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 283	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (I	ΙT
			i	SALES REGISTER			BILL WEEK ENDING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209041	9/07/12	800000	VISITING NURSE SERVICE	VAROL, ELMAS	5.25		76.55 I	
				CATEGORY	5.25	0.00	 76.55	

ı	RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	84
ı	SALES JRN	L # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				:	SALES REGISTER			BILL WEEK ENDING	9/14/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209042	9/07/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	48.25		703.49 I	
ı					CATEGORY	48.25	0.00	703.49	

RUN DATE (SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209043 209044 209045	9/07/12 9/07/12 9/07/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, EUSTAG VASQUEZ, RAPHAE VAZQUEZ, ESTHER	32.75 18.00 40.00		477.50 262.44 583.20	I I I	
				CUSTOMER	90.75	0.00	1,323.14		
				CATEGORY	90.75	0.00	1,323.14		

RUN DATE (09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	286
SALES JRNI	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	G 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209046	9/07/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	13.00		189.54 I	
				CATEGORY	13.00	0.00	189.54	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209047	9/07/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	288
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209048	9/07/12	000008	VISITING NURSE SERVICE	VERA, ROSARIO	10.25		149.45 I	
209049	9/07/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	56.00		816.48 I	
				CUSTOMER	66.25	0.00	965.93	
				CATEGORY	66.25	0.00	965.93	

RUN DATE (SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUL	
			S	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209050	9/07/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	90
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209051	9/07/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	E 09/12/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	1
SALES JE	RNL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209052	9/07/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
					4 00			
				CATEGORY	4.00	0.00	58.32	

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	209053	9/07/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92	I
					CATEGORY	24.00	0.00	349.92	

	E 09/12/12 - RNL # 0298		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
SALES U.	KNL # 0296	LOC UUI		SALES REGISTER			BILL WEEK ENDING	
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209054	9/07/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE	DEC NY NY			PAGE 1 -	- 29	4
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	ING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TOUND T	TYP	SURPLUS
209055 209056	9/07/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 16.00		43.74 233.28	I I	
				CUSTOMER	19.00	0.00	277.02		
				CATEGORY	19.00	0.00	277.02		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 29	5
BALLS OICH	1L # 0250	100 001		SALES REGISTER			BILL WEEK END		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209057 209058	8/31/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	VOLASTRO, JOHN VOLASTRO, JOHN	3.00 3.00		43.74 43.74	I	
				CUSTOMER	6.00	0.00	87.48		
				CATEGORY	6.00	0.00	87.48		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGA	- 29	
Brilling Grav	1 0250	100 001		SALES REGISTER			BILL WEEK EN		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209059	8/31/12	000008	VISITING NURSE SERVICE		3.00		43.74	I	
209060	9/07/12	000008	VISITING NURSE SERVICE	WASHINGTON, JAM	9.00		131.22	Т	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

			YSIDE CITYWIDE				PAGE 1 - 297
SALES JRNI	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
			S	SALES REGISTER			BILL WEEK ENDING 9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
209061	8/31/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40 I
209062	9/07/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40 I
				CUSTOMER	60.00	0.00	874.80
				CATEGORY	60.00	0.00	874.80

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
BALLS OICH	1L # 0250	100 001		ALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209063 209064	8/24/12 9/07/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	YAGHDJIAN, SIRA YAGHDJIAN, SIRA	4.00 16.00		58.32 I 233.28 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (09/12/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 29	19	
SALES JRNI	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	TE CAR	RE PROGRAM	
			S	SALES	REGISTER			BILL WEEK EN	DING	9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
									_		
209065	9/07/12	000008	VISITING NURSE SERVICE	YE	LLAPAH, DOLLI	12.00		174.96	I		
						10.00		184.06			
1					CATEGORY	12.00	0.00	174.96			

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	300
SALES JRN	IL # 0298	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209066	9/07/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE					301	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/14/12	
								,	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
209067	9/07/12	800000	VISITING NURSE SERVICE	ZAVALA OBANDO,	17.00		247.86 I		
				CATEGORY	17.00	0.00	247.86		

l	RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 302	
l	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL HEALTH	I
				S	SALES REGISTER			BILL WEEK ENDING 9/14	1/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	PLUS
	209068	9/07/12	800000	VISITING NURSE SERVICE	ZELLE, EVE	10.00		145.80 I	
l					CATEGORY	10.00	0.00	145.80	

