RUN DATE 05/02/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0279 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 5/04/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
SIMON, LUPE
SENIOR HEALTH PARTNERS
SIMON, LUPE
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
SENIOR HEALTH PARTNERS
VOO, LUZ
4.00 192660 4/20/12 000082 114.00 I 192661 4/20/12 000082 114.00 I 171.00 I 192662 4/27/12 000082 192663 4/27/12 000082 498.75 192664 4/27/12 000082 498.75 171.00 192665 4/27/12 000082 192666 4/27/12 000082 114.00 192667 4/27/12 000082 57.00 192668 4/27/12 000082 452.44 192669 4/27/12 000082 1,400.00 192670 4/27/12 000082 470.25 192671 4/27/12 000082 1,923.75 192672 4/27/12 000082 427.50 192673 4/27/12 000082 64.13 192674 4/27/12 000082 1,083.00 192675 4/27/12 285.00 000082 192676 4/27/12 000082 356.25 192677 4/27/12 000082 114.00 4/27/12 192678 000082 570.00 192679 4/27/12 000082 114.00 192680 4/27/12 000082 570.00 192681 4/27/12 171.00 000082 192682 4/27/12 000082 57.00 -----_____ 596.25 0.00 CUSTOMER 9,796.82 _____

CATEGORY

596.25

0.00

9,796.82

			YSIDE CITYWIDE				PAGE 1 -	2
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	F /04/10
			•	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192683	4/27/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48 I	
192684	4/27/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96 I	
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	3
SALES JRI	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			\$	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192685	4/27/12	800000	VISITING NURSE SERVICE	ACUNA, JOSE	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	4
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTE	E R		BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192686	4/27/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I	
192687	4/27/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	70.00		1,020.60	I	
192688	4/27/12	000008	VISITING NURSE SERVICE	ADUN, JEANETTE	56.00		816.48	I	
192689	4/27/12	000008	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32	I	
				-					
				CUSTOMER	155.00	0.00	2,259.90		
				CATEGORY	155.00	0.00	2,259.90		

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	5
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDIN	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TY TOUDOMA	YP SURPLUS
192690	4/27/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10	I
				CATEGORY	45.00	0.00	656.10	

			YSIDE CITYWIDE				PAGE 1	_	6
SALES JRI	NL # 0279	LOC 001		REG NY NY SALES REGISTER			VCP CHOICE L BILL WEEK EN		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192691 192692	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	AGUILAR-PROCE, AKBAR, NASEEM	42.00 20.00		612.36 291.60	I	
				CUSTOMER	62.00	0.00	903.96		
				CATEGORY	62.00	0.00	903.96		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING E BILL WEEK END		7 O WALLS (LT 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192693 192694 192695	4/06/12 4/20/12 4/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ALEKSANDORVA, S ALEKSANDORVA, S ALEKSANDORVA, S	5.00 15.00 30.00		72.90 218.70 437.40	I I I	
				CUSTOMER	50.00	0.00	729.00		
				CATEGORY	50.00	0.00	729.00		

			YSIDE CITYWIDE				PAGE 1 -	•
SALES JRN	IL # 0279	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCS	
							DIDD WEEK ENDI	VG 5/01/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
192696 192697	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ALFEREZ, GLORIA ALMANZAR, REMIG	30.00 5.50		437.40 80.19	I I
				CUSTOMER	35.50	0.00	517.59	
				CATEGORY	35.50	0.00	 517.59	

RUN DATE (05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 9	
SALES JRNI	և # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE AD	DULT	
			5	SALES REGISTER			BILL WEEK ENDI	ING !	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP S	SURPLUS
192698	4/27/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48	I	
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	-
			·	SALES REGISTER			BILL WEEK ENDI	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192699	4/27/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	56.00		816.48	I
192700	4/27/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	8.00		116.64	I
				CUSTOMER	64.00	0.00	933.12	
				0001011211		0.00	. 33.11	
				CATEGORY	64.00	0.00	933.12	

RUN DATE 05/ SALES JRNL #	02/12 - SUP SUNN 0279 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	11
SALES URNL #	0279 LOC 001		SALES REGISTER			BILL WEEK ENDIN	G 5/04/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	20/12 000008 27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 15.00		43.74 I 218.70 I	
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00	262.44	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	DING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192703	4/27/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I
192704	4/27/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I
				CUSTOMER	81.00	0.00	1,180.98	
							1 100 00	
				CATEGORY	81.00	0.00	1,180.98	

			NYSIDE CITYWIDE				PAGE 1 -	
SALES JF	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192705	4/27/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	14
			S	A L E S R E G I S T E R			BILL WEEK ENDING	G 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192706	4/27/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	05/02/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 5	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
192707	4/27/12	000008	VISITING NURSE SERVICE	ARIAS, LEOPOLDI	12.00		174.96 I	
192708	4/13/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	8.00		116.64 I	
192709	4/27/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	46.00		670.68 I	
				CUSTOMER	66.00	0.00	962.28	
				CATEGORY	66.00	0.00	962.28	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 16 ADU ADULT	5
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192710 192711	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE	ASADOURIAN, COR	13.00		189.54 I 87.48 I	
192711	4/27/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ASADOURIAN, COR ASH, MARIE	6.00 12.00		174.96 I	
				CUSTOMER	31.00	0.00	451.98	
				CATEGORY	31.00	0.00	451.98	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	.7
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192713	4/13/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	7.00		102.06	I	
192714	4/27/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	49.00		714.42	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	
			S	ALES REGISTER			BILL WEEK END	ING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192715	4/27/12	000008	VISITING NURSE SERVICE	AVILA, ENIDIA	20.00		291.60	I
				CATEGORY	20.00	0.00	291.60	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 1	.9
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
			:	SALES R	EGIST	E R		BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192716	3/16/12	000008	VISITING NURSE SERVICE	AZAD,	ABUL	19.00		277.02	I	
192717	3/23/12	000008	VISITING NURSE SERVICE	AZAD,	ABUL	16.00		233.28	I	
192718	4/20/12	800000	VISITING NURSE SERVICE	AZAD,	ABUL	13.00		189.54	I	
					arramoven.					
					CUSTOMER	48.00	0.00	699.84		
					CATEGORY	48.00	0.00	699.84		

			YSIDE CITYWIDE					20
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	5 /04 /10
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192719	4/27/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96 I	
192720	4/27/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30 I	
				CUSTOMER	47.00	0.00	685.26	
				CATEGORY	47.00	0.00	685.26	

			YSIDE CITYWIDE				PAGE 1 -	==
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDI	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192721	4/27/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I
192722	4/27/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	39.75		579.56	I
192723	4/27/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	44.75		652.46	I
192724	4/27/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	49.00		714.42	I
				CUSTOMER	163.50	0.00	2,383.84	
				CATEGORY	163.50	0.00	2,383.84	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - :	22
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192725	4/27/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	9.00		131.22 I	
1				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				11102	- 2	23
SALES JRN	L # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE L BILL WEEK EN		5/04/12
							D111 1111 111	211.0	3, 01, 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192726 192727	4/27/12 4/27/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	151.00 6.00		2,201.58 87.48	I	
192/2/	4/2//12	000008	VISITING NURSE SERVICE	DERENBLII, SARA			07.40		
				CUSTOMER	157.00	0.00	2,289.06		
				CATEGORY	157.00	0.00	2,289.06		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			9	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
192728	4/20/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	5.00		72.90 I	
192729	4/27/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	16.00		233.28 I	
192730	4/27/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

			YSIDE CITYWIDE	DDG 1997			PAGE 1 -	25
SALES JRN	L # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDIN	IG 5/04/12
							DIEE WEEK ENDI	3,01,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192731 192732	4/27/12 4/27/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	9.00		131.22 I 291.60 I	
1,52,52	1,2,,12	000000	VIBILING NORDE BERVICE					
				CUSTOMER	29.00	0.00	422.82	
				CATEGORY	29.00	0.00	422.82	

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	26
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı					SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192733	4/27/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
					CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
l	SALES JRN	L # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	
l				S	SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192734	4/27/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE 05/02/12 SALES JRNL # 0279	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	- 28
DALLO ORNE # 0279	100 001		SALES REGISTER			BILL WEEK END	ING 5/04/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
192735 4/06/12 192736 4/27/12 192737 4/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BOCANEGRA, GLAD BOCANEGRA, GLAD BONILLA, ESPERA	8.00 20.00 49.00		116.64 291.60 714.42	I I
			CUSTOMER	77.00	0.00	1,122.66	
			CATEGORY	77.00	0.00	1,122.66	

RUN DATI	E 05/02/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	29
SALES J	RNL # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192738	4/27/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		LOC 001		REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192739	4/27/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CATEGORY	25.00	0.00	 364.50	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
SALES JRI	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
				SALES REGISTER			BILL WEEK ENDIN	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192740	4/27/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96	Ī.
				CATEGORY	12.00	0.00	174.96	

ı	RUN DATE (05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	32
١	SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
١					SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192741	4/27/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
					CATEGORY	35.00	0.00		

ı	RUN DATE	05/02/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
				5	SALES REGISTER			BILL WEEK ENDIN	G 5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	192742	4/27/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54 I	
					CATEGORY	63.00	0.00	918.54	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	4
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192743	4/27/12	800000	VISITING NURSE SERVICE	BROWN, BETTY	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE	DDG NV NV			-	35
SALES JRN	IL # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192744 192745	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 56.00		131.22 I 816.48 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	E W/O WALLS LT
			S	ALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192746	4/27/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	

			YSIDE CITYWIDE				PAGE 1 -	37
SALES JRN	IL # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192747	4/27/12	000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 -	38
SALES UI	RNL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	NG 5/04/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192748	4/27/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60	Γ
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				11102 1	- 3	39
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		5 /0 / /1 0
			:	SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192749	4/27/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	43.75		637.88	I	
192750	4/27/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	36.00		524.88	I	
				CUSTOMER	79.75	0.00	1,162.76		
				CATEGORY	79.75	0.00	1,162.76		

