RUN DATE 09/05/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0297 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 9/07/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 207861 8/31/12 000082 SENIOR HEALTH PARTNERS ALVAREZ, ANGELA 4.00 57.00 I 207862 8/31/12 000082 SENIOR HEALTH PARTNERS BANKS, ANASTAZJ 40.00 570.00 I SENIOR HEALTH PARTNERS BROOKS, NATALIE 370.50 207863 8/24/12 000082 26.00 207864 8/31/12 000082 SENIOR HEALTH PARTNERS CARRILLO, MARIA
COLON, RAYMUNDA
GHILIOTTY, FLOR
GRAFSTEIN, LILL
HARIDIN, KHAMAT
HARIDIN, RAMDIA
HERNANDEZ, FRAN
LEPORE, CLAIRE
MOROCHO, MANUEL
RODRIGUEZ, MARI
SIERRA, MIRIAM
SIMON, LUPE
TORRESCAMPOS, J
VASQUEZ, CORNEL CARRILLO, MARIA 35.00 498.75 207865 8/31/12 000082 SENIOR HEALTH PARTNERS 35.00 498.75 456.00 207866 8/31/12 000082 SENIOR HEALTH PARTNERS 32.00 207867 8/31/12 000082 SENIOR HEALTH PARTNERS 7.00 1,400.00 207868 8/31/12 000082 SENIOR HEALTH PARTNERS 33.00 470.25 207869 8/31/12 000082 SENIOR HEALTH PARTNERS 135.00 1,923.75 207870 8/31/12 000082 SENIOR HEALTH PARTNERS 28.00 399.00 207871 8/31/12 000082 SENIOR HEALTH PARTNERS 6.00 85.50 207872 8/31/12 000082 SENIOR HEALTH PARTNERS 76.00 1,083.00 207873 8/31/12 000082 SENIOR HEALTH PARTNERS 20.00 285.00 207874 8/31/12 000082 SENIOR HEALTH PARTNERS 25.00 356.25 207875 8/31/12 000082 SENIOR HEALTH PARTNERS 8.00 114.00 207876 8/31/12 000082 SENIOR HEALTH PARTNERS 40.00 570.00 207877 8/31/12 SENIOR HEALTH PARTNERS VASOUEZ, CORNEL 8.00 114.00 000082 207878 8/31/12 000082 SENIOR HEALTH PARTNERS VIDOT-LINARES, 21.00 299.25 171.00 207879 8/31/12 000082 SENIOR HEALTH PARTNERS WOO, LUZ 12.00 207880 8/31/12 000082 SENIOR HEALTH PARTNERS WOO, LUZ 4.00 57.00 I _____ _____ CUSTOMER 595.00 0.00 9,779.00

CATEGORY

595.00 0.00

9,779.00

RUN DATE SALES JRN	,,	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	2
SALES UKN	ш # 0297	LOC UUI	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207881	8/31/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48 I	
207882	8/31/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96 I	
207883	8/31/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50 I	
207884	8/31/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30 I	
207885	8/31/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	65.00		947.71 I	
207886	8/31/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	55.50		809.20 I	
				CUSTOMER	248.50	0.00	3,623.15	
				CATEGORY	248.50	0.00	3,623.15	

			YSIDE CITYWIDE				PAGE 1 -	3	
SALES JRN	L # 0297	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	
207887	8/31/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	44.75		652.46 I		
				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	4
DALLO UIM.	ш т одут	100 001		ALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207888	8/31/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 5	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA	
			S	SALES REGISTER			BILL WEEK END	ING 9	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ryp s	SURPLUS
207889	8/31/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- (6
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			:	SALES REGISTE	R		BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207890	8/03/12	000008	VISITING NURSE SERVICE	ALEKSANDORVA, S	5.00		72.90	I	
207891	8/24/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	5.00		72.90	I	
207892	8/31/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	25.00		364.50	I	
				CUSTOMER	35.00	0.00	510.30		
				CATEGORY	35.00	0.00	510.30		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	7 IG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207893	8/31/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	30.25		441.05 I	
				CATEGORY	30.25	0.00	441.05	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	8
SALES JRN	IL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207894	8/31/12	000008	VISITING NURSE SERVICE	ALMANZAR, REMIG	4.00		58.32	I	
207895	8/31/12	800000	VISITING NURSE SERVICE	ALVARADO, DORA	24.25		353.57	I	
				CUSTOMER	28.25	0.00	411.89		
				CATEGORY	28.25	0.00	411.89		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	9	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
207896	8/31/12	800000	VISITING NURSE SERVICE	ALVAREZ, DALILA	9.00		131.22 I		
				CATEGORY	9.00	0.00	131.22		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207897	8/31/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48 I	
				CATEGORY	56.00	0.00		

-			YSIDE CITYWIDE				11102	_	11
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LI BILL WEEK EN		9/07/12
			٥	ALES REGISIER			DILL MEEV EN	DING	9/0//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207898	8/31/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	24.25		353.57	т	
207899	8/31/12	000008	VISITING NURSE SERVICE	ANANIA, GLIGERI ANDINO, ESTEBAN	19.25		280.67		
207900	- , - ,			•			1,224.72	± -	
	8/31/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	84.00		,	Τ.	
207901	8/31/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I	
207902	8/31/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24	I	
				CUSTOMER	211.50	0.00	3,083.68		
				CATEGORY	211.50	0.00	3,083.68		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	OING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
207903	8/31/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I
207904	8/31/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I
				CUSTOMER	81.00	0.00	1,180.98	
				CATEGORY	81.00	0.00	1,180.98	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	13
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207905	8/31/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	24.00		349.92 I	
207906	8/31/12	800000	VISITING NURSE SERVICE	ARGENTINA, CESS	8.75		127.58 I	
				CUSTOMER	32.75	0.00	477.50	
				CATEGORY	32.75	0.00	477.50	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	14
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207907	8/31/12	800000	VISITING NURSE SERVICE	ARIAS, EVALINA	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	-	15
SALES JRN	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO		
			S	SALES REGISTER			BILL WEEK END	ING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ГYР	SURPLUS
207908	8/31/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	45.75		667.04	I	
				CATEGORY	45.75	0.00	667.04		

			YSIDE CITYWIDE					. – :	16
SALES JRNL	# 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK EN	DINC	9/07/12
				SALES REGISIER			DILL MEEV EN	IDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	8/31/12 8/31/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ASADOURIAN, COR ASH, MARIE	26.00 9.25		379.08 134.87	I	
				CUSTOMER	35.25	0.00	513.95		
				CATEGORY	35.25	0.00	513.95		

RUN DATE 09	UN DATE 09/05/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 17											
SALES JRNL	# 0297		LTC NURSING H	OMEW/	O WALLS (LT							
			S	ALES REGISTER			BILL WEEK END	ING	9/07/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS			
207911 8	8/31/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	54.00		787.32	т				
	8/10/12	000008		•	4.00		58.32	<u>+</u>				
	- , - ,		VISITING NURSE SERVICE	AZAD, ABUL				Τ.				
207913	8/17/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	4.00		58.32	I				
207914 8	8/24/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	16.00		233.28	I				
207915	8/31/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	19.00		277.03	I				
				CUSTOMER	97.00	0.00	1,414.27					
				CARECODY	07.00	0.00	1 414 27					
				CATEGORY	97.00	0.00	1,414.27					

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	18
511225 0141	_	200 001		SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207916 207917	8/24/12 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BADILLO, JOVITA BADILLO, JOVITA	4.00 8.00		58.32 I 116.64 I	
207918	8/31/12	000008	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30 I	
				CUSTOMER	47.00	0.00	685.26	
				CATEGORY	 47.00	0.00		

RUN DATE 09 SALES JRNL		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING H	- 19 OMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK END	ING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	8/31/12 8/31/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BALLAS, VIOLA	30.00 48.00		437.40 699.84	I
207921 8	8/31/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BAQUERIZO, ANNA BARDEANU, VICTO	44.50		648.81	I
207922 8	8/31/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	36.00 		524.88	I
				CUSTOMER	158.50	0.00	2,310.93	
				CATEGORY	 158.50	0.00	2,310.93	

			YSIDE CITYWIDE				PAGE 1 -	20
SALES JRN	IL # 0297	LOC 001		REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
207923	8/31/12	000008	VISITING NURSE SERVICE	BAZAN, VICTORIA	38.50		561.33 I	
207924	8/31/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	16.00		233.28 I	
				CUSTOMER	54.50	0.00	794.61	
				CATEGORY	54.50	0.00	794.61	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- :	21
SALES JRN	IL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207925	8/31/12	000008	VISITING NURSE SERVICE	BELLOROFONTE, M	150.75		2,197.94	I	
207926	8/31/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I	
				CUSTOMER	153.75	0.00	2,241.68		
				CATEGORY	153.75	0.00	2,241.68		

ı	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
ı				5	SALES REGISTER			BILL WEEK ENDING 9/07/12	1
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	,
ı									
ı	207927	8/31/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	19.00		277.02 I	
ı									
ı						10.00			
ı					CATEGORY	19.00	0.00	277.02	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	23
SALES JRI	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	!SA
				SALES REGISTER			BILL WEEK ENDI	NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207928	8/31/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	29.00		422.82	I
				CATEGORY	29.00	0.00	422.82	

ı	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	4
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207929	8/31/12	000008	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
ı									
ı									
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	5
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			5	BALES REGISTER			BILL WEEK ENI	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207930	8/31/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	8.00		116.64	I	
207931	8/31/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60	I	
				CUSTOMER	28.00	0.00	408.24		
				CATEGORY	28.00	0.00	408.24		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	26
SALES JRN	ъ # 0297	LOC 001		REG NY NY			LTC NURSING HOME	
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207932	8/31/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	38.00		554.04 I	
				CATEGORY	38.00	0.00	 554.04	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	
207933	8/31/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	28
SALES JRN	ı∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDIN	IG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207934	8/31/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60	
207935	8/31/12	000008	VISITING NURSE SERVICE	BOJORQUEZDECHA,	29.75		433.76	
207936	8/31/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	49.00		714.42	•
				CUSTOMER	98.75	0.00	1,439.78	
				CATEGORY	98.75	0.00	1,439.78	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			Si	ALES REGISTER			BILL WEEK ENDING	G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
207937	8/31/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN	DATE (09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30	
SALE	ES JRNI	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT	
					SALES REGISTER			BILL WEEK ENDING	9/07/12	
INVO	DICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
2079	938	8/31/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I		
					CATEGORY	25.00	0.00	364.50		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	HEALTH
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207939	8/31/12	800000	VISITING NURSE SERVICE	BORSARI, ANTOIN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 -	32
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207940	8/31/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207941	8/31/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
1									
					CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
SALES ORN	IL # 0257	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207942	8/31/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE	DDG 1997			PAGE 1 -	35	
SALES JRNI	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
207943	8/31/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	83.75		1,221.08	I	
				CATEGORY	83.75	0.00	1,221.08		

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	36 A
DILLED OIG	VE 0257	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207944	8/31/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	37 G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207945	8/31/12	000008	VISITING NURSE SERVICE	BURITICA, INES	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207946	8/31/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48	Ī
				CATEGORY	56.00	0.00	816.48	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HO BILL WEEK ENDI	ME W/O WALLS LT
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207947	8/31/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	55.50		809.19	I
				CATEGORY	55.50	0.00	809.19	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	40
SALES JRN	r∟ # 0297	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTE	R		BILL WEEK ENDIN	NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207948	8/31/12	800000	VISITING NURSE SERVICE	CABA, PURA	8.00		116.64	I.
				 CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	41 IG 9/07/12
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TY	,
207949	8/31/12	000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	69.50		1,013.32	Ī
				CATEGORY	69.50	0.00	1,013.32	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			5	SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207950	8/31/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	44.00		641.52 I	
				CATEGORY	44.00	0.00	641.52	