- 1				YSIDE CITYWIDE				PAGE 1 - 3	
	SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LAD NURSING HOME BILL WEEK ENDING	
								2122 11211 2112110	J / 11 / 12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209069	9/07/12	800000	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
					CATEGORY	10.00	0.00	145.80	

RUN DATE 09/12/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 304 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES JRNL # 0298 SALES REGISTER BILL WEEK ENDING 9/14/12 INVOICE# DATE CUST NO CUSTOMER NAME ACERNO, CLAIRE 13.00
ALI, AMRUNISSA 8.00
ALSTON, ZULINE 66.00
AMABILE, ANTOIN 5.00
AYALA, ENRIQUE 55.00
BEGUM, JAMILA 71.75
BUCARO, CONCETT 45.00
CARSWELL, LUELL 10.00
CEPEDA, TOMASA 30.00
COLAVITTI, JEAN 56.00
COLEMAN, REGINA 32.00
DIAZ, ALICIA 45.00
DIAZ, CARMEN 32.75
DONOSO, MARGARE 24.00
DURAN, CARMEN 32.50
EARLINGTON, ALB 41.00
ECKMAN, LOIS 7.00
ESPINOZA, MARIA 45.00
EXPOSITO, ALFON 48.00
FERNANDEZ, ANA 24.00
FERRARA, ANN 32.00
FERRARA, SIMONA 38.00
FERRARA, SIMONA 38.00
FERRARA, SIMONA 38.00
FERRARA, SIMONA 38.00
FERRARA, ANN 32.00
FERRARA, SIMONA 38.00
FERRARA, ANN 32.00
FERRARA, SIMONA 55.25
JIMENEZ, EUGENI 77.50
JOHNSON, DOROTH 63.50
MANGRAY, KARMAD 40.00
MARTINEZ, EUGENI 77.50
JOHNSON, DOROTH 63.50
MANGRAY, KARMAD 40.00
MARTINEZ, EUGRI 5.00
MARSOL, PEDRO A 26.00
MICHEL, DOROTHY 48.00
MONCRIEF, LOIS
MOSCICKA, JADWI 48.00
MICHEL, DOROTHY 48.00
MI REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 209070 9/07/12 000010 GUILDNET 209071 9/07/12 000010 GUILDNET 209072 8/31/12 000010 GUILDNET 209073 9/07/12 000010 GUILDNET 209074 GUILDNET 8/31/12 000010 209075 GUILDNET 9/07/12 000010 209076 9/07/12 000010 GUILDNET 9/07/12 209077 000010 GUILDNET 209078 9/07/12 000010 GUILDNET 209079 9/07/12 000010 GUILDNET 209080 8/24/12 000010 GUILDNET 209081 9/07/12 000010 GUILDNET 209082 9/07/12 000010 GUILDNET 209083 9/07/12 000010 GUILDNET 209084 9/07/12 000010 GUILDNET 209085 9/07/12 000010 GUILDNET 209086 9/07/12 000010 GUILDNET 209087 9/07/12 000010 GUILDNET 209088 9/07/12 000010 GUILDNET 209089 9/07/12 000010 GUILDNET 209090 9/07/12 GUILDNET 000010 209091 9/07/12 GUILDNET 000010 209092 9/07/12 000010 GUILDNET 209093 9/07/12 000010 GUILDNET 209094 9/07/12 000010 GUILDNET 209095 9/07/12 000010 GUILDNET 209096 9/07/12 000010 GUILDNET 209097 9/07/12 000010 GUILDNET 209098 9/07/12 000010 GUILDNET 209099 9/07/12 000010 GUILDNET 209100 9/07/12 000010 GUILDNET 209101 9/07/12 000010 GUILDNET 209102 9/07/12 000010 GUILDNET 209103 9/07/12 000010 GUILDNET 209104 9/07/12 000010 GUILDNET 209105 9/07/12 000010 GUILDNET 209106 9/07/12 000010 GUILDNET 209107 9/07/12 000010 GUILDNET 209108 9/07/12 000010 GUILDNET 209109 000010 GUILDNET 9/07/12 209110 8/17/12 000010 GUILDNET 209111 GUILDNET 9/07/12 000010 209112 9/07/12 000010 GUILDNET 209113 8/31/12 000010 GUILDNET 209114 9/07/12 000010 GUILDNET 209115 8/31/12 000010 GUILDNET 209116 9/07/12 000010 GUILDNET