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 4	0
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
					SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192751	4/27/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
					CATEGORY	63.00	0.00	918.54	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	41
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	G 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
192752	4/27/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	5/04/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	192753	4/27/12	000008	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I	
ı									
ı									
ı					CATEGORY	42.00	0.00	612.36	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	43 G 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
192754	4/27/12	800000	VISITING NURSE SERVICE	CANO, GLORIA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192755	4/27/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 4: LTC NURSING HOMEW/O BILL WEEK ENDING	O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192756	4/27/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 46	5
SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100757	4 / 0 7 / 1 0	000000	TITATETNA NUDAE ARRITA	CARRONA MARIA	20 00		201 CO T	
192757	4/27/12	800000	VISITING NURSE SERVICE	E CARDONA, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	
				CAIEGORI	20.00	0.00	271.00	

RUN DATE	05/02/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_ 4	47
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	SALES REGISTER			BILL WEEK END	ING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192758	4/27/12	000008	VISITING NURSE SERVICE	CARDONA, MARIA	39.50		575.91	I	
192759	4/27/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	55.75		812.84	I	
192760	4/27/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	30.00		437.41	I	
192761	4/20/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	10.00		145.80	I	
192762	4/27/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	24.25		353.57	I	
				CUSTOMER	159.50	0.00	2,325.53		
				CATEGORY	159.50	0.00	2,325.53		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HOA HOSPICE A		18
			S	BALES REGISTER			BILL WEEK ENI	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192763	4/13/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	6.00		87.48	I	
192764	4/27/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	36.00		524.88		
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	49
SALES JRN	rL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192765	4/27/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN		5/04/12
				SALES REGISIER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192766	4/27/12	000008	VISITING NURSE SERVICE	CARUSO, GIUSEPP	14.75		215.06	I	
192767 192768	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CARUSO, MARIANN CASTANO, MARIA	6.00 6.00		87.48 87.48	I	
152700	1/2//12	000000	VIBITING NORSE BERVICE	CADIANO, MAKIA					
				CUSTOMER	26.75	0.00	390.02		
				CATEGORY	26.75	0.00	390.02		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	-
				SALES REGISTER			BILL WEEK ENDI	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192769	4/20/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	8.00		116.64	I
192770	4/27/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60	I
				CUSTOMER	28.00	0.00	408.24	
				GAMEGODY.			400.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	52
				SALES REGISTER			BILL WEEK ENDI	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192771	4/27/12	000008	VISITING NURSE SERVICE	CELIO, MARION	9.00		131.22	I
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S 2	REGNY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCS. BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192772	4/27/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	26.00		379.08 I	
				CATEGORY	26.00	0.00	379.08	

		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOMEV	54
SALES	URNL # 02/9	LOC 001		SALES REGISTER			BILL WEEK ENDING	•
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
19277	3 4/27/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	17.00		247.86 I	
				CATEGORY	17.00	0.00	247.86	

			YSIDE CITYWIDE	556 Jul			PAGE 1 -	55
SALES JRN	L # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192774	4/27/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
				GA WINGODY.				
				CATEGORY	30.00	0.00	437.40	

RUN DATE 05	5/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	6
SALES JRNL	# 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING	HOME W	/O WALLS LT
			i	SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192775 4	1/20/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60	I	
192776 4	1/27/12	800000	VISITING NURSE SERVICE	·	20.00		291.60	I	
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

RUN DATE 05/ SALES JRNL	/02/12 - SUP SUN # 0279 LOC 001		REG NY NY			PAGE 1 LTC NURSING	– 5 HOMEW /	
DIEZZ GIALZ ,			SALES REGISTER			BILL WEEK EN		5/04/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	/20/12 000008	VISITING NURSE SERVICE	·	7.00		102.06	I	
192778 4/	/27/12 000008	VISITING NURSE SERVICE	CHIANETTA, JOSE	28.00		408.24		
			CUSTOMER	35.00	0.00	510.30		
			CATEGORY	35.00	0.00	510.30		

			IYSIDE CITYWIDE	DDG 1911			PAGE 1 -	58
SALES JRN	L # U2/9	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
192779	4/27/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	59
SALES JRN	IL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192780	4/20/12	000008	VISITING NURSE SERVICE	CHO, MOGEE	6.00		87.48	I	
192781	4/27/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 60
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
			\$	SALES REGISTER			BILL WEEK END	ING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192782	4/27/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	47.25		688.91	I
192783	4/27/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I
192784	4/27/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	30.75		448.34	I
				CUSTOMER	118.00	0.00	1,720.45	
				CATEGORY	118.00	0.00	1,720.45	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	51
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192785	4/27/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	- 62 ING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192786	4/27/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	4.00		58.32	I
				CATEGORY	4.00	0.00	58.32	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6	53
SALES JRN	rL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	A L E S R E G I S T E R			BILL WEEK ENI	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192787	4/20/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	8.00		116.64	I	
192788	4/27/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	10.00		145.80	I	
192789	4/20/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	6.00		87.48	I	
192790	4/27/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	9.00		131.22	I	
192791	4/27/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I	
192792	4/27/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	12.00		174.96	I	
				CUSTOMER	87.00	0.00	1,268.46		
				CATEGORY	87.00	0.00	1,268.46		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	4
SALES JRN	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192793	4/27/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	65
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192794	4/27/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192795	4/27/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	7
SALES JRN	ı∟ # 0279	LOC 001		REG NY NY			LTC NURSING HOMEW/	•
				SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192796	4/27/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192797	4/27/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE (05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	69
SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADU	
			2	SALES REGISTER			BILL WEEK ENDIN	G 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192798	4/27/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				CATEGORY	19.00	0.00	277.02	
				CATEGORI	17.00	0.00	211.02	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 LAD NURSING		70 w/o walls ty
BALLED GIGV	ш _т одлу	100 001			EGISTE	R		BILL WEEK EN		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192799 192800	3/30/12 4/27/12	000008	VISITING NURSE SERVICE		HECTOR	7.00 39.00		102.06 568.62	I	
192800	4/2//12	000008	VISITING NURSE SERVICE	CRUZ,	HECTOR _	39.00		508.02		
					CUSTOMER	46.00	0.00	670.68		
					– CATEGORY	46.00	0.00	670.68		

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	71	
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	•	
ı				5	SALES REGISTER			BILL WEEK ENDING	5/04/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	192801	4/27/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28 I		
ı										
ı										
ı					CATEGORY	16.00	0.00	233.28		

			YSIDE CITYWIDE				PAGE 1 - 7:	2
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192802	4/27/12	800000	VISITING NURSE SERVICE	CUELLO, SILVANA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE					- 7	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		•
			i	SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192803	4/27/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50	I	
192804	4/27/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	55.75		812.84	I	
				CUSTOMER	80.75	0.00	1,177.34		
				CATEGORY	80.75	0.00	1,177.34		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192805	4/27/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	40.25		586.85 I	
				CATEGORY	40.25	0.00	586.85	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	75 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192806	4/27/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 76	5
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	,	
			:	SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192807	4/27/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	32.00		466.56	I	
192808	4/27/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	36.75		535.82	I	
192809	4/27/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	25.00		364.50	I	
							1 266 22		
				CUSTOMER	93.75	0.00	1,366.88		
				CATEGORY	93.75	0.00	1,366.88		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- '	77
511225 0141	_ 02.7	200 001		SALES REGISTER			BILL WEEK EN		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192810	4/27/12	800000	VISITING NURSE SERVICE	DELOSSANTOS, MA	30.00		437.40	I	
192811	3/16/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I	
192812	4/27/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60		
				CUSTOMER	54.00	0.00	787.32		
				CATEGORY	54.00	0.00	787.32		

			YSIDE CITYWIDE	DEC NO.			-	78
SALES JRN	L # UZ/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	5/04/12
TATTOTOTOTI	DAME	GUGEL NO	GUGEOMED NAME	DEFENDING	HOHDG		AMOUNT TO	CLID DI HG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192813	4/06/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	4.00		58.32 I	
192814	4/20/12	000008	VISITING NURSE SERVICE		4.00		58.32 I	
192815	4/27/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	27.50		400.95 I	
				CUSTOMER	35.50	0.00	517.59	
				CATEGORY	35.50	0.00	517.59	

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
ı				:	SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192816	4/27/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30 I	
ı					CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE	DEC MY MY			11102		80
SALES JRN	L # U2/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE LI BILL WEEK ENI		5/04/12
			~ -		-				-,,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192817	4/27/12	800000	VISITING NURSE SERVICE	DEY, KRISHNA	3.00		43.74	I	
192818	4/27/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	44.50		648.82	I	
192819	4/27/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	28.00		408.24	I	
192820	4/27/12	000008	VISITING NURSE SERVICE	DIAZ, OLGA	42.00		612.36	I	
192821	4/27/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	I	
192822	4/27/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	60.00		1,035.18	I	
192823	4/27/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	42.00		612.36	I	
192824	4/20/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	4.00		58.32	I	
192825	4/27/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
				OLIGEOMED	270 50	0.00	4 225 50		
				CUSTOMER	279.50	0.00	4,235.50		
				CATEGORY	279.50	0.00	4,235.50		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 8	1
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/	O WALLS (LT
			i	SALES REGISTER			BILL WEEK END	ING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192826	3/30/12	000008	VISITING NURSE SERVICE	DOMINICK, GINA	6.00		87.48	I	
192827	4/27/12	800000	VISITING NURSE SERVICE	DOMINICK, GINA	46.00		670.68	I	
192828	4/20/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	7.00		102.06	I	
192829	4/27/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	40.00		583.20	I	
				CUSTOMER	99.00	0.00	1,443.42		
				CATEGORY	99.00	0.00	1,443.42		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 82	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE I	
			S	SALES REGISTER			BILL WEEK ENDING 5/	04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
192830	4/27/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	11.75		171.32 I	
				CATEGORY	11.75	0.00	171.32	

RUN DATE 05/0 SALES JRNL #	02/12 - SUP SUNN 0279 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	83
Bridge Grave II	0279 100 001		SALES REGISTER			BILL WEEK ENDIN	G 5/04/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	27/12 000008 27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ECHEGARAY, MARI EDELMAN, MILDRE	37.00 15.00		539.46 I 218.70 I	
			CUSTOMER	52.00	0.00	758.16	
			CATEGORY	52.00	0.00	 758.16	