			YSIDE CITYWIDE					43
SALES JRN	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207951	8/31/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	L # 0297	LOC 001		REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207952	8/31/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48	I
				CATEGORY	56.00	0.00	816.48	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 45	
SALES JRN	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 9	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
207953	8/31/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	32.00		466.56 I	
				CATEGORY	32.00	0.00	 466.56	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	46
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				5	SALES REGISTER			BILL WEEK ENDING	9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207954	8/31/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
					CATEGORY	84.00	0.00	1,224.72	

			IYSIDE CITYWIDE				PAGE 1 -	47
SALES JRN	L # 0297	LOC 001		REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207955	8/31/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		48
BALLO ORN	L # 0257	100 001		SALES REGISTER			BILL WEEK ENI		9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207956	8/31/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	83.75		1,221.08	I	
207957 207958	8/31/12 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 25.00		174.96 364.50	I	
207938	0/31/12	000000	VISITING NORSE SERVICE	CARELA-REIES, PI					
				CUSTOMER	120.75	0.00	1,760.54		
				CATEGORY	120.75	0.00	1,760.54		

			YSIDE CITYWIDE					49
SALES	JRNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207959	8/31/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

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 - LTC NURSING HOM BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207960	8/31/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

	09/05/12 - NL # 0297		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	51 G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207961	8/31/12	800000	VISITING NURSE SERVICE	CARUSO, GIUSEPP	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE				PAGE 1 - 52	
SALES JRN	L # 0297	LOC 001		REGNY NY SALES REGISTER			CCL CONGREGATE CARE F	
			-				BILL WEEK ENDING 37	07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	IRPLUS
207962	8/31/12	800000	VISITING NURSE SERVICE	CATALLI, ALICE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 5	3
SALES JRN	ı∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207963	8/31/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
207964	8/31/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	35.00		510.30 I	
				CUSTOMER	55.00	0.00	801.90	
				CATEGORY	55.00	0.00	801.90	

RUN DATE SALES JRN			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	54 G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207965	8/31/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1	- 5	55
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK END	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207966	8/31/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40	I	
207967	8/31/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	69.75		1,016.96	I	
				CUSTOMER	99.75	0.00	1,454.36		
				CATEGORY	99.75	0.00	1,454.36		

RUN DATE 09/05/12			DEC MY NW			PAGE 1 -	56
SALES URNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
207968 8/31/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	35.25		513.95 I	
			CATEGORY	35.25	0.00		

			YSIDE CITYWIDE				PAGE 1 - 57	7
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/07/12
				ALES REGISIER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207969 207970	8/31/12 8/31/12	000008 000008	VISITING NURSE SERVICE	CHINGA, CELESTE	30.00 9.00		437.40 I 131.22 I	
207970	8/31/12	000008	VISITING NURSE SERVICE	CHRISTOPHER, AS	9.00		131.22 1	
				CUSTOMER	39.00	0.00	568.62	
				CATEGORY	39.00	0.00	568.62	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	58
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	HCSA	
			S	ALES REGISTER			BILL WEEK ENI	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207971	8/31/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I	
207972	8/31/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	31.25		455.63	I	
				CUSTOMER	71.25	0.00	1,038.83		
				CATEGORY	71.25	0.00	1,038.83		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	59
SALES JRN	rL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207973	8/31/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	60
			S	ALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207974	8/31/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HO	- 61 OMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	ING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
207975	8/31/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	16.00		233.28	I
207976	8/31/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	12.00		174.96	I
207977	8/31/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I
207978	8/31/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	11.25		164.03	I
				CUSTOMER	81.25	0.00	1,184.63	
				CATEGORY	81.25	0.00	1,184.63	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRN	ı∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE (CARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207979	8/31/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

	: 09/05/12 - NL # 0297		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	63 W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207980	8/31/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	64
SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S A	ALES REGISTER			BILL WEEK ENDING	G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207981	8/31/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMI BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
207982	8/31/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

RUN DATE SALES JRI		- SUP SUNN LOC 001		REG NY NY			PAGE 1 - ADU ADULT	66
INVOICE#	DATE	CUST NO	S CUSTOMER NAME	ALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING	- , - ,
207983	8/31/12	000008	VISITING NURSE SERVICE	COVALIU, SIMION	20.00	TAX ANT	291.60 I	BORFEOS
				GARRIGODY.				
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADULT	67
011220 014	.2 ,, 025,	200 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207984	8/31/12	800000	VISITING NURSE SERVICE	COX, PETRA	18.75		273.38 I	
				 CATEGORY	18.75	0.00		

ı	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	68	
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A	
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 9/07/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı										
ı	207985	8/31/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	60.75		885.74 I		
ı										
ı										
ı					CATEGORY	60.75	0.00	885.74		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 69	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WAI	LLS LT
				SALES REGISTER			BILL WEEK ENDING 9/07	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	DII.
INVOICE#	DAIL	COSI NO	COSTOMER NAME	KELEKENCE	1100105	IAA ANI	AMOUNT TIE SUKET	105
207986	8/31/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

RUN DATI	E 09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	-	70
SALES J	RNL # 0297	LOC 001		REG NY NY			VCP CHOICE LHO		
			\$	SALES REGIST	ΓER		BILL WEEK END	ING	9/07/12
INVOICE:	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ГҮР	SURPLUS
207987	8/31/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	15.75		229.64	I	
				CATEGORY		0.00	229.64		

	09/05/12 - L # 0297		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDIN	71 NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207988	8/31/12	800000	VISITING NURSE SERVICE	E CRUZ, LIDIA	30.00		437.40	[
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 72	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O	
			:	SALES REGISTER			BILL WEEK ENDING 9	/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
207989	8/31/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	73
				SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207990	8/31/12	000008	VISITING NURSE SERVICE	DABROWSKI, ALEK	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	74
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207991	8/31/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50	I	
207992	8/31/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	56.00		816.48	I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		75
			S	SALES REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207993	8/31/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	29.50		430.12	I	
207994	8/31/12	800000	VISITING NURSE SERVICE	DEBAZALAR, ANTO	17.75		258.80	I	
207995	8/31/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	25.00		364.50	I	
				CUSTOMER	72.25	0.00	1,053.42		
				CATEGORY	72.25	0.00	1,053.42		

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	76
SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207996	8/31/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04 I	
				CATEGORY	38 00	0.00	 554 04	
				CATEGORY	38.00	0.00	554.04	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	77
				SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207997	8/31/12	800000	VISITING NURSE SERVICE	DELJANIN, MURAT	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE 09/05/12 SALES JRNL # 0297		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER	2		PAGE 1 - VCP CHOICE LHCS. BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207998 8/31/12 207999 8/31/12 208000 8/31/12 208001 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DELOSSANTOS, MA DELUCA, ANTIONE DEY, KRISHNA DEZUMARAN, REBE	24.00 24.00 8.75 50.25		349.92 I 349.92 I 127.58 I 732.65 I	
			CUSTOMER	107.00	0.00	1,560.07	
			 CATEGORY	107.00	0.00	1,560.07	

RUN DATE	09/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 7:	9
SALES JR	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W	
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208002	8/31/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	27.75		404.60 I	
				CATEGORY	27.75	0.00	404.60	

			YSIDE CITYWIDE	DEC NY NY					30
SALES JRN	L # U297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER	•		VCP CHOICE LE		9/07/12
			5		•		DIEL WEEK EN	71110	3/0//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208003	8/31/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I	
208004	8/31/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	46.00		670.68	I	
208005	8/31/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	74.00		1,078.92	I	
208006	8/31/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	39.75		579.56	I	
208007	8/31/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
					014 55		2 121 06		
				CUSTOMER	214.75	0.00	3,131.06		
				CATEGORY	214.75	0.00	3,131.06		

			YSIDE CITYWIDE				PAGE 1 -	81
SALES JRN	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 /07 /10
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
208008	8/31/12	800000	VISITING NURSE SERVICE	DUNNING, JENNIF	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, , ,
208009	8/31/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DA	TE 09/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	83
SALES (JRNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208010	8/31/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.50		182.25 I	
				CATEGORY	12.50	0.00	182.25	

			YSIDE CITYWIDE				PAGE 1 -	84
SALES JRN	L # 0297	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	IG 9/0//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208011	8/31/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	41.50		605.08	
				CATEGORY	41.50	0.00	605.08	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 8 ADU ADULT	5
SALES UKN	L # 0257	100 001		SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208012	8/31/12	800000	VISITING NURSE SERVICE	E EDELMAN, MILDRE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				S	SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	208013	8/31/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	5.50		80.19 I	
					CATEGORY	5.50	0.00	 80.19	

I	RUN DATE (09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87
5	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				2	SALES REGISTER			BILL WEEK ENDING	9/07/12
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	208014	8/31/12	800000	VISITING NURSE SERVICE	ENG, PO KING	4.00		58.32 I	
					CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 88	3
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	E PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208015	8/31/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RI	UN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89	
SZ	ALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A	
					S A L E S R E G I S T E R			BILL WEEK ENDING	9/07/12	
II	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS	
20	08016	8/31/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	24.00		349.92 I		
					CATEGORY	24.00	0.00	349.92		

			YSIDE CITYWIDE	DEC NY NY			PAGE 1 -	90
SALES JRN	IL # 0297	LOC 001	SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208017	8/31/12	800000	VISITING NURSE SERVICE	ESPIN, CESAR	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	91
SALES UKN	L # 0297	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208018 208019	8/31/12 8/31/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.50 21.00		123.93 I 306.18 I	
				CUSTOMER	29.50	0.00	430.11	
				CATEGORY	29.50	0.00	430.11	

			YSIDE CITYWIDE	DDG 1997			PAGE 1 -	92
SALES JRN	IL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208020	8/31/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	208021	8/31/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	4.00		58.32 I	
					CATEGORY	4.00	0.00	 58.32	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	94
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208022	8/31/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	20.50		298.89 I	
				CATEGORY	20.50	0.00	298.89	

RUN DATE (SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	95
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208023 208024 208025 208026	8/31/12 8/31/12 8/31/12 8/31/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FAROUGIAS, EFTH FAY, JULIA	8.00 20.00 10.00 5.25		116.65 I 291.60 I 145.80 I 76.56 I	
				CUSTOMER	43.25	0.00	630.61	
				CATEGORY	43.25	0.00	630.61	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	96
SALES JRN	IL # 0297	LOC 001		REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208027	8/31/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	40.00		583.20	I	
				CATEGORY	40.00	0.00	583.20		

SALES JRNL # 0297 LOC 001 SUNNYSIDE CITYWIDE REG NY NY	CCL CONGREGATE CARE PROGRAM
SALES REGISTER	BILL WEEK ENDING 9/07/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS	TAX AMT AMOUNT TYP SURPLUS
208028 8/31/12 000008 VISITING NURSE SERVICE FERNANDEZ, JORG 12.00	174.96 I
CATEGORY 12.00	0.00 174.96

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	98
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208029	8/31/12	800000	VISITING NURSE SERVICE	FERRARA, ANNA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	99
SALES JRN	r∟ # 0297	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208030	8/31/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	18.50		269.73 I	
				CATEGORY	18.50	0.00	269.73	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 100	
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRA	M
ı				S	SALES REGISTER			BILL WEEK ENDING 9/07/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	208031	8/31/12	000008	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
ı					CATEGORY	12.00	0.00	174.96	