209117

209118

8/31/12

000010

9/07/12 000010 GUILDNET

GUILDNET

RUN DATE	09/12/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 2	- 30)5
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		
				SALES REGIS	ΓΕ R		BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME				AMOUNT	TYP	SURPLUS
11.7010211	21112	0001 1.0	000101101101111111111111111111111111111	TEST ERESTIGE	1100115	11111 1111	12100111		20111 202
209119	9/07/12	000010	GUILDNET	PAPHITIS, RICI	HA 39.00		566.28	I	
209120	9/07/12	000010	GUILDNET	PAZIOULIS, KLI	EO 55.00		798.60	I	
209121	9/07/12	000010	GUILDNET	PENA, WALESKA	56.00		813.12	I	
209122	9/07/12	000010	GUILDNET	PEREZ, MARIA	24.00		348.48	I	
209123	9/07/12	000010	GUILDNET	PINILLA, VICTO	OR 34.75		504.57	I	
209124	9/07/12	000010	GUILDNET	PRADO, NANCY	12.00		174.24	I	
209125	9/07/12	000010	GUILDNET	PROANO, ALICIA	A 21.00		325.92	I	
209126	9/07/12	000010	GUILDNET	PROANO, BRUNO	33.00		512.16	I	
209127	8/31/12	000010	GUILDNET	RAMOS, ARGENT	IN 20.00		290.40	I	
209128	9/07/12	000010	GUILDNET	RAMOS, ESTHER	18.00		261.36	I	
209129	9/07/12	000010	GUILDNET	RESTULA, VINC	EN 20.00		290.40	I	
209130	9/07/12	000010	GUILDNET	RIVAS, GERTRUI	OI 30.00		435.60	I	
209131	9/07/12	000010	GUILDNET	RODRIGUEZ, FAI	31 28.00		406.56	I	
209132	9/07/12	000010	GUILDNET	RODRIGUEZ, HO	LG 62.75		911.13	I	
209133	9/07/12	000010	GUILDNET	ROJAS, ANGEL	15.00		232.80	I	
209134	9/07/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		310.40	I	
209135	9/07/12	000010	GUILDNET	RUBIANO, MARIA	A 15.75		228.69	I	
209136	9/07/12	000010	GUILDNET	SALJANIN, DIL	TA 61.00		885.72	Ī	
209137	9/07/12	000010	GUILDNET	SANCHEZ, ELIZA	AB 43.00		624.36	I	
209138	9/07/12	000010	GUILDNET	SHELTON, AGUE	DA 42.00		609.84	Ī	
209139	8/31/12	000010	GUILDNET	SOMRAJI. UMILIJA	20.00		290.40	Ī	
209140	9/07/12	000010	GUILDNET	SOTO, NIRCIO	6.00		87.12	Ī	
209141	9/07/12	000010	GUILDNET	TROIST DELTA	48 00		696 96	Ī	
209142	9/07/12	000010	GUILDNET	VI.AHOS MARTE	64 00		929 28	Ī	
209143	9/07/12	000010	GUILDNET	WETSZ KIARA	4 00		58 08	Ī	
209144	8/31/12	000010	GUILDNET	WEIDZ, KLAKA WEGT BALDWIN	20 00		290.40	Ī	
209145	9/07/12	000010	GUILDNET	WHITTLEV MVRN	20.00		290.40	Ī	
209146	9/07/12	000010	GUILDNET	VI CARLOS	24.00		348 48	Ī	
209147	9/07/12	000010	GUILDNET	VIANTORITO W	Z4.00		1 221 04	I	
209147	9/07/12	000010	GUILDNET	TANISELIS, V.	12.00		1,321.04		
209148	9/07/12	000010	GUILDNET	ZAKE, GLUKIA	7 64 00		000.34	I I	
209149	9/0//12	000010	GUILDNEI	ZUMAETA, FANN	64.00		929.28		
				REFERENCE PAPHITIS, RICI PAZIOULIS, KLI PENA, WALESKA PEREZ, MARIA PINILLA, VICTO PRADO, NANCY PROANO, ALICI PROANO, BRUNO RAMOS, ARGENT: RAMOS, ESTHER RESTULA, VINCI RIVAS, GERTRUI RODRIGUEZ, FAI RODRIGUEZ, HOI ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARI SALJANIN, DIL SANCHEZ, ELIZ SHELTON, AGUEI SOMRAJ, UMILL SOTO, NIRCIO TROISI, DELIA VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITLEY, MYRNI YI, CARLOS YIANTSELIS, V. ZARE, GLORIA ZUMAETA, FANNI CUSTOMEI	2,649.00	0.00	42,229.68		
				CATEGOR	2,649.00 2,649.00	0.00	42,229.68		