ı	RUN DATE	05/02/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	84
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	192833	4/27/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
					CATEGORY	4.00	0.00	 58.32	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 85	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192834	4/27/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	ALES REGISTER			BILL WEEK ENDI	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192835	4/20/12	000008	VISITING NURSE SERVICE	ESPEJO, FLORENC	12.00		174.96	I
192836	4/27/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	23.50		342.63	I
				CUSTOMER	35.50	0.00	517.59	
				CATEGORY	35.50	0.00	517.59	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87
SALES JRN	L # 0279	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDIN	G 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192837	4/27/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

			YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
192838	4/27/12	000008	VISITING NURSE SERVICE	ESPINAL, JOSE	9.00		131.22	I
192839	4/27/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	20.00		291.60	Ι
				CUSTOMER	29.00	0.00	422.82	
				CODIONER	20.00	0.00	122.02	
				CATEGORY	29.00	0.00	422.82	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	-	89
DALLED OICH	1L # 0279	100 001		SALES REGISTER			BILL WEEK ENI	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192840 192841	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	FADEN, ROBIN FAMBIATOU, PARA	69.75 9.00		1,016.96 131.22	I	
				CUSTOMER	78.75	0.00	1,148.18		
				CATEGORY	78.75	0.00	1,148.18		

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	90
ı	SALES JRN	L # 0279	LOC 001		REG NY NY			HOA HOSPICE ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192842	4/27/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	18.00		262.44 I	
					CATEGORY	18.00	0.00	262.44	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	91
SALES JRN	r∟ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	IG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192843	4/27/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

R	UN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	92
S	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	5/04/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	.92844	4/27/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	ъ # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
192845	4/27/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	94
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192846	4/27/12	000008	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 05/02/	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 95
SALES JRNL # 02	79 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			SALES REGISTER	3		BILL WEEK ENI	DING 5/04/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192847 4/20/	12 000008	VISITING NURSE SERVICE	FIUMARA, ROSE	8.00		116.64	I
192848 4/27/	12 000008	VISITING NURSE SERVICE	FIUMARA, ROSE	40.00		583.20	I
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	96
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192849	4/27/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE	DEC NY NY			PAGE 1 - !	97
SALES JRN	ш # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192850 192851	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		35.00 16.00		510.30 I 233.28 I	
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

RUN DATE (05/02/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 9	8
SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	re car	E PROGRAM
			S	SALES	REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192852	4/27/12	800000	VISITING NURSE SERVICE	FOI	NSECA, EUGENI	35.00		510.30	I	
1					CATEGORY	35.00	0.00	510.30		

			YSIDE CITYWIDE	DEC NY NY				99	
SALES JRN	∟ # 02/9	LOC 001		REG NY NY SALES REGISTER			VCP CHOICE LHCS. BILL WEEK ENDING		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
192853	4/27/12	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	32.75		477.50 I		
				CATEGORY	32.75	0.00	477.50		

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 100)
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C) WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192854	4/27/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0279	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
				SALES KEGISIEK			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192855	4/27/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

			YSIDE CITYWIDE	DDG NV NV				- 10	
SALES JRNL	ı # UZ/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING BILL WEEK EN		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	4/27/12	800000	VISITING NURSE SERVICE	,	38.00		554.04	I	
192857	4/27/12	000008	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		510.30		
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

RUN DATE 05/02/12 SALES JRNL # 0279		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	-	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	
192858 4/27/12 192859 4/27/12 192860 4/27/12 192861 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GAID, ASILA GALARZA, JOSE GALLARDO, ZOILA GALLINA, VIRGIN	35.00 40.75 42.00 9.00		510.30 I 594.14 I 612.36 I 131.22 I	
			CUSTOMER	126.75	0.00	1,848.02	
			CATEGORY	126.75	0.00	1,848.02	

	02/12 - SUP SUNN		DEC MY MY				- 10	
SALES JRNL #	0279 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING BILL WEEK EN		5/04/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
,	27/12 000008 27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLO, BENJAMIN GARAY, ANGELES	32.00 16.00		466.56 233.28	I	
			CUSTOMER	48.00	0.00	699.84		
			CATEGORY	48.00	0.00	699.84		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.05
	_ "			ALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192864	4/27/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	106
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			Si	ALES REGISTER			BILL WEEK ENDIN	IG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS
192865	4/27/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	56.00		816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	107
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	MEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
192866	4/27/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	29.75		433.76	I
192867	4/20/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	8.00		116.64	I
192868	4/27/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	40.00		583.20	I
				CUSTOMER	77.75	0.00	1,133.60	
				CATEGORY	77.75	0.00	1,133.60	

			YSIDE CITYWIDE				PAGE 1 -	108
SALES JRN	և # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192869	4/27/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 109	
ı	SALES JRN	L # 0279	LOC 001		REG NY NY			ADU ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING 5	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
	192870	4/27/12	800000	VISITING NURSE SERVICE	GERGENTI, LILLI	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.10
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	5/04/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	192871	4/27/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	47.25		688.91 I	
ı									
ı						45.05			
ı					CATEGORY	47.25	0.00	688.91	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11:	1
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192872	4/27/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				 CATEGORY	56.00	0.00	816.48	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	112
SALES JRN	և # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192873	4/27/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 05/02/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192874 4/27/1 192875 4/27/1		VISITING NURSE SERVICE VISITING NURSE SERVICE		35.00 33.00		510.30 481.14	I I
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192876	4/27/12	800000	VISITING NURSE SERVICE	GOMEZ-VIDAL, AL	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 115	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 5/04/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
192877	4/27/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	_

RUN DATE SALES JRN		LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 116 ADU ADULT BILL WEEK ENDING 5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192878	4/27/12	000008	VISITING NURSE SERVICE	GONZALEZ, CARLO	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	L7
SALES JRN	rL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192879	4/27/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 118 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
192880 192881	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	30.00 21.00		437.40 I 306.18 I
				CUSTOMER	51.00	0.00	743.58
				CATEGORY	51.00	0.00	 743.58

RUN DATE 05/02/ SALES JRNL # 02		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
192882 3/16/ 192883 4/27/ 192884 4/27/	12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA GOYES, ELBA GRAVER, EDNA	4.00 20.00 40.00		58.32 I 291.60 I 583.20 I	
			CUSTOMER	64.00	0.00	933.12	
			CATEGORY	64.00	0.00	933.12	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LAA LOMBARDI	- 12 AIDS	
				SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192885	3/30/12	000008	VISITING NURSE SERVICE		7.00		102.06	I	
192886	4/27/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	42.00		612.36	1	
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

			YSIDE CITYWIDE	DEC NY NY				- 12	21
SALES JRNL	J # UZ/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.00 84.00		291.60 1,224.72	I	
				CUSTOMER	104.00	0.00	1,516.32		
				CATEGORY	104.00	0.00	1,516.32		

RUN DATE	05/02/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	122
SALES JF	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE	DAIL	CUSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNT TIP	SURPLUS
192889	4/27/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 123	
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING 5/04/12	
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
ı									
ı	192890	4/27/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	20.00		291.60 I	
ı									
ı								001 60	
ı					CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 1:	24
SALES JRN	ь # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	5 / O A / I O
			2	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192891	4/27/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	28.25		411.89 I	
				CATEGORY	28.25	0.00	411.89	

RUN DATE (05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12	5
SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK END	ING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192892	4/27/12	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	48.00		699.84	I	
192893	4/27/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	40.75		594.14	I	
				CUSTOMER	 88.75	0.00	1,293.98		
				COSTOMER	00.75	0.00	1,293.90		
				CATEGORY	88.75	0.00	1,293.98		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	·
SALES UKN	⊔ # 02/9	TOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192894	4/27/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 05/02/	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 12	7
SALES JRNL # 02	79 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
		Ş	SALES REGISTE	?		BILL WEEK EN	DING	5/04/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192895 3/23/	12 000008	VISITING NURSE SERVICE	HERRERA, ANGELA	6.00		87.48	I	
192896 4/27/	12 000008	VISITING NURSE SERVICE	HERRERA, ANGELA	30.25		441.05	I	
192897 4/27/	12 000008	VISITING NURSE SERVICE	HERRERA, HORACI	23.75		346.28	I	
192898 4/27/	12 000008	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I	
			CUSTOMER	100.00	0.00	1,458.01		
			CATEGORY	100.00	0.00	1,458.01		

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 128	
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192899	4/27/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	129 IG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	, - ,
192900	4/27/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	20.00		291.60 I	· -
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - : LAA LOMBARDI AID: BILL WEEK ENDING	S ADULT POPUL
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192901	4/27/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE 0 SALES JRNL				EG NY NY ES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192902	4/27/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	46.00		670.69 I	
				CATEGORY	46.00	0.00	 670.69	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.32	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			\$	SALES REGISTER			BILL WEEK ENDING	5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
192903	4/27/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I		
				CATEGORY	30.00	0.00	437.40		