١	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	101
١	SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
١				5	SALES REGISTER			BILL WEEK ENDING	9/07/12
١									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١									
١	208032	8/31/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.00		758.16 I	
١									
١									
ı					CATEGORY	52.00	0.00	758.16	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L02
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208033	8/31/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	15.00		218.70 I	
ı					CATEGORY	15.00	0.00	218.70	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
208035	8/31/12 8/31/12 8/31/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FOLLETTO, ROSIN FONG, ALEFINA FONTEBOA, GUILL	35.00 12.00 35.00		510.30 174.96 510.30	I I I
				CUSTOMER	82.00	0.00	1,195.56	
				CATEGORY	82.00	0.00	1,195.56	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	04	
SALES JR	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT	
			5	SALES REGISTER			BILL WEEK ENDING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
208037	8/31/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I		
				CATEGORY	56.00	0.00	 816.48		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 105	
SALES JRI	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208038	8/31/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	6
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208039	8/31/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	46.00		670.68	I	
208040	8/31/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		510.30	I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY EGISTE	E R		PAGE 1 VCP CHOICE L BILL WEEK EN		7 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208041 208042	7/20/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		ASILA ASILA	5.00 10.00		72.90 145.80	I I	
					CUSTOMER	15.00	0.00	218.70		
					CATEGORY	15.00	0.00	218.70		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	08
DILLES GIGA	L 0257	100 001		A L E S R E G I S T E R			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208043	8/31/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	09/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 109)
SALES JRN	ı∟ # 0297	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208044	8/31/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	110
SALES JRN	rL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
			\$	SALES REGISTER			BILL WEEK ENDIN	NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208045	8/31/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	40.00		583.20	[
208046	8/31/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	19.75		287.96	[
208047	8/31/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	12.00		174.96	[
				CUSTOMER	71.75	0.00	1,046.12	
				CATEGORY	71.75	0.00	1,046.12	

			YSIDE CITYWIDE				PAGE 1 - 11	1
SALES JRNI	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208048	8/31/12	800000	VISITING NURSE SERVICE	GENAO MOSQUE, A	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	12	
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				5	SALES REGISTER			BILL WEEK ENDING	9/07/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı	000040	0 /01 /10				40.00		610 06 -		
ı	208049	8/31/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I		
ı										
ı						40.00				
ı					CATEGORY	42.00	0.00	612.36		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.13
SALES JRN	IL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			:	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208050	8/31/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	14
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208051	8/31/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	115
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208052	8/31/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	L6
SALES JRN	ı∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		,
			S	SALES REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208053	8/31/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	35.00		510.30	I	
208054	8/31/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	33.00		481.14	I	
				CUSTOMER	68.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	17
SALES JRN	ı∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208055	8/31/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208056	8/31/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L19
SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208057	8/31/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 3	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEV	•
				SALES KEGISIEK			DILL WEEK ENDING	J/ 0 1/ 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208058	8/31/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELBA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	09/05/12 NL # 0297		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	121
DALLO ON	IVL π 0251	100 001		SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208059	8/31/12	000008	VISITING NURSE SERVICE	GONZALEZ, NITZA	6.00		87.48 I	
				CAMPRODY.				
				CATEGORY	6.00	0.00	87.48	

RUN DAT	E 09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 122	
SALES J	RNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208060	8/31/12	000008	VISITING NURSE SERVICE	GOVERDOVSKIY, N	20.75		302.54 I	
				CATEGORY	20.75	0.00	302.54	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208061	8/31/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20 I	
				CATEGORY	40.00	0.00	 583.20	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	124
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208062	8/31/12	000008	VISITING NURSE SERVICE	GREENBAUM, MASA	47.50		692.56 I	
				CATEGORY	47.50	0.00	692.56	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 125 LAA LOMBARDI AIDS ADULT POPUL	
DILLED OIGN	L 0257	100 001		SALES REGISTER			BILL WEEK ENDING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208063	8/31/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12	26
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208064	8/31/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I	
208065	8/31/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	81.75		1,191.92	I	
				CUSTOMER	165.75	0.00	2,416.64		
				CATEGORY	165.75	0.00	2,416.64		

ı	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L27
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı					SALES REGISTER			BILL WEEK ENDING	9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208066	8/31/12	000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	30.00		437.40 I	
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS.	
				SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208067 208068	8/31/12 8/31/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	24.00 18.25		349.92 I 266.09 I	
				CUSTOMER	42.25	0.00	616.01	
				CATEGORY	42.25	0.00	616.01	

RUN DATE 09/05/1		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 129 ADU ADULT	
SALES URNL # 029	7 LOC 001		SALES REGISTER				7/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
208069 8/31/1 208070 8/31/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	HENRIQUEZ, MARI HERNANDEZ, MARI	56.00 43.50		816.48 I 634.23 I	
			CUSTOMER	99.50	0.00	1,450.71	
			CATEGORY	99.50	0.00	1,450.71	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 13	30	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L	HCSA		
			S	SALES	REGISTER			BILL WEEK EN	DING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
									_		
208071	8/31/12	000008	VISITING NURSE SERVICE	HER	RNANDEZ, MERC	31.25		455.63	Ι		
								455.60			
1					CATEGORY	31.25	0.00	455.63			

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	131
SALES JRI	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208072	8/31/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	31.75		462.92 I	
				CATEGORY	31.75	0.00	462.92	

ı	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 132	2
ı	SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/	O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	9/07/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı		0 / 0 1 / 1 0				1.6 0.0		-	
ı	208073	8/31/12	000008	VISITING NURSE SERVICE	HERRERA, CLARA	16.00		233.28 I	
ı									
ı					CARECODY	16 00	0.00	222 20	
ı					CATEGORY	16.00	0.00	233.28	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 133 ADU ADULT BILL WEEK ENDING 9/07	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
208074	8/31/12	800000	VISITING NURSE SERVICE	HIGUERA, MARGAR	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	134
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208075	8/31/12	000008	VISITING NURSE SERVICE	HUNGRIA, SABINA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 - 135	5
SALES JRNI	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0.405.410
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208076	8/17/12	000008	VISITING NURSE SERVICE	IBASCO, SOFIA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	136
	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
				S	SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı	208077	8/31/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	25.00		364.50 I	
						05.00		264 50	
ı					CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	137 NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208078	8/31/12	800000	VISITING NURSE SERVICE	INNELLI, THERES	6.00		87.48	Į.
				CATEGORY	6.00	0.00	87.48	

RUN DATE 09	/05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	138
SALES JRNL :	# 0297 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AII	
		S	ALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
208079 8	/31/12 000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	44.75		652.46 I	
			CATEGORY	44.75	0.00	652.46	

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY SALES I	NY REGISTER			PAGE 1 ADU ADULT BILL WEEK END	- 139 DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REI	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208080	8/31/12	800000	VISITING NURSE SERVICE	INSI	ERRA, CATHER	48.75		710.78	I	
					CATEGORY	48.75	0.00	710.78		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	10
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208081	8/31/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	141
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208082	8/31/12	800000	VISITING NURSE SERVICE	JACSO, ERZSEBET	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES 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
208083	8/31/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68 I	
				 CATEGORY	46.00	0.00	670.68	

RUN DATE	09/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	3
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
				SALES REGISTER			BILL WEEK END	ING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
208084	8/31/12	000008	VISITING NURSE SERVICE	JARA DEURUCHIM,	2.25		32.81	I	
208085	8/31/12	800000	VISITING NURSE SERVICE	JARAMILLO PAL,	12.00		174.96	I	
208086	8/31/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	77.00		1,122.66	I	
208087	8/31/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I	
				CUSTOMER	115.25	0.00	1,680.35		
				CATEGORY	115.25	0.00	1,680.35		

- 1				YSIDE CITYWIDE				PAGE 1 - 1	
	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	
					SALES KEGISIEK			BILL MEEK ENDING	9/01/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208088	8/31/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
					CATEGORY	70.00	0.00	1,020.60	

	09/05/12 - JL # 0297			REGNY 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	
208089	8/31/12	000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	16
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208090	8/31/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE				-	147
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	~ 0/05/10
				SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208091	8/31/12	000008	VISITING NURSE SERVICE	JIMENEZ, CARMEN	6.00		87.48 I	
208092	8/31/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	19.75		287.96 I	
				CUSTOMER	25.75	0.00	375.44	
				COSTOMER	23.73	0.00	373.44	
				CATEGORY	25.75	0.00	375.44	

١	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.48
١	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
١				5	SALES REGISTER			BILL WEEK ENDING	9/07/12
ı									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	208093	8/31/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	33.00		481.14 I	
١									
ı									
١					CATEGORY	33.00	0.00	481.14	

RUN DATE 09/05/12 SALES JRNL # 0297	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 149
		S	SALES REGIS	TER		BILL WEEK END	OING 9/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
208094 8/31/12 208095 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	KAUR, SARD KAUR, SHARAN	20.00 16.00		291.60 233.28	I
200093 0/31/12	000008	VISITING NORSE SERVICE	KAUK, SHAKAN				
			CUSTOM	ER 36.00	0.00	524.88	
			CATEGO	RY 36.00	0.00	524.88	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	150
SALES JRN	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	Ā
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208096	8/31/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 151	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 9/07	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
208097	8/31/12	000008	VISITING NURSE SERVICE	KEARNEY, LORRAI	15.00		218.70 I	
208098	8/31/12	800000	VISITING NURSE SERVICE	KERNAN, DONALD	3.00		43.74 I	
208099	8/31/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	14.50		211.41 I	
							452.05	
				CUSTOMER	32.50	0.00	473.85	
				CATEGORY	32.50	0.00	473.85	

			YSIDE CITYWIDE				PAGE 1 - 152	
SALES JRN	L # 0297	LOC 001		REG NY NY			HOA HOSPICE ADULT	0.408.410
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208100	8/31/12	000008	VISITING NURSE SERVICE	KHAN, MARGARET	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 09/0 SALES JRNL #	05/12 - SUP SUNN 0297 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA	7/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SUR	PLUS
	31/12 000008 31/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	KILIMLIAN, PEPR KOUTROUBAS, THE	40.00 57.00		583.20 831.06	I	
			CUSTOMER	97.00	0.00	1,414.26		
			CATEGORY	97.00	0.00	1,414.26		

			YSIDE CITYWIDE				PAGE 1 - 1	54
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208103	8/31/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	5.75		83.84 I	
				CATEGORY	5.75	0.00	83.84	

			YSIDE CITYWIDE				PAGE 1 - :	
SALES JRN	L # 0297	LOC 001		REG NY NY ALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208104	8/31/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

	09/05/12 - JL # 0297		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208105	8/31/12	800000	VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 09/05/ SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 157 LTC NURSING HOMEW/O WA BILL WEEK ENDING 9/0	LLS (LT 7/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
208106 8/31, 208107 8/31,		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	24.00 12.00		349.92 I 174.96 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 158 ADU ADULT BILL WEEK ENDING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208108	8/31/12	800000	VISITING NURSE SERVICE	LENDOIRO, JUAN	17.00		247.86 I	
				CATEGORY	17.00	0.00	247.86	

RUN DATE 09/05/12 SALES JRNL # 0297		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
208109 8/31/12 208110 8/31/12 208111 8/31/12 208112 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LIGARDO, SOL M LIRIANO, FRANCI	56.00 29.75 68.00 24.50		816.48 433.76 991.44 357.22	I I I	
			CUSTOMER	178.25	0.00	2,598.90		
			CATEGORY	178.25	0.00	2,598.90		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 160	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
			S	SALES REGISTER			BILL WEEK ENDING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208113	8/31/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	30.75		448.34 I	
				CATEGORY	30.75	0.00	448.34	