RUN DATE	09/12/12 -	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 -	- 3()6
SALES UKI	NL # U296	TOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK END	ING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	ΓΥΡ	SURPLUS
209150	9/07/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
209151	9/07/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	48.00		810.24	I	
209152	9/07/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	40.00		675.20	I	
209153	9/07/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
209154	9/07/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
209155	9/07/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
209156	9/07/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
209157	8/31/12	000122	HEALTH FIRST	CORTES DE GALIN	18.00		303.84	I	
209158	8/03/12	000122	HEALTH FIRST	DORNELLAS, STEL	4.00		67.52	I	
209159	8/24/12	000122	HEALTH FIRST	DORNELLAS, STEL	30.00		506.40	I	
209160	9/07/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64	I	
209161	9/07/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96	I	
209162	9/07/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
209163	9/07/12	000122	HEALTH FIRST	FONTANES, PEDRO	42.00		708.96	I	
209164	9/07/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
209165	9/07/12	000122	HEALTH FIRST	FRIAS, BARBARA	2.00		33.76	I	
209166	9/07/12	000122	HEALTH FIRST	HERRING, CHARLE	12.00		202.56	I	
209167	9/07/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	Ī	
209168	9/07/12	000122	HEALTH FIRST	LARA, TOMASA	48.00		810.24	Ī	
209169	9/07/12	000122	HEALTH FIRST	LAZALA, GLADYS	49.00		827.12	Ī	
209170	9/07/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ.	66.00		1.114.08	Ī	
209171	9/07/12	000122	HEALTH FIRST	MACARENA, SAHAR	84.00		1,417.92	I	
209172	9/07/12	000122	HEALTH FIRST	MARTIN. ARIANA	12.00		202.56	I	
209173	8/31/12	000122	HEALTH FIRST	RIVERA, CHRISTO	42.00		708.96	Ī	
209174	8/31/12	000122	HEALTH FIRST	RIVERA, EDDIE	18.00		303.84	Ī	
209175	9/07/12	000122	HEALTH FIRST	RODRIGUEZ. MARG	20.00		337.60	Ī	
209176	9/07/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	Ī	
209177	9/07/12	000122	HEALTH FIRST	SALHUANA, YOLAN	24.00		405.12	Ī	
209178	9/07/12	000122	HEALTH FIRST	SPIVEY, PATRICI	20.00		337.60	Ī	
209179	9/07/12	000122	HEALTH FIRST	ST ROMAINE, CLA	58.00		979.04	Ī	
209180	9/07/12	000122	HEALTH FIRST	VASOUEZ OLGA	20.00		337.60	Ī	
209181	9/07/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	Ī	
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA VASQUEZ, OLGA VEGA, GLORIA	1,129.00	0.00	19,057.52		
				CATEGORY	1,129.00	0.00	19,057.52 19,057.52		

RUN DATE	09/12/12	- SUP SUNN	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE R S A L				PAGE 1	- 30)7
SALES JRN	IL # 0298	LOC 001	SUNNYSIDE CITYWIDE R	EG NY NY			NHP NEIGHBORE	HOOD I	HEALTH
			S A L	ES REGISTER	3		BILL WEEK END	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	DEFEDENCE	HOLLBd	ጥለሂ ለጠጥ	∧ M∩I INT	TYP	SURPLUS
INVOICE#	DAIE	COSI NO	COSTONER NAME	KEFEKENCE	1100105	IAX ANI	AMOUNT	III	SUKFLUS
209182	8/31/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS AHMED, UMARA	64.00		1,080.32	I	
209183	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS AKHTER, SELINA	45.00		759.60	I	
209184	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS ARDITTO, PATRIC	28.00		472.64	I	
209185	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS CHUKWUJIORAH, T	58.00		979.04	I	
209186	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS DIAZ, CARMEN	28.00		472.64	I	
209187	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS FERNANDEZ, MARI	12.00		202.56	I	
209188	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS FLORES, MARITZA	80.00		1,350.40	I	
209189	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS HAMPTON, PRISCI	45.00		759.60	I	
209190	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS JONES, CYNTHIA	1.00		16.88	I	
209191	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS KHALIL, RASHAN	36.00		607.68	I	
209192	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS KHAN, FARUQUE	81.00		1,367.28	I	
209193	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS KROLL, KATHERIN	32.00		540.16	I	
209194	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS MORALES HERNAD	42.00		708.96	I	
209195	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS MOSKOWITZ, RONA	29.00		489.52	I	
209196	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS OCASIO, VIRGINI	13.00		219.44	I	
209197	8/17/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS RODRIGUEZ, JESS	30.00		506.40	I	
209198	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS RODRIGUEZ, MARI	20.00		337.60	I	
209199	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS SALVATO, MARY	56.00		945.28	I	
209200	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS SHEPPARD, ERMA	69.00		1,164.72	I	
209201	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS WELLS, WYNORIA	12.00		202.56	I	
209202	8/31/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS WILSON, SHERYL	38.00		641.44	I	
				CUSTOMER	819.00	0.00	13,824.72		
				CATEGORY	819.00	0.00	13,824.72		