	05/02/12 - JL # 0279			REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	V/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192904	4/27/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	A
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
192905 192906 192907	4/27/12 3/23/12 4/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JARA DEURUCHIM, JARAMILLO PAL, JARAMILLO PAL,	10.00 3.50 4.00		145.80 I 51.03 I 58.32 I	
				CUSTOMER	17.50	0.00	255.15	
				CATEGORY	17.50	0.00		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	L35
			5	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192908	4/27/12	800000	VISITING NURSE SERVICE	JASZKOWSKI, GEN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	
Brilling Grav	12 02/5	100 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192909 192910	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	76.75 24.00		1,119.02 349.92	I I
				CUSTOMER	100.75	0.00	1,468.94	
				CATEGORY	100.75	0.00	1,468.94	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
Brilles order	L 02/5	100 001		SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192911	4/27/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	38	
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	5/04/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	192912	4/27/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	20.00		291.60 I		
ı					CATEGORY	20.00	0.00	291.60		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	139
SALES JRN	IL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			\$	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
192913	4/27/12	000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	25.00		364.50 I	
192914	4/20/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	20.00		291.60 I	
192915	4/27/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	20.00		291.60 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192916 192917 192918	4/27/12 4/20/12 4/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JORRIN, HORTENS JORRIN, NILIO JORRIN, NILIO	24.25 9.00 20.00		353.58 I 131.22 I 291.60 I	
				CUSTOMER	53.25	0.00	776.40	
				CATEGORY	53.25	0.00	776.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : ADU ADULT	141
011111	2 11 0279	200 001		SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192919	4/27/12	800000	VISITING NURSE SERVICE	KAUFMAN, MARJOR	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE O		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	7
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
192921	4/27/12 4/27/12 4/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KAUR, SARD KAUR, SHARAN KEARNEY, LORRAI	20.00 52.00 11.50		291.60 I 758.16 I 167.68 I	
				CUSTOMER	83.50	0.00	1,217.44	
				CATEGORY	83.50	0.00	1,217.44	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 143 HOA HOSPICE ADULT	
SALES UK	NL # 02/9	LOC 001		SALES REGISTER				5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192923	4/27/12	000008	VISITING NURSE SERVICE	KHAN, MARGARET	11.75		171.32 I	
							151 20	
				CATEGORY	11.75	0.00	171.32	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	144
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			S	ALES REGISTER			BILL WEEK ENDIN	IG 5/04/12
TATTOTOTOTI	DAME	CITCE NO	CHOMONED NAME	DEEDDENGE	HOHDO	max axe	AMOUNTE TO	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192924	4/27/12	000008	VISITING NURSE SERVICE	KILIMLIAN, PEPR	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE 05/02 SALES JRNL # 0		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 145	
SALES UNIL # 0	279 LOC 001		SALES REGISTER			BILL WEEK END	ING !	5/04/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP :	SURPLUS
192925 4/20 192926 4/27		VISITING NURSE SERVICE VISITING NURSE SERVICE	KONSTANTINAKOS, KONSTANTINAKOS,	10.00 61.25		145.80 893.03	I	
			CUSTOMER	71.25	0.00	1,038.83		
			CATEGORY	71.25	0.00	1,038.83		

RUN DATE SALES JRN	, - ,	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192927	4/27/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 147	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 5/0	4/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
192928	4/27/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	12.00		174.96 I	
				====:				
				CATEGORY	12.00	0.00	174.96	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	8
SALES JRN	r∟ # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192929	4/27/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	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			PAGE 1 - 149 ADU ADULT
			2	SALES REGISTER			BILL WEEK ENDING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
192930 192931	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LASAK, MICHAEL LEBOWITZ, MICHA	15.00 2.00		218.70 I 29.16 I
				CUSTOMER	17.00	0.00	247.86
				CATEGORY	17.00	0.00	247.86

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING E BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192932 192933	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	24.00 16.00		349.92 233.28	I I	
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	51
SALES JRN	r∟ # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192934	4/27/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 152	}
SALES JRN	ь # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192935	4/27/12	000008	VISITING NURSE SERVICE	LIMANDRI, FRANC	32.00		466.56 I	
192936	4/27/12	000008	VISITING NURSE SERVICE	LINARES, MYRIAM	16.00		233.28 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 15	3
SALES JRN	L # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192937	4/27/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

		NNYSIDE CITYWIDE					- 154
SALES JRNL ‡	# 0279 LOC 00		REGNY NY SALES REGISTER			ADU ADULT	DING 5/04/12
		5	SALES REGISIER			BILL WEEK END	JING 5/04/12
INVOICE# I	DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192938 4/	/27/12 000008	VISITING NURSE SERVICE	LITSAS, MARTHA	19.00		277.02	I
192939 4/	/27/12 000008	VISITING NURSE SERVICE	LLANES, ELEAZER	16.00		233.28	I
			CUSTOMER	35.00	0.00	510.30	
			COSTOMER	33.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				11102	- 15	
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		•
			2	SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192940	4/20/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	16.00		233.28	I	
192941	4/27/12	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	40.00		583.20	I	
192942	4/27/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I	
							1 400 04		
				CUSTOMER	98.00	0.00	1,428.84		
				CATEGORY	98.00	0.00	1,428.84		

- 1				YSIDE CITYWIDE				PAGE 1 -		
	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı					SALES REGISTER			BILL WEEK ENDING	5/04/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	192943	4/27/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	67.50		984.16 I		
ı					CATEGORY	67.50	0.00	984.16		

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - 157 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192944	4/27/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 158 VCP CHOICE LHCSA BILL WEEK ENDING 5/04/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
192945 192946	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	34.75 12.00		506.66 I 174.96 I	
				CUSTOMER	46.75	0.00	681.62	
				CATEGORY	46.75	0.00	681.62	

			YSIDE CITYWIDE				PAGE 1 - 159	
SALES JRN	L # 0279	LOC 001		REG NY NY			LTC NURSING HOMEW/O WALL	•
			\$	SALES REGISTER			BILL WEEK ENDING 5/04/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
192947	4/27/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192948	4/27/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	69.75		1,016.96 I	
				CATEGORY	69.75	0.00	1,016.96	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 16 ADU ADULT	1
SALES OIGN	L # 0275	100 001		SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192949	4/27/12	000008	VISITING NURSE SERVICE	LOZADA, LAURA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 CCL CONGREGA BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192950 192951	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		7.75 6.00		113.00 87.48	I I	
				CUSTOMER	13.75	0.00	200.48		
				CATEGORY	13.75	0.00	200.48		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	163
DIILLO GIAN	_ 02/3	200 001		A L E S R E G I S T E R			BILL WEEK ENDIN	G 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192952	4/27/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

			YSIDE CITYWIDE				PAGE 1	- 16	54
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			·	SALES REGISTER			BILL WEEK ENI	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192953	4/27/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	40.50		590.49	I	
192954	4/27/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	4.75		69.26	I	
				CUSTOMER	45.25	0.00	659.75		
				CATEGORY	45.25	0.00	659.75		

			YSIDE CITYWIDE				PAGE 1 - 1	65
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	5/04/12
				SALES KEGISIEK			BILL MEEK ENDING	3/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192955	4/27/12	800000	VISITING NURSE SERVICE	MALTA, CAROLINA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 16	6
SALES OW	II # 0275	HOC 001		SALES REGISTER			BILL WEEK END		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192956 192957	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	20.00 77.00		291.60 1,122.66	I I	
				CUSTOMER	97.00	0.00	1,414.26		
				CATEGORY	97.00	0.00	1,414.26		

	02/12 - SUP SUNN					PAGE 1	- · ·
SALES JRNL #	0279 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK END	OMEW/O WALLS (LT ING 5/04/12
			SALES KEGISIEK			DILL MEEK END	ING 5/04/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
100050 4/4	00/10 000000		Walton 112 GTT TWD	10.00		184 06	-
,	20/12 000008 27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MANOS, VASILIKE MANOS, VASILIKE	12.00 16.00		174.96 233.28	1
192939 4/.	27/12 000000	VISITING NURSE SERVICE	MANOS, VASILIKE	16.00		233.20	
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

RUN DATE	05/02/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	58
SALES JRN	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192960	4/27/12	800000	VISITING NURSE SERVICE	MARINO, ANN	23.75		346.28 I	
				CATEGORY	23.75	0.00	346.28	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	169
SALES JRN	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			5	SALES REGISTER			BILL WEEK ENDIN	IG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192961	4/27/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	-
				CATEGORY	25.00	0.00	364.50	

			NYSIDE CITYWIDE				PAGE 1 -	-··
SALES J	RNL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	
				SALES REGISIER			BILL MEEK ENDING	5/04/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192962	4/27/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	35.75		521.24 I	
				CATEGORY	35.75	0.00	521.24	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	SA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192963 192964 192965 192966	4/27/12 4/27/12 4/20/12 4/27/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	E MARTIN, ELAUCAD E MARTINEZ, CAMIL	3.50 14.50 3.00 15.00		51.03 1 211.42 1 43.74 1 218.70 1	[
				CUSTOMER	36.00	0.00	524.89	
				CATEGORY	36.00	0.00	524.89	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 172	
SALES JRN	rL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	ROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 5/	04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
192967	4/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	3
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			S	SALES REGISTER			BILL WEEK END	ING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192968	4/20/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	6.00		87.48	I	
192969	4/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
192970	4/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	36.00		524.88	I	
192971	4/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	84.00		1,224.72	I	
				CUSTOMER	156.00	0.00	2,274.48		
				CATEGORY	156.00	0.00	2,274.48		

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 HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192972	4/27/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	32.00		466.56 I	
				CATEGORY	32.00	0.00		

			NYSIDE CITYWIDE				PAGE 1 -	
SALES	JRNL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
				SALES REGISIER			DIDD WEEK ENDING	3/04/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
19297	3 4/27/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 05		SUP SUNNY	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 17	6
	"			ALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE (CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
		000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MAZZONE, FRANCE MCBRAYER, SYLVI	63.00 168.00		918.54 2,449.44	I T	
	1, 2, , 12		VIDITING HONDE DERVIOL	CUSTOMER	231.00	0.00	3,367.98		
				CATEGORY	231.00	0.00	3,367.98		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	177
SALES JRN	ı∟ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192976	4/27/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	53.25		776.39 I	
				CATEGORY	53.25	0.00	776.39	

RUN DATE 05/02 SALES JRNL # 0			REG NY NY			PAGE 1 - 178 ADU ADULT
SALES UNIL # U.	279 LOC 001		SALES REGISTER			BILL WEEK ENDING 5/04/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
192977 4/20 192978 4/27		VISITING NURSE SERVICE VISITING NURSE SERVICE	MCQUAIL, MAUREE MCQUAIL, MAUREE	3.00 15.00		43.74 I 218.70 I
			CUSTOMER	18.00	0.00	262.44
			CATEGORY	18.00	0.00	262.44

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	
192979 192980	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 19.75		116.64 I 287.96 I	
				CUSTOMER	27.75	0.00	404.60	
				CATEGORY	27.75	0.00	404.60	

RUN DATE SALES JRN		LOC 001		REG NY NY			PAGE 1 - 180 LTC NURSING HOMEW/O WALLS (LT	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING 5/04/12 AMOUNT TYP SURPLUS	
192981	4/27/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	38.00		554.05 I	
				CATEGORY	38.00	0.00	 554.05	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.81
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192982	4/27/12	800000	VISITING NURSE SERVICE	MELILLO, GRACE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	182
SALES JRN	IL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AID	S ADULT POPUL
				SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192983	4/27/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE	DDG 1997			PAGE 1 - 183	
SALES JRN	L # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 5	/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
192984	4/27/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	73.00		1,064.34 I	
				CATEGORY	73.00	0.00	1,064.34	