RUN DATE 09/	05/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 163	1
SALES JRNL #	0297 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
		5	SALES REGISTER			BILL WEEK ENI	DING	9/07/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208114 8/	31/12 000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	40.00		583.20	I	
208115 8/	31/12 000008	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I	
			CUSTOMER	82.00	0.00	1,195.56		
			CATECORY	92 00	0.00	1 105 56		
			CUSTOMERCATEGORY	82.00 82.00	0.00	1,195.56 1,195.56		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L62
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208116	8/31/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - 163 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/07/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
208117 208118	8/24/12 8/31/12	000008	VISITING NURSE SERVICE	•	6.00 42.00		87.48 612.36	I		
200110	0/31/12	000008	VISITING NORSE SERVICE	LONDONO, MARIA						
				CUSTOMER	48.00	0.00	699.84			
				CATEGORY	48.00	0.00	699.84			

			YSIDE CITYWIDE				PAGE 1 - VCP CHOICE LHCSA	164
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208119	8/31/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	30.50		444.69 I	
208120	8/31/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	12.00		174.96 I	
				CUSTOMER	42.50	0.00	619.65	
				CATEGODY	42 50	0.00	610 65	
				CATEGORY	42.50	0.00	619.65	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	165
SALES JRN	ı∟ # 0297	LOC 001		REG NY NY			LTC NURSING HOME	
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208121	8/31/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 09/05/1 SALES JRNL # 029			E REG NY NY			PAGE 1 - 166 ADU ADULT	1 - 166		
SALES URNL # 029	/ LOC 001		SALES REGISTER				9/07/12		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS		
208122 8/31/1 208123 8/17/1		VISITING NURSE SERVICE VISITING NURSE SERVICE		2.00 3.75		29.16 I 54.68 I			
			CUSTOMER	5.75	0.00	83.84			
			CATEGORY	5.75	0.00	83.84			

RUN DATE (09/05/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 16	7
SALES JRNI	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	re car	E PROGRAM
			S	SALES	REGISTE	R		BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REI	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208124	8/31/12	000008	VISITING NURSE SERVICE	LUCI	ES, LETICIA	16.00		233.28	I	
					CATEGORY	16.00	0.00	233.28		

	09/05/12 - IL # 0297			REGNY NY SALES REGISTER			PAGE 1 - 168 ADU ADULT BILL WEEK ENDING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208125	8/31/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	39.25		572.27 I	
				CATEGORY	39.25	0.00	 572.27	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	69
SALES JRN	r∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208126	8/31/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

RUN DATE	09/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	0
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			i	SALES REGISTER			BILL WEEK END	ING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208127	8/31/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72	I	
208128	8/31/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	20.00		291.60	I	
208129	8/31/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	7.00		1,224.72	I	
				CUSTOMER	111.00	0.00	2,741.04		
				CATEGORY	111.00	0.00	2,741.04		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208130	8/31/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 CCL CONGREGATE CA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208131 208132	8/31/12 8/31/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 18.00		131.22 I 262.44 I	
				CUSTOMER	27.00	0.00	393.66	
				CATEGORY	27.00	0.00	 393.66	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
BALLS OICH	ш _т оду,	HOC 001		ALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208133 208134	8/24/12 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MARMOL ESPINAL, MARMOL ESPINAL,	15.00 25.00		218.70 I 364.50 I	
				CUSTOMER	40.00	0.00	583.20	
				 CATEGORY	40.00	0.00	 583.20	

RI	UN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	174
SI	ALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	9/07/12
1I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	08135	8/31/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
1					CATEGORY	43.00	0.00	626.94	

RUN DATE 09	9/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	175
SALES JRNL	# 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208136 8	3/31/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	6.50		94.77 I	
208137 8	3/03/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	3.00		43.74 I	
208138 8	3/31/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	6.00		87.48 I	
208139 8	3/31/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	12.00		174.96 I	
				CUSTOMER	27.50	0.00	400.95	
				CATEGORY	27.50	0.00	400.95	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 176	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGR	MA
			S	SALES REGISTER			BILL WEEK ENDING 9/07/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	IS
208140	8/31/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	09/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	7
SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			:	SALES REGISTER			BILL WEEK ENI	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208141	8/31/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
208142	8/31/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	36.00		524.88	I	
208143	8/31/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	40.00		1,224.72	I	
				CUSTOMER	106.00	0.00	2,187.00		
				CATEGORY	106.00	0.00	2,187.00		

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 178	8
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
000144	0 / 0 1 / 1 0				20.00		166 56 -	
208144	8/31/12	000008	VISITING NURSE SERVICE	MARTINEZ, ROSAL	32.00		466.56 I	
				GA EERGODY	22 00	0.00	ACC FC	
1				CATEGORY	32.00	0.00	466.56	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	179
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTE	R		BILL WEEK ENDI	NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208145	8/31/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54	I
208146	8/31/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44	I
				CUSTOMER	231.00	0.00	3,367.98	
				CATEGORY	231.00	0.00	3,367.98	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	180
SALES JRN	ш # 0297	TOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208147	8/31/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
				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 - 181 ADU ADULT BILL WEEK ENDING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
208148	8/31/12	800000	VISITING NURSE SERVICE	MCKAY, DOROTHY	30.00		437.40 I
				CATEGORY	30.00	0.00	437.40

RUN DATE (09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 182	
SALES JRNI	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208149	8/31/12	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	22.00		320.76 I	
208150	8/31/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	25.00		364.50 I	
				CUSTOMER	47.00	0.00	685.26	
				COSTONER	17.00	0.00	003.20	
				CATEGORY	47.00	0.00	685.26	

			YSIDE CITYWIDE				PAGE 1 - 1	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			LTC NURSING HOMEW BILL WEEK ENDING	•
				SALES REGISIER			PILL MEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208151	8/31/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	34.50		503.01 I	
				CATEGORY	34.50	0.00	503.01	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	184 G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208152	8/31/12	800000	VISITING NURSE SERVICE	MENDEZ, ADA	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.85	
SALES JRN	ь # 0297	LOC 001		REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
208153	8/17/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	11.00		160.38 I		
				CATEGORY	11.00	0.00	160.38		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 186 ADU ADULT BILL WEEK ENDING 9	/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		URPLUS
208154	8/31/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	77.50		1,129.95 I	
				CATEGORY	77.50	0.00	1,129.95	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	187
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208155	8/31/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 18 ADU ADULT	8
511225 014	,, 025,	200 001		SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208156	8/31/12	800000	VISITING NURSE SERVICE	MENDOZA, ROSA	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 LHO	200
	.2 025,	200 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
208157	8/31/12	800000	VISITING NURSE SERVICE	- ,	20.00		291.60	I T
208158	8/31/12	000008	VISITING NURSE SERVICE	MILEO, MARY	42.00		612.36	1
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

			YSIDE CITYWIDE				-	190
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208159	8/31/12	000008	VISITING NURSE SERVICE	MIRANDA, LUIS	15.00		218.70 I	
208160	8/31/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	9.00		131.22 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208161	8/31/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	
DILLEO GIAN	0257	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208162	8/31/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 193	
SALES JRN	rL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALL	LS LT
			:	SALES REGISTER			BILL WEEK ENDING 9/07/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
208163	8/31/12	800000	VISITING NURSE SERVICE	MORALES, CARMEN	4.75		69.26 I	
				CATEGORY	4.75	0.00	69.26	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 194	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER			BILL WEEK END	OING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
000164	0 / 21 / 10	00000			10.00		184.06	-	
208164	8/31/12	800000	VISITING NURSE SERVICE	E MOSTEIRIN, MART	12.00		174.96	Ţ	
				CATEGORY	12.00	0.00	174.96		
				CALEGORY	12.00	0.00	1/4.96		

ı	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	195
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA.
ı				S	SALES REGIS	ΤΕR		BILL WEEK ENDIN	rG 9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	208165	8/31/12	000008	VISITING NURSE SERVICE	NAGY, GEORGE	42.00		612.36 I	
ı									
ı					CATEGOR	Y 42.00	0.00	612.36	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 196	5
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208166	8/31/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 197 ADU ADULT BILL WEEK ENDING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
208167	8/31/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	8.75		127.58 I
				CATEGORY	8.75	0.00	127.58

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 198	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (L	Т
			5	SALES REGISTER			BILL WEEK ENDING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208168	8/31/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE (09/05/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 19	19
SALES JRNI	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	TE CAR	RE PROGRAM
			S	SALES	REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208169	8/31/12	000008	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	61.50		896.67	I	
					CATEGORY	61.50	0.00	896.67		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 200	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208170	8/31/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING I BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208171 208172	8/31/12 8/31/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	19.75 28.00		287.96 408.24	I	
				CUSTOMER	47.75	0.00	696.20		
				CATEGORY	 47.75	0.00	696.20		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 20	02
Bridde Grav	0257	100 001		SALES REGISTER			BILL WEEK ENI		9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208173	8/31/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	48.75		710.78	I	
208174	8/31/12	000008	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	Τ	
				CUSTOMER	91.75	0.00	1,337.72		
				CATEGORY	91.75	0.00	1,337.72		

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	203
SALES JRN	L # 0297	LOC 001		REG NY NY			LTC NURSING HOMEW	· ·
			:	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208175	8/31/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	 583.20	

			YSIDE CITYWIDE	DDG NV NV			-	04
SALES JRN	∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208176	8/31/12	800000	VISITING NURSE SERVICE	ORNANO, BOLIVAR	20.00		291.60 I	
				GA WINGODY.				
				CATEGORY	20.00	0.00	291.60	

RUN DATE 09/ SALES JRNL #	/05/12 - SUP SUNN # 0297 LOC 001		GNY NY ES REGISTER			PAGE 1 - 20 VCP CHOICE LHCSA BILL WEEK ENDING	9/07/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208178 8/	/31/12 000008 /31/12 000008 /31/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ORTEGA, CARLOS OSPINA, ANA PANASKAROLIDIS,	12.00 5.00 30.00		174.96 I 72.90 I 437.40 I	
			CUSTOMER	47.00	0.00	685.26	
			CATEGORY	47.00	0.00	685.26	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 206 ADU ADULT	
Brilling Grav	1 (2)	100 001		SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208180	8/31/12	800000	VISITING NURSE SERVICE	PAOLONI, MARY	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			2	SALES REGISTER			BILL WEEK ENDIN	IG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208181	8/17/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	10.00		145.80 I	
208182	8/31/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	26.00		379.08 I	
208183	8/31/12	800000	VISITING NURSE SERVICE	PAPOUTSIS, MARY	9.00		131.22 I	
208184	8/31/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	56.00		816.48 I	
				CUSTOMER	101.00	0.00	1,472.58	
				CATEGORY	101.00	0.00	1,472.58	

				YSIDE CITYWIDE					208
SA	LES JRNI	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
					SALES REGISTER			BILL WEEK ENDING	9/07/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	8185	8/31/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	15.00		218.70 I	
					CATEGORY	15.00	0.00	218.70	

RUN DATE 09/05/12 SALES JRNL # 0297		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 209 VCP CHOICE LHCSA BILL WEEK ENDING	9/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208186 8/31/12 208187 8/31/12 208188 8/31/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PENAGOS, MARIA PEREZ MONSER, C PEREZ, GLADYS	25.00 42.00 41.25		364.50 I 612.36 I 601.44 I	
			CUSTOMER	108.25	0.00	1,578.30	
			CATEGORY	108.25	0.00	1,578.30	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	210 § 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208189	8/31/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1	- 21	.1
SALES JRN	IL # U297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LE		9/07/12
			5	ALLO KECIDIEK			DIDD WEEK EN	DING	J/ 0 / / 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
000100	0 /01 /10				00.00		225 24	_	
208190	8/31/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	23.00		335.34	Τ	
208191	8/31/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	I	
208192	8/31/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	31.75		462.92	I	
208193	8/31/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	42.50		619.65	I	
208194	8/31/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	30.00		437.40	I	
				CUSTOMER	130.25	0.00	1,899.05		
				CATEGORY	130.25	0.00	1,899.05		-