RUN DATE	RUN DATE 09/12/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 308												
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOL	IC/FII	DELIS				
				SALES REGISTER			BILL WEEK END	ING	9/14/12				
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS				
209203	9/07/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I					
209204	6/22/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	2.00		33.74	I					
209205	9/07/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.45	I					
209206	9/07/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.00		404.88	I					
209207	9/07/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I					
209208	8/31/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	87.50		1,476.13	I					
209209	9/07/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	13.00		219.31	Т					
209210	9/07/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	41.00		691.67	Ī					
209211	9/07/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	63.00		1,062.81	T					
207222	3,0,,11	000120	1115 0111110210,1122215										
				CUSTOMER	398.50	0.00	6,722.70						
							•						
				CATEGORY	398.50	0.00	6,722.70						

RUN DATE 09/12/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 309 SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY UHC UNITED HEALTH										
Brilling Grav	1 0250	100 001	SOUNTEDE CITIVIDE	SALES REGISTER			BILL WEEK EN		9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
209212	9/07/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	I		
209213	9/07/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	53.00		909.48	I		
209214	9/07/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	12.00		205.92	I		
209215	9/07/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I		
209216	9/07/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	12.00		205.92	I		
209217	9/07/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	12.00		205.92	I		
				CUSTOMER	215.00	0.00	3,689.40			
				CATEGORY	215.00	0.00	3,689.40			

	UN DATE 09/12/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 310 ALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY EHP EMBLEM HEALTH											
SALES JRN	L # U298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			EHP EMBLEM HE BILL WEEK ENI		9/14/12			
							DIEL WEEK EN	71110	J/ 11/ 12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS			
000010	0 /05 /10	000114		g11/DD711 g1D01	1 05		15 50	_				
209218	9/07/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	1.25		17.50	1				
209219	9/07/12	000114	EMBLEM HEALTH	COPE, WILLIE	72.00		1,008.00	I				
209220	9/07/12	000114	EMBLEM HEALTH	COPE, WILLIE	12.00		168.00	I				
209221	9/07/12	000114	EMBLEM HEALTH	COPELAND, ELISE	41.00		584.25	I				
209222	9/07/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I				
209223	9/07/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	63.00		882.00	I				
209224	9/07/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	Т				
209225	9/07/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	Ť				
209226	9/07/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	59.75		836.50	T				
209227	9/07/12	000111		· · · · · · · · · · · · · · · · · · ·	55.75		780.50	± T				
209227	9/0//12	000114	EMBLEM HEALTH	WESTFIELD, BREN	55.75		760.50					
				CUSTOMER	443.75	0.00	6,222.75					
				CATECODY	443.75	0.00	6,222.75					
				CATEGORY	443./5	0.00	0,222.75					