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 - 184 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
192985	4/27/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I
				CATEGORY	39.00	0.00	568.62

			YSIDE CITYWIDE	222			PAGE 1 - 185	
SALES JI	RNL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 5	5/04/12
								, ,
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
192986	4/27/12	000008	VISITING NURSE SERVICE	MILEO, MARY	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.86
SALES JRN	IL # 0279	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192987	4/27/12	800000	VISITING NURSE SERVICE	MOLINA, ANA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	05/02/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	187	
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
192988	4/27/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	9.75		142.16 I		
				CATEGORY	9.75	0.00	142.16		

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 1	
SALES JRN	L # U2/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192989	4/27/12	800000	VISITING NURSE SERVICE	MONTALI, ELSA	13.00		189.54 I	
				CATEGORY	13.00	0.00	189.54	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	189
SALES JRN	IL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			5	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
192990	4/27/12	800000	VISITING NURSE SERVICE	MONTES, MARTA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 19 ADU ADULT BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192991	4/27/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE (05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 191	
SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 5/04/12	!
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	;
192992	4/27/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	25.00		364.50 I	
				CATEGORY	25.00	0.00	 364.50	-

RUN DATE 05/0 SALES JRNL #	02/12 - SUP SUNN 0279 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	.92 7/O WALLS (LT 5/04/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192994 4/2	13/12 000008 20/12 000008 27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MORALES, ANGELI MORALES, ANGELI MORALES, ANGELI	6.00 6.00 42.00		87.48 I 87.48 I 612.36 I	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 19	3
511225 0141	.2 02/5	200 001		SALES REGISTER			BILL WEEK END	ING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
192996 192997	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MORALES, GENERO MOURAS, ANNA	84.00 10.00		1,224.72 145.80	I	
				CUSTOMER	94.00	0.00	1,370.52		
				CATEGORY	94.00	0.00	1,370.52		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	194
SALES JRN	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			5	SALES REGISTER			BILL WEEK ENDIN	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192998	4/27/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	42.00		612.36	I
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 - 195	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			2	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192999	4/27/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 196 VCP CHOICE LHCSA BILL WEEK ENDING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
193000	4/27/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	18.00		262.44 I
				CATEGORY	18.00	0.00	262.44

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 197	
ı	SALES JRN	L # 0279	LOC 001		REG NY NY			ADU ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING 5/0	04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
	193001	4/27/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L98
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı					SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	11110101	21112	0001 110	000101111111111111111111111111111111111	1121 21121102	1100115		11100111 111	50111 205
	193002	4/27/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	48.25		703.49 I	
ı					CATEGORY	48.25	0.00	703.49	

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	199
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	ARE PROGRAM
ı				5	SALES REGISTER			BILL WEEK ENDING	5/04/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	193003	4/27/12	000008	VISITING NURSE SERVICE	NIETO RAMOS, JO	44.00		641.52 I	
ı									
ı									
ı					CATEGORY	44.00	0.00	641.52	

RUN DATE (05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	00
SALES JRNI	և # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193004	4/27/12	000008	VISITING NURSE SERVICE	NIEVES, NANCY	45.00		656.10 I	
193005	4/27/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	20.00		291.60 I	
						0.00	0.47 70	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

	/02/12 - SUP SUNN		5-2			PAGE 1 -	
SALES JRNL	# 0279 LOC 001		REGNY NY SALES REGISTER			BILL WEEK ENDI	MEW/O WALLS (LT NG 5/04/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
,	/27/12 000008 /27/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NOBLIN, ELOISE NOBOADESALAZAR,	25.00 22.00		364.50 320.76	I I
			CUSTOMER	47.00	0.00	685.26	
			CATEGORY	47.00	0.00	685.26	

			YSIDE CITYWIDE					- 20)2
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI		F /0.4 /1.0
			:	SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193008	4/27/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	49.00		714.42	I	
193009	4/27/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	I	
				CUSTOMER	92.00	0.00	1,341.36		
				CODICIEN	22.00	0.00	1,311.30		
				CATEGORY	92.00	0.00	1,341.36		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20)3
SALES JRN	rL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193010	4/27/12	800000	VISITING NURSE SERVICE	OFF, LUCILLE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	204
	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	5/04/12
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	193011	4/27/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	20.00		291.60 I	
ı									
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	- 205 ING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
193012	4/27/12	800000	VISITING NURSE SERVICE	ONATE, MIGUEL	6.00		87.48	I
				CATEGORY	6.00	0.00	 87.48	

RUN DATE 09 SALES JRNL			REG NY NY ALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	06 5/04/12
INVOICE#	DATE CUST	_	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193014	3/23/12 00000 4/27/12 00000		ORTEGA, CARLOS ORTEGA, CARLOS	6.00 11.00		87.48 I 160.38 I	
193015	4/27/12 00000	08 VISITING NURSE SERVICE	OSPINA, ANA CUSTOMER	8.00 25.00	0.00	116.64 I 364.50	
			CATEGORY	25.00		 364.50	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 201	7
SALES JRN	ь # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193016	4/27/12	000008	VISITING NURSE SERVICE	OTINIANO, ALBER	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : VCP CHOICE LHCSA	208
SALES UKN	⊔ # 02/9	LOC 001		ALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193017	4/27/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	20.50		298.90 I	
				CATEGORY	20.50	0.00	298.90	

l l	ATE 05/02/12 JRNL # 0279		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - : AUR ADULT REHAB (BILL WEEK ENDING	ONLY
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193018	3 4/27/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00 I	
				CATEGORY	50.00	0.00	729.00	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 210 VCP CHOICE LHCSA	
DALLS OIL	H 02/5	100 001		SALES REGISTER				04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
193019 193020	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPOUTSIS, MARY PARETTI, MARIE	6.00 56.00		87.48 I 816.48 I	
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 211	
SALES JRN	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	S (LT
			S	SALES REGISTER			BILL WEEK ENDING 5/04/1	L2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
193021	4/27/12	800000	VISITING NURSE SERVICE	PARK, SUNG	19.50		284.31 I	
				CATEGORY	19.50	0.00	284.31	

			YSIDE CITYWIDE	DDG 1911			PAGE 1 - 21	2
SALES JRNI	L # U2/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	5/04/12
							DIEE WEEK ENDING	5/01/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193022	4/27/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	42.00		612.36 I	
193023	4/27/12	000008	VISITING NURSE SERVICE	•	19.25		280.67 I	
				CUSTOMER	61.25	0.00	893.03	
				COBTONER	01.23	0.00	0,5.05	
1				CATEGORY	61.25	0.00	893.03	

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
1	193024	4/27/12	800000	VISITING NURSE SERVICE	PENARANDA, CARM	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

	05/02/12 - IL # 0279		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2: AUR ADULT REHAB ON BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193025	4/27/12	800000	VISITING NURSE SERVICE	PENNACCHIA, MAR	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE (05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 215	
ı	SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
ı					SALES REGISTER			BILL WEEK END	ING 5/04/12	
ı	TM70.T.GE#	DAME	CHICE NO	GLIGHOMED NAME	DEFEDENCE	HOHDO	max amm	AMOTINE	myp Giippi iid	
ı	TNAOTCE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
ı	193026	4/27/12	000008	VISITING NURSE SERVICE	PEREZ MONSER C	49 00		714 42	Т	
ı	193020	1/2//12	000000	VIBITING NORDE BERVICE	Then Honone, c	19.00		711.12	_	
ı										
ı					CATEGORY	49.00	0.00	714.42		
	INVOICE# 193026	DATE 4/27/12	CUST NO 000008	CUSTOMER NAME VISITING NURSE SERVICE		HOURS 49.00 49.00	TAX AMT	AMOUNT 714.42 714.42		

Rī	UN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	:16
SZ	ALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
					SALES REGIST	E R		BILL WEEK ENDING	5/04/12
II	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
19	93027	4/27/12	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	36.00		524.88 I	
					CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE	DEG NY NY				- 21	.7
SALES JRN	⊔ # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENI	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193028 193029	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	42.00 30.00		612.36 437.40	I I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	218
SALES JRN	L # 0279	LOC 001		REG NY NY			LTC NURSING HOME	
			i	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193030	4/27/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	34.75		506.66 I	
				CATEGORY	34.75	0.00	 506.66	

RUN DATE 05		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 21	.9
DILLES GIAVE	11 0275	100 001		SALES REGISTER			BILL WEEK ENI		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	4/27/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	40.00		583.20	I	
	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PIZARRO, BARBAR PLACIDO, GENARO	3.00 35.00		43.74 510.30	I I	
				·			1 125 04		
				CUSTOMER	78.00	0.00	1,137.24		
				CATEGORY	78.00	0.00	1,137.24		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193034	4/27/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	1
SALES JRN	IL # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193035	4/27/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 22 LTC NURSING HOMEW	22 /O WALLS (LT
Brilling Grav	1 0279	100 001		SALES REGISTE	R		BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193036	4/13/12	000008	VISITING NURSE SERVICE	,	8.00		116.64 I	
193037	4/27/12	000008	VISITING NURSE SERVICE	PONCE, ALICIA	32.00		466.56 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	23
SALES JRN	rL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193038	4/27/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	NL # 0279	LOC 001		REG NY NY			CCL CONGREGATE C	
				SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193039	4/27/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 225	
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
193040	4/27/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	226
SALES JRN	L # 0279	LOC 001		REG NY NY			LTC NURSING HOME	·
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193041	4/27/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 227	
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIO	C
					SALES REGISTER			BILL WEEK ENDING 5/04/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	193042	4/27/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	33.00		481.14 I	
ı									
ı					CATEGORY	33.00	0.00	481.14	

RUN DATE (05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 228
SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENI	DING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193043	4/27/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	46.75		681.62	I
193044	4/27/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	27.00		393.66	I
				CUSTOMER	73.75	0.00	1,075.28	
				GAERGODY			1 075 00	
				CATEGORY	73.75	0.00	1,075.28	