			YSIDE CITYWIDE	REG NY NY			-	212
SALES JRNL	J # UZ97	LOC 001	SUNNYSIDE CITYWIDE	SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	8/31/12 8/31/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00 16.00		116.64 I 233.28 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

١	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	213
١	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
١				5	SALES REGISTER			BILL WEEK ENDING	9/07/12
١									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١									
١	208197	8/31/12	000008	VISITING NURSE SERVICE	PONCE, ALICIA	32.00		466.56 I	
١									
١									
ı					CATEGORY	32.00	0.00	466.56	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	14
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208198	8/31/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	67.25		980.51 I	
				CATEGORY	67.25	0.00	980.51	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	215
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208199	8/31/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	35.25		513.95 I	
				CATEGORY	35.25	0.00	513.95	

RUN DATE 09/05/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0297 LOC 001 SUNNYSIDE CITYW				PAGE 1 - 2 ADU ADULT	
	SALES REGISTE	R		BILL WEEK ENDING	9/07/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208200 8/31/12 000008 VISITING NURSE S	SERVICE QUATTROCCHI, FI	9.00		131.22 I	
	 CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				PAGE 1 - 217	
SALES JRNI	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208201	8/31/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	30.75		448.34 I	
				CATEGORY	30.75	0.00	448.34	

ı	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	:18
ı	SALES JRN	L # 0297	LOC 001		REG NY NY			LTC NURSING HOMEW	
ı				:	SALES REGISTER			BILL WEEK ENDING	9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
	208202	8/31/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	42.00		612.36 I	
ı									
ı					CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI		2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS	S
208203	8/31/12	800000	VISITING NURSE SERVICE	RAHMAN, SYEDA	1.00		14.58	I	
				CATEGORY	1.00	0.00	14.58		_

RUN DA	ATE 09/05/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 220	
SALES	JRNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
				SALES REGISTER			BILL WEEK ENDING 9/07/12	
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208204	8/31/12	000008	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN I	DATE 09/05/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	221
SALES	JRNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
INVOI	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
20820	05 8/31/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	42.50		619.65 I	
				CATEGORY	42.50	0.00	619.65	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 222 LAD NURSING HOME W/O WALLS BILL WEEK ENDING 9/07/12	
INVOICE#	DATE 8/31/12	CUST NO	CUSTOMER NAME VISITING NURSE SERVICE	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	,,,,,,			CATEGORY	42.00	0.00	612.36	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	223	
SALES JRN	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
208207	8/31/12	800000	VISITING NURSE SERVICE	RAMPHAL, INDRIA	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 - 2. ADU ADULT	24
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208208	8/31/12	800000	VISITING NURSE SERVICE	RAMPHAL, INDRIA	4.00		58.32 I	
					4 00			
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN	,,	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 22	25
SALES OICH	10 # 0257	100 001		ALES REGISTER			BILL WEEK ENI		9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208209	8/31/12	000008	VISITING NURSE SERVICE	RANDAZZO, ROSAL	2.00		29.16	I	
208210	8/31/12	000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48	I	
208211	8/31/12	800000	VISITING NURSE SERVICE	REINA, JOSE	20.25		295.25	I	
208212	8/31/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	16.00		233.28	I	
208213	8/31/12	800000	VISITING NURSE SERVICE	RICE, SYDNEY	8.00		116.64	I	
208214	8/31/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	16.00		233.28	I	
				CUSTOMER	68.25	0.00	995.09		
				CATEGORY	68.25	0.00	995.09		

F	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	226
5	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
2	208215	8/31/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				-	227
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208216	8/31/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	42.00		612.36 I	
				CAMPRODY.	40.00			
				CATEGORY	42.00	0.00	612.36	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	28
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208217	8/31/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

			YSIDE CITYWIDE				PAGE 1 - 2:	
SALES JRN	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	9/0//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208218	8/31/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	0
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208219	8/31/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	231
SALES JRN	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	ME W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDI	NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
208220	8/31/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	22.50		328.05	Γ
				CATEGORY	22.50	0.00	328.05	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 232 ADU ADULT	
				SALES REGISTER				7/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		PLUS
208221	8/31/12	800000	VISITING NURSE SERVICE	ROBERTI, THERES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DAT	E 09/05/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 233	
SALES J	RNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALI	LS (LT
			S	SALES REGISTER			BILL WEEK ENDING 9/07	12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
208222	8/31/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END		9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ГYР	SURPLUS
208223	8/31/12	000008	VISITING NURSE SERVICE	RODORIGO, XIMEN	1.00		14.58	I	
				CATEGORY	1.00	0.00	14.58		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 23	35	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LE	HCSA		
			S	SALES	REGISTER			BILL WEEK ENI	DING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
									_		
208224	8/31/12	800000	VISITING NURSE SERVICE	ROI	DRIGUEZ, FERM	28.50		415.53	I		
					CATEGORY	28.50	0.00	415.53			

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 236 ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		SURPLUS
208225	8/31/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, GLOR	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

				YSIDE CITYWIDE				PAGE 1 -	237
SA	LES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				:	SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208	8226	8/31/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	35.75		521.24 I	
					CATEGORY	35.75	0.00	521.24	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	8
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208227	8/31/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	83.50		1,217.43 I	
				CATEGORY	83.50	0.00	1,217.43	

RUN DATE (09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	239
SALES JRNI	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
				SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208228	8/31/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	25.00		364.50 I	
				CATEGORY	25.00	0.00	 364.50	

RUN DATE (09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	0
SALES JRNI	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208229	8/31/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	40.25		586.85 I	
				CATEGORY	40.25	0.00	586.85	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208230	8/31/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20	I
				CATEGORY	40.00	0.00	583.20	

		09/05/12 - L # 0297		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	242
`	JILLO OIGV	L 0257	100 001		SALES REGISTER			BILL WEEK ENDING	9/07/12
1	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
2	208231	8/31/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	243	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
			·	SALES REGISTER			BILL WEEK ENDING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
208232	8/31/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	40.00		583.20 I		
				CATEGORY	40.00	0.00	583.20		

			YSIDE CITYWIDE				PAGE 1 - 24	4
SALES JRNL	# 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0.405.410
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208233	8/17/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	8.00		116.64 I	
208234	8/31/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	48.00		699.84 I	
				CUSTOMER	56.00	0.00	816.48	
				CODIONER	30.00	0.00	010.10	
				CATEGORY	56.00	0.00	816.48	

F	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	45
5	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	
					SALES REGISTER			BILL WEEK ENDING	9/07/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	208235	8/31/12	800000	VISITING NURSE SERVICE	ROMO, FLOR	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 - 246	;
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	9/07/12
				SALES REGISIER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208236	8/31/12	800000	VISITING NURSE SERVICE	ROQUE, GLORIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	247
SALES JRN	IL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208237	8/31/12	800000	VISITING NURSE SERVICE	ROSA, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE	DEC NY NY			PAGE 1 -	248	
SALES JRN	L # U297	TOC 001		REG NY NY SALES REGIST	E R		ADU ADULT BILL WEEK ENDING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
208238	8/31/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	55.75		812.84 I		
				CATEGORY	55.75	0.00	812.84		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	19
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	SALES REGISTER			BILL WEEK ENI	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208239	8/31/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	12.00		174.96	I	
208240	8/31/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	23.00		335.34	I	
208241	8/31/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	25.00		364.50	I	
208242	8/31/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.75		375.44	I	
				CUSTOMER	85.75	0.00	1,250.24		
				CATEGORY	85.75	0.00	1,250.24		

			YSIDE CITYWIDE				PAGE 1 - 250	
SALES JRN	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 /05 /10
			2	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208243	8/24/12	800000	VISITING NURSE SERVICE	ROSSO-DE-SOLAN,	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	251
DALLO OIUV	L π 0257	100 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208244	8/31/12	800000	VISITING NURSE SERVICE	RUEDA, INES	40.75		594.14	I
				CATEGORY	40.75	0.00	594.14	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	252
			:	SALES REGISTER			BILL WEEK ENDIN	IG 9/07/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208245	8/31/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

			JYSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0297	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208246	8/31/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	4
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208247	8/31/12	800000	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 255 ADU ADULT BILL WEEK ENDING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208248	8/31/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	77.00		1,122.66 I	
				CATEGORY	77.00	0.00	1,122.66	

ı	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	56
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	208249	8/31/12	000008	VISITING NURSE SERVICE	SALVATIERRA, TE	30.00		437.40 I	
ı									
ı									
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25	57
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			\$	SALES REGISTER			BILL WEEK ENI	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208250	8/31/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	20.00		291.60	I	
208251	8/31/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.75		725.36	I	
				CUSTOMER	69.75	0.00	1,016.96		
				CATEGORY	69.75	0.00	1,016.96		

RUN DAT	E 09/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 258	1
SALES J	RNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208252	8/31/12	000008	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				· ·				
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 259	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 9,	/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	JRPLUS
208253	8/31/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	39.00		568.63 I	
				CATEGORY	39.00	0.00	568.63	

RUN DATE 09/05/ SALES JRNL # 02			REG NY NY			PAGE 1 - ADU ADULT	- 260
STEED STAVE II 02	.57 Loc 001		SALES REGISTER			BILL WEEK END	ING 9/07/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
208254 8/31/ 208255 8/31/		VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	14.50 56.00		211.41 816.48	I I
			CUSTOMER	70.50	0.00	1,027.89	
			CATEGORY	70.50	0.00	1,027.89	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 26	1
BALLED OIGN	ш н одул	100 001		ALES REGISTER			BILL WEEK END		9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208256	8/31/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	30.00		437.40	I	
208257	8/31/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	56.00		816.48	I	
208258	8/31/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	55.75		812.84	I	
208259	8/31/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36	I	
208260	8/31/12	000008	VISITING NURSE SERVICE	SHARMA, DEROPDI	10.00		145.80	I	
208261	8/31/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	10.00		145.80	I	
				CUSTOMER	203.75	0.00	2,970.68		
				CATEGORY	203.75	0.00	2,970.68		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 262	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	Γ
				SALES REGISTER			BILL WEEK ENDING 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
208262	8/31/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	41.25		601.44 I	
				CATEGORY	41.25	0.00	601.44	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	200
511225 0141	.2 025,	200 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208263 208264	8/31/12	000008 000008	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40	
208204	8/31/12	000008	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00 		218.70	·
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	 45.00	0.00	 656.10	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, , ,
208265	8/31/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE (09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 265	
SALES JRNI	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE E	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 9/	/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
208266	8/31/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	66
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S A	LES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208267	8/31/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRNI	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	
			S	SALES REGISTER			BILL WEEK ENDIN	G 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208268	8/31/12	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 268
SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK END	ING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
208269	8/31/12	000008	VISITING NURSE SERVICE	STAFILIAS, EVAN	56.00		816.48	I
208270	8/31/12	800000	VISITING NURSE SERVICE	STALZER, STEPHA	20.00		291.60	I
208271	8/31/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	45.00		656.11	I
				CUSTOMER	121.00	0.00	1,764.19	
				CATEGORY	121.00	0.00	1,764.19	

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	
				ALES KEGISIEK			DILL WEEK ENDING	J/01/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208272	8/31/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

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		70 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208273 208274 208275	8/31/12 8/31/12 8/31/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	STERGIOU, GLORI STICKELL, BLANC STROBL, ALFRED	20.00 33.25 36.00		291.60 484.79 524.88	I I I	
				CUSTOMER	89.25	0.00	1,301.27		
				CATEGORY	89.25	0.00	1,301.27		

			SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 271 ADU ADULT BILL WEEK ENDING 9/07/	12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
2	08276	8/31/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 272	
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
ı					SALES REGISTER			BILL WEEK ENDING 9/07/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	208277	8/31/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	35.75		521.24 I	
					CATEGORY	35.75	0.00	521.24	

	FE 09/05/12 · JRNL # 0297		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27: ADU ADULT	3
				SALES REGISTER				9/07/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208278	8/31/12	800000	VISITING NURSE SERVICE	SYED, GHULAM	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27	74
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			:	SALES REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208279	8/31/12	000008	VISITING NURSE SERVICE	TABOADA, DIMAS	17.00		247.86	I	
208280	8/31/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	56.00		816.48	I	
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

RUN DATE (SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER	2		PAGE 1 - LTC NURSING HON BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208281 208282	8/31/12 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	56.50 25.00		823.77 364.50	[[
				CUSTOMER	81.50	0.00	1,188.27	
				CATEGORY	81.50	0.00	1,188.27	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	276
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDIN	NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
208283	8/31/12	000008	VISITING NURSE SERVICE	TAVERAS, BERNAR	12.00		174.96	Ι
208284	8/31/12	000008	VISITING NURSE SERVICE	TEJADA, BALDOME	20.00		291.60	1
208285	8/24/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	6.00		87.48	1
208286	8/31/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	45.25		659.75	Д
				CUSTOMER	83.25	0.00	1,213.79	
				CATEGORY	83.25	0.00	1,213.79	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 27 ADU ADULT BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208287	8/31/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 278
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			S	A L E S R E G I S T E R			BILL WEEK END	ING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
208288	8/31/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	20.00		291.60	I
208289	8/31/12	000008	VISITING NURSE SERVICE	TORO, PURA	83.75		1,221.08	I
208290	8/31/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	40.00		583.20	I
208291	8/31/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	72.00		1,049.76	I
				CUSTOMER	215.75	0.00	3,145.64	
				CATEGORY	215.75	0.00	3,145.64	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK END	OMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
208292	8/31/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 -	280
SALES JRN	L # 0297	LOC 001		REG NY NY			ADU ADULT	0.407.410
			S	ALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208293	8/31/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
			S	SALES REGISTER			BILL WEEK ENDI	NG 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208294	8/31/12	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	8.00		116.64 233.28	I
208295 208296	8/31/12 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUONG, TINH TSOLISOS, FOTIN	16.00 56.00		816.48	I
				CUSTOMER	80.00	0.00	1,166.40	
				CATEGORY	80.00	0.00	1,166.40	

- 1				YSIDE CITYWIDE					282
	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			LAD NURSING HOME BILL WEEK ENDING	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	208297	8/31/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 28	3
Brilling Grav	1 0257	100 001		ALES REGISTER			BILL WEEK ENI		9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208298 208299	8/31/12 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	63.00 7.00		918.54 1,224.72	I	
				CUSTOMER	70.00	0.00	2,143.26		
				 CATEGORY	70.00	0.00	2,143.26		

			TYSIDE CITYWIDE					284
SALES JRI	NL # 0297	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOM BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
208300	8/31/12	800000	VISITING NURSE SERVICE	URBINA, ANA	30.00		437.40 I	
				CATEGORY	30.00		427.40	
1				CATEGORY	30.00	0.00	437.40	

RUN DATE (09/05/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 28	5
SALES JRNI	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	TE CAR	E PROGRAM
			S	SALES	REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE:	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208301	8/31/12	800000	VISITING NURSE SERVICE	VAL	ENCIA, BERNA	12.00		174.96	I	
								174.06		
1					CATEGORY	12.00	0.00	174.96		

RUN DATE (09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	286
SALES JRNI	և # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTE	R		BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208302	8/31/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	12.00		174.96 I	
				– CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	287
SALES UF	CNL # 0297	TOC 001		SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE‡	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208303	8/31/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	29.75		433.76 I	
				CATEGORY	 29.75	0.00	 433.76	

I	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	288
5	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	9/07/12
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	208304	8/31/12	800000	VISITING NURSE SERVICE	VAROL, ELMAS	1.00		14.58 I	
1					CATEGORY	1.00	0.00	14.58	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	289	
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	3A	
			S	SALES REGISTER			BILL WEEK ENDIN	NG 9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS	
208305	8/31/12	000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO	49.00		714.42	1	
				CATEGORY	49.00	0.00	714.42		

RUN DATE 09/05/12 - SUP SUNNYSIDE CITYWIDE								PAGE 1 - 290				
SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	LTC NURSING HOMEW/O WALLS (LT								
				SALES REGISTER			BILL WEEK ENDI	NG 9/07/12				
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS				
208306	8/17/12	000008	VICIBING NUDGE CEDVICE	VACOUEZ EUCEAC	4 00		58.32	T				
	-, ,		VISITING NURSE SERVICE	~ .	4.00			<u>+</u>				
208307	8/31/12	800000	VISITING NURSE SERVICE		32.50		473.85	1				
208308	8/17/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	3.00		43.74	I				
208309	8/31/12	800000	VISITING NURSE SERVICE	VASOUEZ, RAPHAE	21.00		306.18	I				
208310	8/31/12	000008	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20	I				
				CUSTOMER	100.50	0.00	1,465.29					
				CATEGORY	100.50	0.00	1,465.29					
				CATEGORY	100.50	0.00	1,465.29					

RUN DATE	09/05/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	91
SALES JR	NL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208311	8/31/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	292
SALES JRN	IL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208312	8/31/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 293 ADU ADULT
SALES URI	111 # 0297	LOC UUI		SALES REGISTER			BILL WEEK ENDING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
208313	8/31/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	6.00		87.48 I
				CATEGORY	6.00	0.00	87.48

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	94
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208314	8/31/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	95
SALES JRN	L # 0297	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208315	8/31/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	296
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1
				SALES REGISTE	E R		BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICEM	DAIL	CODI NO	CODIONER NAME	KEFEKENCE	110010	1722 71.11	ANOUNT	BORT HOD
208316	8/31/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	36.00		524.88 I	
				- CATEGORY	36.00	0.00	524.88	
				CAILGORI	30.00	0.00	324.00	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	97
SALES JRN	ъ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
11110101	21122	0001 110	CODICIENT THE	1121 21131102	110 0110		11100111 111	20111 202
208317	8/31/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	3.75		54.68 I	
				CATEGORY	3.75	0.00	54.68	

ı	RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 298	
ı	SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	208318	8/31/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	30.00		437.40 I	
ı									
ı									
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	299
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208319	8/31/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN:			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 30	0	
			:	SALES REGISTER			BILL WEEK END	ING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP	SURPLUS	
208320 208321	8/31/12 8/31/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 20.00		87.48 291.60	I T		
200321	0,31,12		VIDITING NONDE BENVIOL	CUSTOMER	26.00	0.00	379.08			
				CODIONER	20.00		373.00			
				CATEGORY	26.00	0.00	379.08			

RUN D	DATE 09/05/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 3	301
SALES	JRNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20832	8/31/12	000008	VISITING NURSE SERVICE	WASHINGTON, JAM	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	302
SALES JRN	L # 0297	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208323	8/31/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	03
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208324	8/31/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	304
SALES JRN	ı∟ # 0297	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208325	8/31/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	E 09/05/12 RNL # 0297		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 30: ADU ADULT	5
SALES	KNL # 0297	LOC UUI		SALES REGISTER			BILL WEEK ENDING	9/07/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208326	8/31/12	800000	VISITING NURSE SERVICE	ZAVALA OBANDO,	19.50		284.32 I	
				CATEGORY	10 50			
				CATEGORY	19.50	0.00	284.32	

R	UN DATE	09/05/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	306
S.	ALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	HEALTH
				S	SALES REGISTER			BILL WEEK ENDING	9/07/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	08327	8/31/12	800000	VISITING NURSE SERVICE	ZELLE, EVE	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

			NYSIDE CITYWIDE				PAGE 1 -	
SALES OF	NL # U297	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LAD NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
208328	8/31/12	800000	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE 09/05/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 308 SALES JRNL # 0297 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 9/07/12 ACERNO, CLAIRE 25.00 363.00 ALI, AMUNISSA 16.00 232.32 ALSTON, ZULINE 16.00 232.32 ALSTON, ZULINE 16.00 232.32 AMBBILE, ANTOIN 7.00 1,321.04 AYALA, ENRIQUE 32.00 464.64 BEGUM, JAMILA 72.00 1,045.44 BEGUM, JAMILA 72.00 1,045.44 BEGUM, JAMILA 72.00 667.92 COLAVITI, JEAN 56.00 813.12 COLEMAN, REGINA 31.00 450.12 DIAZ, ALICIA 45.00 6653.40 DIAZ, CARRWENL JUELL 46.00 667.92 COLAVITI, JEAN 56.00 813.12 DIAZ, CARRWEN 19.00 275.88 DONOSO, MARGARE 17.50 254.10 653.40 EXCHANDING AND 19.00 275.88 DONOSO, MARGARE 17.50 254.10 EARLINGTON, ALB 41.00 595.32 ECKMAN, LOIS 7.00 1,321.04 ESCOBAR, DOMING 12.00 174.24 ESPINOZA, MARIA 45.00 653.40 EXPOSITIO, ALFON 2.00 377.44 EXPOSITIO, ALFON 40.00 596.80 FELICIANO, JOAN 38.00 551.76 FERNANDEZ, ANA 24.00 348.48 FERRARA, ANN 22.00 377.44 EXPOSITIO, JOAN 38.00 551.76 GREENSPAN, ALIC 35.00 663.40 GREENSPAN, ALIC 35.00 87.12 ILIVIA SUMBARY, KARMAD 40.00 580.80 MARTINEZ, EUGENI 76.00 1,103.52 JOHNSON, DOROTH 64.00 929.28 MANGRAY, KARMAD 40.00 580.80 MARTINEZ, EMMA 36.00 520.72 MARTINEZ, EUGENI 25.00 363.00 MARTINEZ, EUGENI 25.00 363.00 MARTINEZ, EUGENI 25.00 363.00 MARTINEZ, EUGENI 25.00 363.00 MICHEL, DOROTHY 56.00 813.12 MONGRIEF, LOIS 56.00 813.12 MONGRIEF, LOIS 56.00 813.12 MONGRIEF, LOIS 56.00 813.12 MONGRIER, ARMAD 40.00 580.80 MICHEL, DOROTHY 56.00 958.32 NUNEZ, ANGENE SERVING ANGE SER INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ACERNO, CLAIRE 25.00 208329 363.00 I 8/31/12 000010 GUILDNET 232.32 I 208330 8/31/12 000010 GUILDNET 208331 8/31/12 000010 GUILDNET 208332 8/31/12 000010 GUILDNET 208333 GUILDNET 8/31/12 000010 208334 GUILDNET 8/31/12 000010 GUILDNET 208335 8/31/12 000010 8/31/12 208336 000010 GUILDNET 208337 8/31/12 000010 GUILDNET 208338 8/31/12 000010 GUILDNET 208339 8/31/12 000010 GUILDNET 208340 GUILDNET 8/31/12 000010 208341 8/31/12 000010 GUILDNET 208342 8/31/12 000010 GUILDNET 208343 8/31/12 000010 GUILDNET 208344 8/31/12 000010 GUILDNET 208345 8/31/12 000010 GUILDNET 208346 8/31/12 000010 GUILDNET 208347 8/31/12 000010 GUILDNET 208348 8/31/12 000010 GUILDNET 208349 8/31/12 GUILDNET 000010 208350 GUILDNET 8/31/12 000010 208351 GUILDNET 8/31/12 000010 208352 8/31/12 000010 GUILDNET 208353 8/31/12 000010 GUILDNET 208354 8/31/12 000010 GUILDNET 208355 8/31/12 000010 GUILDNET 8/31/12 208356 000010 GUILDNET 208357 8/31/12 000010 GUILDNET 208358 8/31/12 000010 GUILDNET 208359 8/31/12 000010 GUILDNET 208360 8/31/12 000010 GUILDNET 208361 8/31/12 000010 GUILDNET 208362 8/31/12 000010 GUILDNET 208363 8/31/12 000010 GUILDNET 208364 8/31/12 000010 GUILDNET 208365 8/31/12 000010 GUILDNET 208366 8/31/12 000010 GUILDNET 208367 8/31/12 000010 GUILDNET 208368 000010 GUILDNET 8/31/12 208369 8/31/12 000010 GUILDNET 208370 000010 GUILDNET 8/31/12 208371 GUILDNET 8/31/12 000010 208372 8/31/12 000010 GUILDNET 208373 8/24/12 000010 GUILDNET 208374 8/31/12 000010 GUILDNET 208375 8/31/12 000010 GUILDNET 208376 8/31/12 000010 GUILDNET 8/31/12 000010 GUILDNET 208377