RUN DATE SALES JRN	,		YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L 1	GNY NY ES REGISTEI	2		PAGE 1 HIP HEALTH IN BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209228 209229 209230 209231 209232 209233	9/07/12 8/24/12 9/07/12 9/07/12 9/07/12 9/07/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE LOYOLA, MARIA ORR, LOUISE SHAH, HANSIKABE WILLIAMS, DIANE	19.00 30.00 10.00 30.00 5.00 20.00		320.72 506.40 168.80 506.40 84.40 337.60	I I I I I	
				CUSTOMER	114.00	0.00	1,924.32		
				CATEGORY	114.00	0.00	1,924.32		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - MPH METROPLUS	- 312 HEALTH	
DILLED CITY	11 0250	100 001	COMMICION CITIVIDE	REG NY NY SALES REGISTER			BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS	
209234	9/07/12	000130	METROPLUS HEALTH	ANDERSON, BETH	30.00		514.50	I	
209235	9/07/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00			I	
209236	9/07/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	8.00		137.20	I	
209237	9/07/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	36.00		617.40	I	
209238	9/07/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	133.00		2,280.95	I	
209239	9/07/12	000130	METROPLUS HEALTH	DOBBINS, SANDRA	48.00		823.20	I	
209240	8/31/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	15.00		257.25	I	
209241	8/03/12	000130	METROPLUS HEALTH	ESPINOSA, MONIC	8.00		137.20	I	
209242	9/07/12	000130	METROPLUS HEALTH	GALAS, TERESA			600.25	I	
209243	9/07/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
209244	9/07/12	000130	METROPLUS HEALTH	OSORIO, ELVIA			154.35	I	
209245	9/07/12	000130	METROPLUS HEALTH	PERSAD, USHA	60.00		1,029.00	I	
209246	9/07/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI RYALS, CHARLES	21.00		360.15	I	
209247	9/07/12	000130	METROPLUS HEALTH	RYALS, CHARLES	40.00		686.00	I	
209248	8/31/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	18.00		308.70	I	
209249	8/31/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	36.00		617.40	I	
209250	9/07/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU	8.00		137.20	I	
209251	8/24/12	000130	METROPLUS HEALTH	VALLE, BLASINA	56.00		960.40	I	
				CUSTOMER	669.00	0.00	11,473.35		
				CATEGORY	669.00	0.00	11,473.35		

RUN DATE	UN DATE 09/12/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 313										
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG I	NY NY			WEL WELCARE	OF NY		
				SALES	S REGISTE	R		BILL WEEK EN	DING	9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
209252	8/31/12	000124	WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH	7.00		120.40	I		
209253	9/07/12	000124	WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH	51.00		877.20	I		
209254	9/07/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	42.00		722.40	I		
209255	9/07/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	63.00		1,083.60	I		
					CUSTOMER	163.00	0.00	2,803.60			
					CATEGORY	163.00	0.00	2,803.60			

RUN DATE SALES JRN	09/12/12 -	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC MY	NY			PAGE 1 AMG AMERIGRO	- 31	L4
SALES URN	L # UZ98	TOC 001	SUNNISIDE CITIMIDE	REG NY S A L E S	REGISTER			BILL WEEK EN		9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209256	9/07/12	000132	AMERIGROUP	DE	NNISON, KELVI	28.00		472.64	I	
209257	9/07/12	000132	AMERIGROUP		PERSON, CLAUD	16.00		270.08	Ī	
209258	9/07/12	000132	AMERIGROUP		RNANDEZ, NORK	42.00		708.96	I	
209259	9/07/12	000132	AMERIGROUP	GU	ERRA, LORRAIN	50.00		844.00	I	
209260	9/07/12	000132	AMERIGROUP	HA	RDING, EDNA	30.00		506.40	I	
209261	9/07/12	000132	AMERIGROUP	PR	UITT, JOHNNY	4.00		67.52	I	
209262	8/31/12	000132	AMERIGROUP	WA	LTERS, BYRON	25.00		422.00	I	
209263	9/07/12	000132	AMERIGROUP	WA	LTERS, BYRON	25.00		422.00	I	
209264	8/31/12	000132	AMERIGROUP	YO	UNG, KALEILE	18.00		303.84	I	
209265	9/07/12	000132	AMERIGROUP	YO	UNG, KALEILE	18.00		303.84	I	
					CUSTOMER	256.00	0.00	4,321.28		
					CATEGORY	256.00	0.00	4,321.28		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 HCP HEALTHCARE PA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209266 209267 209268	9/07/12 9/07/12 9/07/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 12.00 16.00		1,063.44 I 202.56 I 270.08 I	
				CUSTOMER	91.00	0.00	1,536.08	
				CATEGORY	91.00	0.00	1,536.08	

RUN DATE 09/12/12 SALES JRNL # 0298			REG NY NY				- 316 ENCE CARE SYSTEMS
SALES UNIL # 0290	HOC 001		ALES REGISTER			BILL WEEK EN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
209269 9/07/12 209270 9/07/12	000172 000172	INDEPENDENCE CARE SYSTEM INDEPENDENCE CARE SYSTEM		58.50 25.00		930.16 397.50	I
			CUSTOMER	83.50	0.00	1,327.66	
			CATEGORY	83.50	0.00	1,327.66	