			YSIDE CITYWIDE				11102	- 22	
SALES JRNL	# 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REH		
			S	SALES REGISTER			BILL WEEK END	ING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193045	4/20/12	000008	VISITING NURSE SERVICE	RAMOS, JENNIFER	16.00		233.28	I	
193046	4/27/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	38.75		564.98	I	
				CUSTOMER	54.75	0.00	798.26		
				0001011211		3.33	. 50.20		
				CA HE CODY	54.75	0.00	798.26		
				CATEGORY	54./5	0.00	198.26		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			•	SALES REGISTER			BILL WEEK ENDI	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
193047	4/27/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I
193048	4/27/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	20.00		291.60	I
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

1	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	31
	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL H	HEALTH
				Ş	SALES REGISTER			BILL WEEK ENDING	5/04/12
13	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
-	193049	4/27/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48 I	
					CATEGORY	6.00	0.00	87.48	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	4/27/12 4/27/12 4/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	REINA, JOSE RICCA, MARIE RIVADENEIRA, OL	20.00 19.25 16.00		291.60 I 280.68 I 233.28 I	
				CUSTOMER	55.25	0.00	805.56	
				CATEGORY	55.25	0.00	805.56	

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	233
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı					SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	193053	4/27/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 234	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193054	4/27/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	20.00		291.60 I	
193055	4/27/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CUSTOMER	40.00	0.00	583.20	
				CODICIEN	10.00	0.00	303.20	
				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 HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193056	4/27/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	36	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER			BILL WEEK ENDING	5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
193057	4/27/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	24.00		349.92 I		
				CATEGORY	24.00	0.00	349.92		

RUN DATE 05/02/12 SALES JRNL # 0279		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE:	R		PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	37 /O WALLS (LT 5/04/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193058 4/27/12 193059 4/27/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		24.50 12.00		357.22 I 174.96 I	
			CUSTOMER	36.50	0.00	532.18	
			 CATEGORY	36.50	0.00	 532.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
193060	4/27/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	48.75		710.78	I
				CATEGORY	48.75	0.00	710.78	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	239
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193061	4/27/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRNL	. # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			:	SALES REGISTER			BILL WEEK ENDI	ING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193062	4/27/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	20.00		291.60	I
193063	4/27/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	42.00		612.36	I
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	
1				CAIEGORI	02.00	0.00	203.90	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	41
SALES JRN	rL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193064	4/27/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	83.00		1,210.14 I	
				CATEGORY	83.00	0.00	1,210.14	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 242 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
193065 193066	4/13/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	5.00 25.00		72.90 I 364.50 I
				CUSTOMER	30.00	0.00	437.40
				CATEGORY	30.00	0.00	437.40

RUN DATE (05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	243
SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDI	NG 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193067	4/27/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	48.75		710.78	Γ
				CATEGORY	48.75	0.00	710.78	
		SALES JRNL # 0279 INVOICE# DATE	SALES JRNL # 0279 LOC 001 INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0279 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE 193067 4/27/12 000008 VISITING NURSE SERVICE RODRIGUEZ, PORF	SALES JRNL # 0279 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 193067 4/27/12 000008 VISITING NURSE SERVICE RODRIGUEZ, PORF 48.75	SALES JRNL # 0279 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 193067 4/27/12 000008 VISITING NURSE SERVICE RODRIGUEZ, PORF 48.75	SALES JRNL # 0279 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER ADUADULT BILL WEEK ENDING INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TO THE STATE AND SERVICE RODRIGUEZ, PORF 48.75 710.78

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RUN DA	ATE 05/02/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	244
SALES	JRNL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOIC	LH DAIL	COSI NO	COSTOMER NAME	KEFEKENCE	HOURS	IAA AMI	AMOUNI IIP	SURPLUS
193068	3 4/27/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

	05/02/12 - JL # 0279		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	245
			i	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193069	4/27/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	53.00		772.74 I	
				CATEGORY	53.00	0.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193070	4/27/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	39.75		579.56 I	
				CATEGORY	39.75	0.00	 579.56	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	147
SALES URNI	L # 02/9	LOC UUI		SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193071	4/27/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

- 1				YSIDE CITYWIDE					248	
ı	SALES JRN	L # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	F /04 /10	
ı				:	SALES REGISTER			BILL WEEK ENDING	5/04/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	193072	4/27/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	55.50		809.20 I		
					CATEGORY	55.50	0.00	809.20		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 LTC NURSING	- 24	
	_ "				EGIST	E R		BILL WEEK EN		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193073 193074	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	FLOR	56.00 40.00		816.48 583.20	I	
193074	4/2//12	000008	VISITING NURSE SERVICE	ROSA,						
					CUSTOMER	96.00	0.00	1,399.68		
					CATEGORY	96.00	0.00	1,399.68		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 25 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193075	4/27/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	55.25		805.55 I	
				CATEGORY	55.25	0.00	805.55	

RUN DATE (05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25	51
SALES JRNI	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	A L E S R E G I S T E R			BILL WEEK ENI	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193076	4/27/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
193077	4/27/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	36.00		524.88	I	
193078	4/20/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	5.00		72.90	I	
193079	4/27/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	24.50		357.22	I	
				CUSTOMER	81.50	0.00	1,188.28		
				 CATEGORY	 81.50	0.00	1,188.28		

RUN DATE 05/02/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	252 5/04/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193080 4/27/3 193081 4/27/3 193082 4/27/3	.2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ROSARIOBREU, EM RUBIN, EVGENY RUECKHER, PATRI	25.00 20.00 15.00		364.50 I 291.60 I 218.70 I	
			CUSTOMER	60.00	0.00	874.80	
			CATEGORY	60.00	0.00	874.80	

			YSIDE CITYWIDE				PAGE 1 - 2	253
SALES JRN	L # 0279	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193083	4/27/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25	4
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			\$	SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193084	4/20/12	000008	VISITING NURSE SERVICE	RUFFEN, SANDRA	6.00		87.48	I	
193085	4/27/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	29.75		433.76	I	
				CUSTOMER	35.75	0.00	521.24		
				CATEGORY	35.75	0.00	521.24		

RUN DATE 05 SALES JRNL		SUP SUNN LOC 001		REG NY NY ALES REGISTER			PAGE 1 - 2: ADU ADULT BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193086 4	1/27/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	05/02/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	256
SALES JRI	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	· ·
				SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193087	4/27/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	33.75		492.08 I	
				CATEGORY	33.75	0.00	492.08	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	
SALES UKN	111 # 0279	TOC 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
193088 193089	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00 67.00		218.70 976.86	I I
				CUSTOMER	82.00	0.00	1,195.56	
				CATEGORY	82.00	0.00	1,195.56	

			YSIDE CITYWIDE				PAGE 1 - 2!	
SALES JR	NL # 0279	LOC 001		REG NY NY			LTC NURSING HOMEW,	•
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193090	4/27/12	000008	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				PAGE 1 -	259
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
193091	4/27/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	13.00		189.54 I	
193092	4/27/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	42.00		612.36 I	
				CUSTOMER	55.00	0.00	801.90	
				CATEGORY	55.00	0.00	801.90	

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	50
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	193093	4/27/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	IL # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193094	4/27/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 262
	- "			SALES REGISTER			BILL WEEK END	ING 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
193095 193096	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	8.50 4.00		123.93 58.32	I
193090	1/2//12	000000	VIDITING NORDE BERVICE	CUSTOMER	12.50	0.00	182.25	
				COSTONER	12.50	0.00	102.23	
				CATEGORY	12.50	0.00	182.25	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LHOBILL WEEK END	CSA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
193097 193098 193099 193100 193101	4/27/12 4/27/12 4/27/12 4/27/12 4/27/12	000008 000008 000008 000008 000008	VISITING NURSE SERVICE	SCOTT, CATHERIN SEGOVIA, BEATRI SERAFIN, WALTER SERRANO, AGUEDA SHANNON, ELNORA	56.00 36.00 47.50 55.75 44.50		816.48 524.88 692.56 812.84 648.81	I I I I
				CUSTOMER	239.75	0.00	3,495.57	
				CATEGORY	239.75	0.00	3,495.57	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 26 ADU ADULT	54
SALES OWN.	L # 0275	HOC 001		SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193102	4/27/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	29.25		426.47 I	
				CATEGORY	29.25	0.00	426.47	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 265	5
SALES JRN	L # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193103	4/27/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE					66
SALES JRN	L # 0279	LOC 001		REG NY NY			LTC NURSING HOMEW	•
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193104	4/27/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE					267
SALES JRN	IL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			'	SALES REGISTER			BILL WEEK ENDING	5 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
193105	4/27/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

	05/02/12 - IL # 0279		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - AUR ADULT REHAB BILL WEEK ENDING	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193106	4/27/12	000008	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

ı	RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	269	
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
				:	SALES REGISTER			BILL WEEK ENDING	5/04/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	193107	4/27/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	15.00		218.70 I		
ı					CATEGORY	15.00	0.00	218.70		

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	170
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
ı				S	SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	193108	4/27/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
ı					CATEGORY	12.00	0.00	174.96	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	271
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193109	4/27/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	'2
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100110	4 /05 /10				10.00		154.06	
193110	4/27/12	000008	VISITING NURSE SERVICE	SOTO, MARCELINA	12.00		174.96 I	
				CA EECODY	10.00	0.00	174.06	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE	777			-	273
SALES JRNI	L # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193111 193112	4/27/12 4/27/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	16.00 6.00		233.28 I 87.48 I	
				CUSTOMER	22.00	0.00	320.76	
				CATEGORY	22.00	0.00	320.76	

RUN DATE	05/02/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 274	
SALES JRN	ъ # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 5	/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
193113	4/27/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	275
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	Γ
			\$	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193114	4/27/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

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 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193115	4/27/12	800000	VISITING NURSE SERVICE	STENOS, MOSHOUL	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 27	77	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE L			
			S	SALES R	EGISTER			BILL WEEK EN	DING	5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
193116	4/27/12	000008	VISITING NURSE SERVICE	STERG	IOU, GLORI	6.00		87.48	I		
					CATEGORY	6.00	0.00	87.48			