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTE:			PAGE 2	- 30	09
SALES JRN	IL # U297	TOC 001	SUNNYSIDE CITYWIDE	KEGNY NY	D		GUI GUILDNET	TNC	9/07/12
				SALES REGISTE.	I.		DITT MEEV ENT	JING	9/01/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208378	8/31/12	000010	GUILDNET	PEREZ, MARIA	24.00		348.48	I	
208379	8/31/12	000010	GUILDNET	PINILLA, VICTOR	35.00		508.20	I	
208380	8/31/12	000010	GUILDNET	PRADO, NANCY	12.00		174.24	I	
208381	8/31/12	000010	GUILDNET	PROANO, ALICIA	21.00		325.92	I	
208382	8/31/12	000010	GUILDNET	PROANO, BRUNO	33.00		512.16	I	
208383	8/24/12	000010	GUILDNET	RAMOS, ARGENTIN	8.00		116.16	I	
208384	8/31/12	000010	GUILDNET	RAMOS, ESTHER	18.00		261.36	I	
208385	8/31/12	000010	GUILDNET	RESTULA, VINCEN	18.75		272.25	I	
208386	8/31/12	000010	GUILDNET	RIVAS, GERTRUDI	4.00		58.08	I	
208387	8/31/12	000010	GUILDNET	RIVAS, GERTRUDI	24.00		348.48	I	
208388	8/31/12	000010	GUILDNET	RODRIGUEZ, FABI	28.00		406.56	I	
208389	8/31/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		914.76	I	
208390	8/31/12	000010	GUILDNET	ROJAS, ANGEL	15.00		232.80	I	
208391	8/31/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		310.40	I	
208392	8/31/12	000010	GUILDNET	RUBIANO, MARIA	16.00		232.32	I	
208393	8/31/12	000010	GUILDNET	SALJANIN, DILJA	61.00		885.72	I	
208394	8/31/12	000010	GUILDNET	SANCHEZ, ELIZAB	43.00		624.36	I	
208395	8/31/12	000010	GUILDNET	SHELTON, AGUEDA	41.50		602.58	I	
208396	8/31/12	000010	GUILDNET	TROISI, DELIA	48.00		696.96	I	
208397	8/31/12	000010	GUILDNET	VILLACRES, LUZ	24.00		348.48	I	
208398	8/31/12	000010	GUILDNET	VLAHOS, MARIE	64.00		929.28	I	
208399	8/31/12	000010	GUILDNET	WEISZ, KLARA	4.00		58.08	I	
208400	8/31/12	000010	GUILDNET	WHITE, GLORIA	4.00		58.08	I	
208401	8/31/12	000010	GUILDNET	WHITLEY, MYRNA	16.00		232.32	I	
208402	8/31/12	000010	GUILDNET	YI, CARLOS	20.00		290.40	I	
208403	8/31/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,321.04	I	
208404	8/31/12	000010	GUILDNET	ZARE, GLORIA	48.00		696.96	I	
208405	8/31/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		929.28	I	
				REFERENCE PEREZ, MARIA PINILLA, VICTOR PRADO, NANCY PROANO, ALICIA PROANO, BRUNO RAMOS, ARGENTIN RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RIVAS, GERTRUDI RODRIGUEZ, FABI RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA TROISI, DELIA VILLACRES, LUZ VLAHOS, MARIE WEISZ, KLARA WHITE, GLORIA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY	2,439.00	0.00	39,509.88		
				 CATEGORY	2,439.00	0.00	39,509.88		

RUN DATE 09/05/12 - SUP SUNNYSIDE CITYWIDE		REG NY NY S A L E S R E G I S T E R REFERENCE HOURS TAX AMT			PAGE 1 - 310				
SALES JRN	IL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FI	RST	
				SALES REGISTER			BILL WEEK END	ING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
200406	0 /21 /10	000122	HEALEN ETDOM	DECLINA MARILIA DA	04.00		405 10	-	
208406	8/31/12	000122	HEALIH FIRSI	BEGUM, MANWAKA	24.00		405.12		
208407	8/31/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	55.00		928.40		
208408	8/31/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	42.00		708.96	Τ.	
208409	8/31/12	000122	HEALTH FIRST	CARMONA, LUZ	39.00		658.32	Τ_	
208410	8/31/12	000122	HEALTH FIRST	CARRION, MARIA	47.00		793.36	I	
208411	8/31/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
208412	8/31/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
208413	8/31/12	000122	HEALTH FIRST	DORNELLAS, STEL	12.00		202.56	I	
208414	8/31/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64	I	
208415	8/31/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96	I	
208416	8/31/12	000122	HEALTH FIRST	FERRERA, FRANCI	10.00		168.80	I	
208417	8/31/12	000122	HEALTH FIRST	FONTANES, PEDRO	49.00		827.12	I	
208418	8/31/12	000122	HEALTH FIRST	FRANCISCO, RICH	54.00		911.52	I	
208419	8/31/12	000122	HEALTH FIRST	FRIAS, BARBARA	5.00		84.40	I	
208420	8/31/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
208421	8/31/12	000122	HEALTH FIRST	HERRING, CHARLE	8.00		135.04	I	
208422	8/31/12	000122	HEALTH FIRST	KAUR. HARBANS	42.00		708.96	T	
208423	8/31/12	000122	HEALTH FIRST	LARA. TOMASA	48.00		810.24	T	
208424	8/31/12	000122	HEALTH FIRST	LAZALA, GLADYS	49.00		827.12	T	
208425	8/31/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ	77 00		1 299 76	T	
208426	8/31/12	000122	HEALTH FIRST	MACARENA SAHAR	80 00		1 350 40	T	
208427	8/31/12	000122	HEALTH FIRST	MARTIN ARIANA	8 00		135 04	T	
208428	8/31/12	000122	DEVILL LIKSI	DODDICHEZ MADO	10.00		220 72		
208429	8/31/12	000122	DEVILL LIKSI	CALAZAD IIIZ MA	55.00		020.72		
208430	8/31/12	000122	HEALTH FIRST	CDIVEY DATEDICI	35.00		422.00	 	
208431	8/17/12	000122	UEALIN FIRSI	SPIVEI, PAIRICI	25.00		1 222 52		
208431	8/1//12	000122	HEALIH FIRSI	SI ROMAINE, CLA	79.00		1,333.52	<u>+</u>	
		000122	HEALIH FIRSI	SURIEL, GERIRUD	24.00		405.12		
208433	8/31/12	000122	HEALTH FIRST	VASQUEZ, OLGA	20.00		337.60		
208434	8/31/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	Τ	
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA RODRIGUEZ, MARG SALAZAR, LUZ MA SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA	1,063.00	0.00	17,943.44		
				CATEGORY	1,063.00	0.00	17,943.44 17,943.44		

			YSIDE CITYWIDE		NY NY S REGISTER			PAGE 1	- 31	.1
SALES JRN	ı∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG :	NY NY			NHP NEIGHBORE	HOOD I	IEALTH
				SALE	S REGISTER			BILL WEEK EN	DING	9/07/12
TMTOTOTH	DAME	CIICE NO	CLICHOMED NAME							
INVOICE#	DATE	CUSI NO	CUSTOMER NAME		REFERENCE	HOURS	IAX AMI	AMOUNT	TYP	SURPLUS
208435	8/31/12	000120	NEIGHBORHOOD HEALTH POLICITION	PROVIDERS	AHMED, UMARA	48.00		810.24	I	
208436	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	AKHTER, SELINA	45.00		759.60	I	
208437	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	ARDITTO, PATRIC	23.00		388.24	I	
208438	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
208439	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	DIAZ, CARMEN	28.00		472.64	I	
208440	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
208441	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	FLORES, MARITZA	60.00		1,012.80	I	
208442	8/24/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	HAMPTON, PRISCI	49.00		827.12	I	
208443	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	KHALIL, RASHAN	22.00		371.36	I	
208444	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	KHAN, FARUQUE	79.00		1,333.52	I	
208445	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	KROLL, KATHERIN	37.00		624.56	I	
208446	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	MORALES HERNAD	42.00		708.96	I	
208447	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	MOSKOWITZ, RONA	30.00		506.40	I	
208448	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	OCASIO, VIRGINI	18.00		303.84	I	
208449	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	RODRIGUEZ, JESS	25.00		422.00	I	
208450	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	RODRIGUEZ, MARI	20.00		337.60	I	
208451	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	SALVATO, MARY	56.00		945.28	I	
208452	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	SHEPPARD, ERMA	68.00		1,147.84	I	
208453	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	WELLS, WYNORIA	16.00		270.08	I	
208454	8/31/12	000120	NEIGHBORHOOD HEALTH P	PROVIDERS	WILSON, SHERYL	32.00		540.16	I	
					CUSTOMER	760.00	0.00	12,828.80		
					CATEGORY		0.00	12,828.80		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 312
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOL:	IC/FIDELIS
				SALES REGISTER			BILL WEEK END	ING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
208455	8/31/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I
208456	8/31/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.45	I
208457	8/31/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.00		404.88	I
208458	8/31/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I
208459	8/31/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	18.00		303.66	I
208460	8/31/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	28.00		472.36	I
208461	8/31/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	12.00		202.44	I
208462	8/31/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	37.00		624.19	Ī
208463	8/31/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAOUEL	63.00		1,062.81	I
	-,,							
				CUSTOMER	350.00	0.00	5,904.50	
							,	
				CATEGORY	350.00	0.00	5,904.50	

RUN DATE 09/05/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 313 SALES JRNL # 0297 LOC 001 SUNNYSIDE CITYWIDE REG NY NY UHC UNITED HEALTH										
				SALES REGISTER			BILL WEEK EN	DING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
208464	8/31/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	I		
208465	8/31/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	52.00		892.32	I		
208466	8/31/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	12.00		205.92	I		
208467	8/31/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I		
208468	8/31/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	24.00		411.84	I		
				CUSTOMER	214.00	0.00	3,672.24			
				CATEGORY	214.00	0.00	3,672.24			