RUN DATE	09/12/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	317
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCS VNSNY CHOIC	E SELECTHEALTH
				SALES	REGISTER			BILL WEEK ENDIN	G 9/14/12
T1770 T GT		GTTGT 170	anamores mare					31/OTDT	D G!!DD!!!G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209271	9/07/12	000170	VNSNY CHOICE SELECTHER	ATTHE OTMO EAD	ACCATITUEC A	35.00		600.60 I	
209271	9/0//12	000170	VINSINI CHOICE SELECTREA	ALIR CLMS KAK	ASSAVIDES, A	35.00		000.00 1	
					CATEGORY	35.00	0.00	600.60	

			YSIDE CITYWIDE				PAGE 1	- 33	18
SALES JRN	rL # 0298	LOC 001					PAR PRIVATE		
			SALE	S REGISTER			BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209272	8/24/12	000002	SUNNYSIDE COMMUNITY SERVICES	CAGAN, RUMANDO	4.00		58.00	I	
209273	9/07/12	000002	SUNNYSIDE COMMUNITY SERVICES	CAGAN, RUMANDO	8.00		116.00	I	
209274	9/07/12	000002	SUNNYSIDE COMMUNITY SERVICES	MARTIN, RUTH	7.50		108.75	I	
209275	9/07/12	000002	SUNNYSIDE COMMUNITY SERVICES	MONTELIONE, CAL	16.00		232.00	I	
209276	9/07/12	000002	SUNNYSIDE COMMUNITY SERVICES	RICKS, WALTER	5.00		72.50	I	
209277	9/07/12	000002	SUNNYSIDE COMMUNITY SERVICES	RIZZO, SALVATOR	7.25		105.13	I	
				CUSTOMER	47.75	0.00	692.38		
209278	9/07/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
209279	9/07/12	000049	DOMINICAN SISTERS FAM HLTH SV	C DIOP SERIGNE	20.00		290.00	Т	
209280	8/31/12	000049	DOMINICAN SISTERS FAM HLTH SV		30.00		435.00	Ť	
20,200	0,01,11	000019	BOTTELL BEBLENO THE HEALT BY						
				CUSTOMER	50.00	0.00	725.00		
209281	9/07/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	125.75	0.00	1,851.38		

RUN DATE	09/12/12		YSIDE CITYWIDE				PAGE 1 -	- 319	
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN'S AID SOCIETY		
			Si	ALES REGISTER			BILL WEEK END	ING 9/14/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
209282	9/07/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	19.75		306.13	I	
209283	8/31/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
209284	8/31/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
209285	9/07/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	27.75		430.13	I	
209286	9/07/12	000088	CHILDREN'S AID SOCIETY	VARGAS, BRANDON	13.50		209.25	I	
209287	9/07/12	000088	CHILDREN'S AID SOCIETY	VARGAS, JOHN	13.50		209.25	I	
				CUSTOMER	86.50	0.00	1,340.76		
				CATEGORY	86.50	0.00	1,340.76		

	E 09/12/12 RNL # 0298	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 320 PAR PRIVATE BILL WEEK ENDING 9/14	/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
209288	9/07/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
				CATEGORY	20.00	0.00	310.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ELD ELDERSERVE BILL WEEK ENDI	HEALTH
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209289 209290	9/07/12 9/07/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 19.75		356.25 281.44	I I
				CUSTOMER	44.75	0.00	637.69	
				CATEGORY	44.75	0.00	637.69	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE	322
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	9/14/12 SURPLUS
209291	9/07/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	20.00		310.00 I	
				CATEGORY	20.00	0.00	310.00	