RUN DATE SALES JRN			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27 AUR ADULT REHAB ON	-
SALES UKN	ш # 0279	LOC 001		SALES REGISTER				5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193117	4/27/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 27	79
Brilling Grav	1 0275	100 001		SALES REGISTER			BILL WEEK END		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193118 193119	4/27/12 4/27/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	STICKELL, BLANC STROBL, ALFRED	30.00 36.00		437.40 524.88	I	
193119	4/2//12	000008	VISITING NORSE SERVICE	SIROBL, ALFRED			524.00		
				CUSTOMER	66.00	0.00	962.28		
				CATEGORY	 66.00	0.00	962.28		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	280
SALES JRN	IL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193120	4/27/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	26.50		386.37 I	
				CATEGORY	26.50	0.00	386.37	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 281 ADU ADULT	L
	- "			SALES REGISTER				5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193121	4/27/12	800000	VISITING NURSE SERVICE	SULLIVAN, MADAL	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 28	32
Brilling Grav	1 02/5	100 001		SALES REGISTER			BILL WEEK EN		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193122	4/27/12	800000	VISITING NURSE SERVICE	TABOADA, DIMAS	3.75		54.68	I	
193123	4/27/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	71.00		1,035.20	1	
				CUSTOMER	74.75	0.00	1,089.88		
				CATEGORY	 74.75	0.00	1,089.88		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	3
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193124	4/27/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	40.00		583.20 I	
193125	4/27/12	000008	VISITING NURSE SERVICE	TAVERAS ARIAS,	20.00		291.60 I	
				CUSTOMER	60.00	0.00	874.80	
				CATEGORY	60.00	0.00	874.80	

			YSIDE CITYWIDE				PAGE 1 - 284	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 5	5/04/12
							DIED WEEK BINDING	,, 01, 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
193126 193127	4/27/12 4/27/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 15.00		174.96 I 218.70 I	
				CUSTOMER	27.00	0.00	393.66	
				CATEGORY	27.00	0.00	 393.66	

RUN DATE 05/0)2/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 285	5
SALES JRNL #	0279 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
		S	SALES REGISTER			BILL WEEK END	ING	5/04/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
193128 4/2	27/12 000008	VISITING NURSE SERVICE	TEJADA, BALDOME	12.00		174.96	I	
193129 4/2	27/12 000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	46.00		670.68	I	
			CUSTOMER	58.00	0.00	845.64		
			CATEGORY	58.00	0.00	845.64		
			CATEGORY	58.00	0.00	845.64		

			YSIDE CITYWIDE	556 377 377			PAGE 1 -	
SALES JRNI	L # 02/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AMH ADULT MENTAI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
193130	4/27/12	800000	VISITING NURSE SERVICE	THEN, MARIA	14.00		204.13 I	
				CATEGORY	14.00	0.00	204.13	

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 28 ADU ADULT	
TATIOTORU	DAME	GUIGEL NO		SALES REGISTER	HOHDG	max awm	BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193131	4/27/12	000008	VISITING NURSE SERVICE	THOMPSON, WILLI	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC MY MY			PAGE 1 VCP CHOICE L	- 28	38
SALES URN	L # UZ/9	TOC 001		REGNY NY SALES REGISTER			BILL WEEK EN		5/04/12
							DIDD WEEK EN	DING	3/01/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
193132	4/27/12	000008	VISITING NURSE SERVICE	TINOCO, INES	42.00		612.36	I	
193133	4/27/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	28.00		408.24	I	
193134	4/20/12	000008	VISITING NURSE SERVICE	TORO, PURA	12.00		174.96	I	
193135	4/27/12	000008	VISITING NURSE SERVICE	•	84.00		1,224.72	T	
193136	4/27/12	000008	VISITING NURSE SERVICE	· -	38.00		554.04	T	
193137	4/27/12	000008	VISITING NURSE SERVICE	•	82.00		1,195.56	T	
193137	4/2//12	000006	VISITING NURSE SERVICE	TORRES, LUZ M	02.00		1,195.50	Т	
				CUSTOMER	286.00	0.00	4,169.88		
				COBTONER	200.00	0.00	1,100.00		
				CATEGORY	286.00	0.00	4,169.88		
I							, =		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193138	4/27/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE	DEG NV NV			-	290
SALES JRNI	L # UZ/9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193139	4/27/12	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 LH	- 29)1
BALLED GIGV	Δ π 02/J	100 001		SALES REGISTER	1		BILL WEEK END		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193140	4/20/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	12.00		174.96	I	
193141	4/27/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	12.00		174.96	I	
193142	4/27/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	56.00		816.48	I	
193143	4/27/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	63.00		918.54	I	
193144	4/27/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72	I	
				CUSTOMER	150.00	0.00	3,309.66		
				CATEGORY	150.00	0.00	3,309.66		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 292	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193145	4/27/12	800000	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 29 ADU ADULT	93
511225 014	02/5	200 001		SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193146	4/27/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	14.75		215.06 I	
				CATEGORY	14.75	0.00	215.06	

RUN I	DATE 05/02/1	L2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 29	4
SALES	S JRNL # 027	79 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			:	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1931	47 4/27/1	000008	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 295 ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 5/04	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
193148	4/27/12	000008	VISITING NURSE SERVICE	VALENTIN, ALEJA	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 LTC NURSING HOMEW	96 /O WALLS (LT
				SALES REGISTE	R		BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193149	4/27/12	800000	VISITING NURSE SERVICE		5.75		83.84 I	
193150	4/27/12	000008	VISITING NURSE SERVICE	VAROL, MUSTAFA	6.00		87.48 I	
				CUSTOMER	11.75	0.00	171.32	
				 CATEGORY	11.75	0.00	171.32	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 297	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING !	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193151	4/27/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
193152 193153 193154 193155	3/30/12 4/27/12 4/27/12 4/27/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, EUSTAG VASQUEZ, RAPHAE	5.00 33.00 21.00 40.00		72.90 481.14 306.18 583.20	I I I
				CUSTOMER	99.00	0.00	1,443.42	
				CATEGORY	99.00	0.00	1,443.42	

RUN DATE (05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 299	9
SALES JRNI	և # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	BALES REG	ISTER		BILL WEEK END	ING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREN	CE HOURS	S TAX AMT	AMOUNT	TYP	SURPLUS
193156	4/27/12	000008	VISITING NURSE SERVICE	VELASQUE:	Z, NELL 18.00)	262.44	I	
				CA'	 TEGORY 18.00	0.00	262.44		

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 LTC NURSING HOMEN	
SALES ORK	ND # 0275	100 001		SALES REGISTER			BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193157	4/27/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	49.50		721.71 I	
				CATEGORY	49.50	0.00	721.71	

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 301	
ı	SALES JRN	L # 0279	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				5	SALES REGISTER			BILL WEEK ENDING !	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	193158	4/27/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
ı					CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30)2	
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT		
ı				S	SALES REGISTER			BILL WEEK ENDING	5/04/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	193159	4/27/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I		
ı										
ı										
ı					CATEGORY	20.00	0.00	291.60		

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	03
SALES JRN	rL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193160	4/27/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	304
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193161	4/27/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOM	305 IEW/O WALLS (LT
JIII S	014.12 02.73	200 001		SALES REGI	ISTER		BILL WEEK ENDIN	•
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	E HOURS	TAX AMT	AMOUNT TY	P SURPLUS
193162	2 4/27/12	000008	VISITING NURSE SERVICE	VITO, CARM	MEN 30.00		437.40	
				CATE	EGORY 30.00	0.00	437.40	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 306	,
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			Ş	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193163	4/27/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	59.50		867.51 I	
				CATEGORY	59.50	0.00	867.51	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 30)7
	_ "			SALES REGISTER			BILL WEEK ENI	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193164	4/13/12	000008	VISITING NURSE SERVICE	VLAHOS, MARIE	12.00		174.96	I	
193165	4/20/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	4.00		58.32	I	
193166	4/27/12	000008	VISITING NURSE SERVICE	VLAHOS, MARIE	4.00		58.32	I	
				CUSTOMER	20.00	0.00	291.60		
				CATEGORY	20.00	0.00	291.60		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 30)8
Brilling Grav	1 1 02/5	100 001		SALES REGISTER			BILL WEEK EN		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193167 193168	4/27/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74	I	
193108	4/27/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	32.00		466.56	1	
				CUSTOMER	35.00	0.00	510.30		
				CATEGORY	35.00	0.00	510.30		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 30 ADU ADULT	09
SALES OWN	ш н 0275	100 001		SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193169	4/27/12	800000	VISITING NURSE SERVICE	WEISBUCH, WILMA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

ı	RUN DATE	05/02/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	.0
ı	SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	5/04/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	193170	4/27/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28 I	
					CATEGORY	16.00	0.00	233.28	

RUN DATE	05/02/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	311
SALES JRN	NL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193171	4/27/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 ADU ADULT	12
DALLS OIGH	u # 02/5	HOC 001		SALES REGISTER			BILL WEEK ENDING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193172 193173 193174	4/27/12 3/16/12 4/27/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ZAMBRANO, VICTO	1.00 3.00 20.00		14.58 I 43.74 I 291.60 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	 349.92	

RUN DATE 05/02/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 313 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES JRNL # 0279 GUI GUILDNET SALES REGISTER BILL WEEK ENDING 5/04/12 REFERENCE HOURS TAX AMT INVOICE# DATE CUST NO CUSTOMER NAME AMOUNT TYP SURPLUS 344.85 I 4/27/12 406.56 I 4/20/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 4/13/12 4/27/12 3/30/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 4/27/12 000010 GUILDNET