			YSIDE CITYWIDE				PAGE 1	- 31	.4
SALES JRN	L # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			EHP EMBLEM H	EALTH	
				SALES REGISTER			BILL WEEK ENI	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
208469	8/31/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	26.00		364.00	I	
208470	8/31/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
208471	8/31/12	000114	EMBLEM HEALTH	COPELAND, ELISE	42.00		598.50	I	
208472	8/31/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
208473	8/31/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	63.00		882.00	I	
208474	8/31/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	14.00		196.00	T	
208475	8/31/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	21.00		294.00	T	
208476	8/31/12	000111	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	Ť	
208477	8/31/12	000111	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	±.	
				•				±.	
208478	8/31/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	60.00		840.00	Τ	
208479	8/31/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
					400.00				
				CUSTOMER	482.00	0.00	6,758.50		
				CATEGORY	482.00	0.00	6,758.50		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E		2		PAGE 1 HIP HEALTH I BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208480 208481 208482 208483 208484 208485 208486	8/31/12 8/31/12 8/31/12 8/31/12 8/31/12 8/31/12 8/31/12	000136 000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE DE JESUS, TIBUR LOYOLA, MARIA ORR, LOUISE SHAH, HANSIKABE WILLIAMS, DIANE	20.00 20.00 63.00 40.00 35.00 5.00 16.00		337.60 337.60 1,063.44 675.20 590.80 84.40 270.08	I I I I I I	
				CUSTOMER	199.00	0.00	3,359.12		
				CATEGORY	199.00	0.00	3,359.12		

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 31	.6
SALES JRN	ı∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLU	S HEAI	JTH
				SALES REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208487	8/31/12	000130	METROPLUS HEALTH	ANDERSON, BETH	29.00		497.35	I	
208488	8/31/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
208489	8/31/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	15.00		257.25	I	
208490	8/31/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	58.00		994.70	I	
208491	8/31/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	133.00		2,280.95	I	
208492	8/31/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
208493	8/31/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	33.00		565.95	I	
208494	8/31/12	000130	METROPLUS HEALTH	OSORIO, ELVIA	15.00		257.25	I	
208495	8/31/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I	
208496	8/31/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	40.00		686.00	I	
208497	8/31/12	000130	METROPLUS HEALTH	RYALS, CHARLES	40.00		686.00	I	
208498	8/31/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	12.00		205.80	I	
208499	8/31/12	000130	METROPLUS HEALTH	VALLE, BLASINA	40.00		686.00	I	
				CUSTOMER	589.00	0.00	10,101.35		
				CATEGORY	589.00	0.00	10,101.35		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE O BILL WEEK END		9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
208500 208501 208502	8/31/12 8/31/12 8/31/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	41.00 42.00 53.00		705.20 722.40 911.60	I I I	
					CUSTOMER	136.00	0.00	2,339.20		
					CATEGORY	136.00	0.00	2,339.20		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AMG AMERIGROU	- 31	8
SALES OWN	H 0257	HOC 001	SOUNTSIDE CITIWIDE	SALES REGISTER			BILL WEEK END		9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208503	8/31/12	000132	AMERIGROUP	DENNISON, KELVI	28.00		472.64	I	
208504	8/31/12	000132	AMERIGROUP	ESPERSON, CLAUD	16.00		270.08	I	
208505	8/31/12	000132	AMERIGROUP	FERNANDEZ, NORK	31.00		523.28	I	
208506	8/31/12	000132	AMERIGROUP	GUERRA, LORRAIN	61.00		1,029.68	I	
208507	8/31/12	000132	AMERIGROUP	HARDING, EDNA	24.00		405.12	I	
208508	8/31/12	000132	AMERIGROUP	PRUITT, JOHNNY	4.00		67.52	I	
				CUSTOMER	164.00	0.00	2,768.32		
				CATEGORY	164.00	0.00	2,768.32		

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
208509 208510 208511	8/31/12 8/31/12 8/31/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	62.00 20.00 16.00		1,046.56 I 337.60 I 270.08 I	
				CUSTOMER	98.00	0.00	1,654.24	
				CATEGORY	98.00	0.00	1,654.24	

RUN DATE	09/05/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 320
SALES JRN	ı∟ # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				ENCE CARE SYSTEMS
			:	SALES REGISTER			BILL WEEK EN	DING 9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
208512	8/31/12	000172	INDEPENDENCE CARE SYSTI	TEMS HAWKINS S, MA	59.50		946.05	I
208513	8/31/12	000172	INDEPENDENCE CARE SYSTE	TEMS RUIZ JR, SAMUEL	25.00		397.50	I
				CUSTOMER	84.50	0.00	1,343.55	
				CATEGORY	84.50	0.00	1,343.55	

RU	IN DATE 0	9/05/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 3	21
SA	LES JRNL	# 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCS VNSNY CH	OICE	SELECTHEALTH
					SALES	REGISTER			BILL WEEK EN	DING	9/07/12
IN	IVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	0514	0 / 21 / 10	000150				25 00		600 60	-	
20	8514	8/31/12	000170	VNSNY CHOICE SELECTHE	ALTH CLMS K	ARASSAVIDES, A	35.00		600.60	Τ	
						CATEGORY	35.00	0.00	600.60		

	RUN DATE SALES JRN	09/05/12 -	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG	NY NY			PAGE 1 PAR PRIVATE	- 32	22
	SALES UKN.	ш # 0297	TOC 001	SUNNISIDE CITIWIDE	SALE				BILL WEEK ENI	DING	9/07/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
- 1	208515	8/31/12	000002	SUNNYSIDE COMMUNITY	SERVICES	DURAN, CARMEN	12.00		174.00	I	
	208516	8/31/12	000002	SUNNYSIDE COMMUNITY	SERVICES	HENRIQUEZ, TERE	8.00		116.00	I	
	208517	8/31/12	000002	SUNNYSIDE COMMUNITY	SERVICES	MARTIN, RUTH	8.00		116.00	I	
	208518	8/31/12	000002	SUNNYSIDE COMMUNITY	SERVICES	MONTELIONE, CAL	8.00		116.00	I	
	208519	8/10/12	000002	SUNNYSIDE COMMUNITY	SERVICES	RAYZMAN, SOLOMO	1.00		14.50	I	
	208520	8/31/12	000002	SUNNYSIDE COMMUNITY	SERVICES	RICKS, WALTER	8.00		116.00	I	
	208521	8/31/12	000002	SUNNYSIDE COMMUNITY	SERVICES	TEODORU, MIRELL	12.00		174.00	I	
						CUSTOMER	57.00	0.00	826.50		
	208522	8/31/12	000040	DUISIN, CHRISTINE		DUISIN, XENIA	16.00		248.00	I	
	208523	8/31/12	000078	MCDERMOTT, LOUISE		MCDERMOTT, LOUI	8.00		124.00	I	
						CATEGORY	 81.00	0.00	1.198.50		
	208522	8/31/12	000040	SUNNYSIDE COMMUNITY DUISIN, CHRISTINE		CUSTOMER DUISIN, XENIA	57.00	0.00	826.50 248.00	-	

RUN DATE SALES JRN	,,	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - CAS CHILDREN'S BILL WEEK ENDI	AID SOCIETY
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
208524 208525 208526 208527	8/31/12 8/31/12 8/31/12 8/31/12	000088 000088 000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	DUNNE, MYEISHA SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN	25.00 27.50 13.50 13.50		387.50 426.25 209.25 209.25	I I I
				CUSTOMER	79.50	0.00	1,232.25	
				CATEGORY	79.50	0.00	1,232.25	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 PAR PRIVATE	- 32	24	
511225 014	.2 025,	200 001			REGISTER			BILL WEEK ENI	DING	9/07/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
208528	8/31/12	000098	MILDRED PANSE	P.	ANSE, 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 ELDERSERVEHE BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
208529 208530	8/31/12 8/31/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 16.00		356.25 I 228.00 I	
				CUSTOMER	41.00	0.00	584.25	
				CATEGORY	41.00	0.00	 584.25	

RUN DA	TE 09/05/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 326	
SALES	JRNL # 0297	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE	
				SALES REGISTER			BILL WEEK ENDING 9	9/07/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
208531	8/31/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	20.00		310.00 I	
				CATEGORY	20.00	0.00	310.00	

RUN DATE SALES JRN	,,	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	E REG S A L E				PAGE 1 CCM COMPREHEN BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208532 208533 208534 208535	8/31/12 8/31/12 8/31/12 8/31/12	000150 000150 000150 000150	COMPREHENSIVE CARE COMPREHENSIVE CARE COMPREHENSIVE CARE COMPREHENSIVE CARE	MANAGEMENT MANAGEMENT	BONES, ANA MELAMED, ESTER PULLIAM, WILLIE ROSARIO, CELEST	15.25 16.00 30.00 30.00		215.03 225.60 423.00 423.00	I I I	
					CUSTOMER	91.25	0.00	1,286.63		
					CATEGORY	91.25	0.00	1,286.63		

RUN DATE 09/05/12 - SUP SUNNYSIDE CITYWII SALES JRNL # 0297 LOC 001 SUNNYSIDE 0			SUNNYSIDE CITYWIDE REG				PAGE 1 - 328 PAR PRIVATE		
			S A L E	S REGISTER			BILL WEEK EN	DING	9/07/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208536	8/31/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
208537	8/31/12	000167	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
208538	8/31/12	000177	MR. BRUCE J. TUCCI	TUCCI, DOROTHY	14.50		236.75	I	
208539	8/31/12	000179	DOROTHY TABICKMAN	TABICKMAN, DORT	12.00		186.00	I	
208540	8/31/12	000181	EDELMAN, MILDRED	EDELMAN, MILDRE	22.00		359.00	I	
208541	8/31/12	000183	STEPHEN EDEL	EDEL, CANDACE	80.50		1,271.76	I	
208542	8/31/12	000185	DIANE CERVONE	ESPINOZA, LUPE	12.00		186.00	I	
208543	8/31/12	001698	ALZHEIMER'S ASSOCIATION - NYC	CESPEDES, ANTON	11.00		187.00	I	
208544	8/31/12	002215	KEITH SALMON	LAWRANCE, LILLA	19.75		318.13	I	
208545	8/31/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
208546	8/31/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
208547	8/31/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	23.00		310.50	I	
208548	8/31/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	4.00		68.00	I	
208549	8/31/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
208550	8/31/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	3.00		46.50	I	
208551	8/31/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
208552	8/31/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
208553	8/31/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
208554	8/31/12	010529	STEPHEN WEISS	WEISS, STELLA	12.00		204.00	I	
208555	8/31/12	010530	DANA SITILDES	ANSELMI, PETER	27.75		441.75	I	
208556	8/31/12	010677	ALZHEIMER'S ASSOCIATION	MONTELIONE, CAL	8.00		124.00	I	
208557	8/31/12	010735	MIGUEL ONATE	ONATE, MIGUEL	6.00		93.00	I	
208558	8/24/12	010887	FREDERICK RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
208559	8/31/12	010929	NORMA SCHORR	SCHORR, NORMA	6.00		93.00	I	
208560	8/31/12	010952	ARISTA THEOHARIS	THEOHARIS, ARIS	30.00		465.00	I	

		SUNNYSIDE CITYWIDE	DEC NV NV				- 32	29
SALES JRNL	# 0297 LOC	9 001 SUNNYSIDE CITYW	DE REGNY NY SALES REGIST	E R		PAR PRIVATE BILL WEEK EN	DING	9/07/12
INVOICE#	DATE CUS'	T NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
208561 8	3/31/12 011	027 SALVATORE DINARO	DINARO, SALVATO	12.00		186.00	I	
208562 8	3/31/12 011	060 ROBIN WARREN CHAI	LES WARREN, CYNTHIA	138.00		2,203.50	I	
208563 8	3/31/12 011	245 SHEEHAN MARGARET	SHEEHAN, MARGAR	8.50		131.76	I	
			CATEGORY	715.00	0.00	12,565.65		
			LOCATION	21,625.50	0.00	333,861.01		
			COMPANY	21,625.50	0.00	333,861.01		

RUN DATE 09/05/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 330
SALES JRNL # 0297 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER

BILL WEEK ENDING 9/07/12

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

THIS PAGE INTENTIONALLY BLANK