RUN DATE	09/12/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 32	23
SALES JRN	L # 0298	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			CCM COMPREHE	NSIVE	CARE MGMT
			SALE	S REGISTER	-		BILL WEEK EN	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209292	9/07/12	000150	COMPREHENSIVE CARE MANAGEMENT	BONES, ANA	20.00		282.00	I	
209293	9/07/12	000150	COMPREHENSIVE CARE MANAGEMENT	GARCIA, MARIA	15.00		211.50	I	
209294	9/07/12	000150	COMPREHENSIVE CARE MANAGEMENT	MELAMED, ESTER	16.00		225.60	I	
209295	9/07/12	000150	COMPREHENSIVE CARE MANAGEMENT	PULLIAM, WILLIE	30.00		423.00	I	
209296	8/10/12	000150	COMPREHENSIVE CARE MANAGEMENT	ROSARIO, CELEST	5.00		70.50	I	
209297	9/07/12	000150	COMPREHENSIVE CARE MANAGEMENT	ROSARIO, CELEST	30.00		423.00	I	
				CUSTOMER	116.00	0.00	1,635.60		
				CATEGORY	116.00	0.00	1,635.60		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY REGISTEF	?		PAGE 1 PAR PRIVATE BILL WEEK EN	- 32	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	1	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209298	9/07/12	000155	ROSEMARY JIBAJA	J	IBAJA, ROSEMAR	168.00		2,676.00	I	
209299	9/07/12	000167	AMY L. WELTMAN	L	USKIND, FRANCE	7.00		1,338.00	I	
209300	9/07/12	000179	DOROTHY TABICKMAN	T	ABICKMAN, DORT	12.00		186.00	I	
209301	9/07/12	000181	EDELMAN, MILDRED	E	DELMAN, MILDRE	32.50		521.38	I	
209302	9/07/12	000183	STEPHEN EDEL	E	DEL, CANDACE	72.75		1,151.63	I	
209303	9/07/12	000185	DIANE CERVONE	E	SPINOZA, LUPE	12.00		186.00	I	
209304	9/07/12	002215	KEITH SALMON	Li	AWRANCE, LILLA	19.75		317.75	I	
209305	9/07/12	003108	NIGRO, CATHERINE	N	IGRO, CATHERIN	20.00		310.00	I	
209306	9/07/12	003743	VICTOR NICASSIO	N	ICASSIO, VICTO	9.00		139.50	I	
209307	9/07/12	004784	CAMILLERI, JOSEPH	C	AMILLERI, JOSE	24.75		334.13	I	
209308	9/07/12	007883	ABBAMONTE, RUTH	A	BBAMONTE, RUTH	6.00		99.00	I	
209309	9/07/12	009498	LOUIS LE NOACH	L	ENOACH, LOUIS	9.00		148.50	I	
209310	9/07/12	009605	OLGA OBYMAKO	0	BYMAKO, OLGA	1.00		15.50	I	
209311	9/07/12	009752	PETER CAPORASO	C	APORASO, VINCE	12.00		204.00	I	
209312	9/07/12	009854	HELEN TAYLOR	H	ERNANDEZ, FRAN	4.00		62.00	I	
209313	9/07/12	010269	ANGELINA MARASA	M	ARASA, ANGELIN	6.00		93.00	I	
209314	9/07/12	010529	STEPHEN WEISS	W	EISS, STELLA	6.00		102.00	I	
209315	9/07/12	010530	DANA SITILDES	Al	NSELMI, PETER	28.00		446.00	I	
209316	9/07/12	010735	MIGUEL ONATE	Ol	NATE, MIGUEL	8.75		135.63	I	
209317 209318	8/31/12 9/07/12	010887 010887	FREDERICK RUECKHER FREDERICK RUECKHER		UECKHER, PATRI UECKHER, PATRI	15.00 12.00		232.50 186.00	I I	
					CUSTOMER	27.00	0.00	418.50		
209319	9/07/12	010929	NORMA SCHORR	S	CHORR, NORMA	5.50		85.25	I	
209320	9/07/12	010952	ARISTA THEOHARIS	T	HEOHARIS, ARIS	30.00		465.00	I	
209321	9/07/12	011027	SALVATORE DINARO	D	INARO, SALVATO	12.00		186.00	I	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 2 PAR PRIVATE	- 32	:5
DALLO ORN	ш н одро	100 001	S A L E		E R		BILL WEEK ENI	DING	9/14/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209322	9/07/12	011060	ROBIN WARREN CHARLES	WARREN, CYNTHIA	132.75		2,114.63	I	
209323	9/07/12	011221	ALZHEIMER'S ASSOCIATION	CESPEDES, ANTON	11.00		187.00	I	
209324	9/07/12	011245	SHEEHAN MARGARET	SHEEHAN, MARGAR	12.00		186.00	I	
				CATEGORY	688.75	0.00	12,108.40		
				LOCATION	22,669.50	0.00	349,676.03		
				COMPANY	22,669.50	0.00	349,676.03		

RUN DATE 09/12/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 326

SALES JRNL # 0298 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
SALES REGISTER BILL WEEK ENDING 9/14/12

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

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