			YSIDE CITYWIDE	REGNY NY SALES REGISTER				- 31	4
SALES JRN	IL # 0279	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET	TNO	F / O 4 / 1 O
				SALES REGISTER			BILL WEEK END	ING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193224	4/27/12	000010	GUILDNET	PRYCE, CLYDIA RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA SOMRAJ, UMILLA TOROSSIAN, PARI VILLACRES, LUZ VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY	10.00		145.20	I	
193225	4/27/12	000010	GUILDNET	RESTULA, VINCEN	20.00		290.40	I	
193226	4/27/12	000010	GUILDNET	RIVAS, GERTRUDI	20.00		290.40	I	
193227	4/27/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		914.76	I	
193228	4/27/12	000010	GUILDNET	ROJAS, ANGEL	15.00		232.80	I	
193229	4/27/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		310.40	I	
193230	4/27/12	000010	GUILDNET	RUBIANO, MARIA	20.00		290.40	I	
193231	4/27/12	000010	GUILDNET	SALJANIN, DILJA	58.75		853.05	I	
193232	4/27/12	000010	GUILDNET	SANCHEZ, ELIZAB	36.00		522.72	I	
193233	4/27/12	000010	GUILDNET	SHELTON, AGUEDA	34.75		504.57	I	
193234	4/20/12	000010	GUILDNET	SOMRAJ, UMILLA	4.00		58.08	I	
193235	4/27/12	000010	GUILDNET	SOMRAJ, UMILLA	12.00		174.24	I	
193236	4/20/12	000010	GUILDNET	TOROSSIAN, PARI	28.00		406.56	I	
193237	4/27/12	000010	GUILDNET	VILLACRES, LUZ	8.00		116.16	I	
193238	4/27/12	000010	GUILDNET	VLAHOS, MARIE	22.50		326.70	I	
193239	4/27/12	000010	GUILDNET	WEISZ, KLARA	8.00		116.16	I	
193240	4/27/12	000010	GUILDNET	WEST, BALDWIN	16.00		232.32	I	
193241	4/20/12	000010	GUILDNET	WHITLEY, MYRNA	24.00		348.48	I	
193242	4/27/12	000010	GUILDNET	YI, CARLOS	24.00		348.48	I	
193243	4/27/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,321.04	I	
193244	4/27/12	000010	GUILDNET	ZARE, GLORIA	84.00		1,219.68	I	
193245	4/27/12	000010	GUILDNET	ZUMAETA, FANNY	53.75		780.45	I	
				CUSTOMER	2,299.25	0.00	38,423.75		
					2,299.25		38,423.75		

RUN DATE	05/02/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	315
SALES JRN	IL # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIRST	
				REG NY NY SALES REGISTER	8		BILL WEEK ENDING	5/04/12
	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
193246	4/27/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64 I	
193247	4/27/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28 I	
193248	4/20/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	47.00		793.36 I	
193249	4/27/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20 I	
193250	4/27/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24 I	
193251	4/27/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20 I	
193252	4/27/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40 I	
193253	4/20/12	000122	HEALTH FIRST	CORTES DE GALIN	36.00		607.68 I	
193254	4/27/12	000122	HEALTH FIRST	DORNELLAS, STEL	24.00		405.12 I	
193255	4/27/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64 I	
193256	4/27/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96 I	
193257	4/27/12	000122	HEALTH FIRST	FERGERSON, TINA	35.00		590.80 I	
193258	4/27/12	000122	HEALTH FIRST	FERRERA, FRANCI	12.00		202.56 I	
193259	4/27/12	000122	HEALTH FIRST	FONTANES, PEDRO	7.00		118.16 I	
193260	4/27/12	000122	HEALTH FIRST	FRANCISCO, RICH	55.00		928.40 I	
193261	4/27/12	000122	HEALTH FIRST	FRIAS, BARBARA	4.00		67.52 I	
193262	4/27/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56 I	
193263	4/27/12	000122	HEALTH FIRST	HERRING, CHARLE	12.00		202.56 I	
193264	4/27/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12 I	
193265	4/27/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64 I	
193266	4/27/12	000122	HEALTH FIRST	LAZALA, GLADYS	84.00		1,417.92 I	
193267	4/27/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	77.00		1,299.76 I	
193268	4/27/12	000122	HEALTH FIRST	MACARENA, SAHAR	36.00		607.68 I	
193269	4/27/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56 I	
193270	4/27/12	000122	HEALTH FIRST	ORTIZ, TULA	25.00		422.00 I	
193271	4/27/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48 I	
193272	4/27/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48 I	
193273	4/27/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60 I	
193274	4/27/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96 I	
193275	4/27/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28 I	
193276	4/27/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20 I	
193277	4/27/12	000122	HEALTH FIRST	SPIVEY, PATRICI	25.00		422.00 I	
193278	4/27/12	000122	HEALTH FIRST	ST ROMAINE, CLA	69.00		1,164.72 I	
193279	4/13/12	000122	HEALTH FIRST	SURIEL, GERTRUD	32.00		540.16 I	
193280	4/20/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20 I	
193281	4/27/12	000122	HEALTH FIRST	WILLIAMS, RODNE	18.00		303.84 I	
				CUSTOMER	1,226.00	0.00	20,694.88	
				REG NY NY S A L E S R E G I S T E R REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VEGA, GLORIA WILLIAMS, RODNE CUSTOMER	1,226.00	0.00	20,694.88	

RUN DATE	05/02/12	- SUP SUNN	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE R S A I				PAGE 1	- 32	16
SALES JRN	IL # 0279	LOC 001	SUNNYSIDE CITYWIDE R	REG NY NY			NHP NEIGHBORE	HOOD I	HEALTH
			S A I	LES REGISTER	{		BILL WEEK ENI	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193282	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS AHMED, UMARA	56.00		945.28	I	
193283	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS AKHTER, SELINA	36.00		607.68	I	
193284	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS ARDITTO, PATRIC	24.00		405.12	I	
193285	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS CHUKWUJIORAH, T	50.00		844.00	I	
193286	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	CRS DIAZ, CARMEN	20.00		337.60	I	
193287	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS FERNANDEZ, MARI	12.00		202.56	I	
193288	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS FLORES, MARITZA	70.00		1,181.60	I	
193289	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS JONES, CYNTHIA	36.00		607.68	I	
193290	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS KHALIL, RASHAN	29.00		489.52	I	
193291	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	CRS KHAN, FARUQUE	68.75		1,160.50	I	
193292	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS KROLL, KATHERIN	28.00		472.64	I	
193293	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS MORALES, EDWIN	42.00		708.96	I	
193294	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS MOSKOWITZ, RONA	29.25		493.74	I	
193295	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS OCASIO, VIRGINI	22.00		371.36	I	
193296	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS RODRIGUEZ, JESS	19.75		333.38	I	
193297	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	CRS RODRIGUEZ, MARI	12.00		202.56	I	
193298	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS SALVATO, MARY	56.00		945.28	I	
193299	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS SCOTT, MICHAEL	40.00		675.20	I	
193300	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS SHEPPARD, ERMA	70.00		1,181.60	I	
193301	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE	RS WELLS, WYNORIA	8.00		135.04	I	
193302	4/27/12	000120	NEIGHBORHOOD HEALTH PROVIDE NE	RS WILSON, SHERYL	38.00		641.44	I	
				CUSTOMER	766.75	0.00	12,942.74		
					766.75		12,942.74		

RUN DATE			YSIDE CITYWIDE					- 31	
SALES JRN	L # 0279	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	- /	
				SALES REGISTER			BILL WEEK EN	DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193303	4/27/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I	
193304	4/27/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	40.00		674.80	I	
193305	4/27/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	28.00		472.36	I	
193306	4/27/12	000126	NYS CATHOLIC/FIDELIS	LITMA, GAIL	25.00		421.75	I	
193307	4/27/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I	
193308	4/27/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,062.81	I	
193309	4/27/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	28.00		472.36	I	
193310	4/27/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		674.80	I	
193311	4/27/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	33.00		556.71	I	
193312	4/20/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	72.00		1,214.64	I	
				CUSTOMER	462.00	0.00	7,793.94		
				CATEGORY	462.00	0.00	7,793.94		

RUN DATE 05/02/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 318 SALES JRNL # 0279 LOC 001 SUNNYSIDE CITYWIDE REG NY NY UHC UNITED HEALTH										
SALES JRN.	L # U2/9	LOC 001	SUNNYSIDE CITYWIDE	SALES REGISTER			BILL WEEK EN		5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
193313 193314 193315 193316 193317	4/27/12 4/27/12 4/27/12 4/27/12 4/27/12	000128 000128 000128 000128 000128	UNITED HEALTH CARE	CALDERON, MIGDA MUSHAYEV, BORIS SAFOS, PATRA SANTOS, MILAGRO YUSUPOV, PULAT	70.00 15.00 56.00 1.00 28.00		1,201.20 257.40 960.96 17.16 480.48	I I I I		
				CUSTOMER	170.00	0.00	2,917.20			
				CATEGORY	170.00	0.00	2,917.20			

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM H	- 31	.9
	_ 02/2	200 001		SALES REGISTER			BILL WEEK EN		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193318	4/27/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
193319	4/27/12	000114	EMBLEM HEALTH	COPELAND, ELISE	2.50		35.63	I	
193320	4/27/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
193321	4/27/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
193322	4/27/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
193323	4/27/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
193324	4/27/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	293.50	0.00	4,109.63		
				CATEGORY	293.50	0.00	4,109.63		

			YSIDE CITYWIDE					- 32	
SALES JRN	L # 0279	LOC 001					HIP HEALTH IN		
			S A	LES REGISTER	_		BILL WEEK ENI	JING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP	SURPLUS
193325	4/27/12	000136	HEALTH INSURANCE PLAN OF I	NY AHMAD, AMATUL	14.00		236.32	I	
193326	4/27/12	000136	HEALTH INSURANCE PLAN OF I	NY AHMAD, AMATUL NY BORLAZA, FRANCI	132.00		2,228.16	I	
193327	4/27/12	000136	HEALTH INSURANCE PLAN OF I		8.00		135.04	I	
193328	4/27/12	000136	HEALTH INSURANCE PLAN OF I	NY DE JESUS, TIBUR	63.00		1,063.44	I	
193329	4/27/12	000136	HEALTH INSURANCE PLAN OF I	NY GOMES, AGUSTINA	63.00		1,063.44	I	
193330	4/27/12	000136	HEALTH INSURANCE PLAN OF I	NY LOYOLA, MARIA			506.40	I	
193331	4/27/12	000136	HEALTH INSURANCE PLAN OF I					I	
193332	4/27/12	000136	HEALTH INSURANCE PLAN OF I	NY PARADISE, ANITA			405.12	I	
193333	4/27/12	000136	HEALTH INSURANCE PLAN OF I	NY SHAH, HANSIKABE	5.00		84.40	I	
193334	4/27/12	000136	HEALTH INSURANCE PLAN OF I	NY TOWLES, ADA	20.00		337.60	I	
193335	4/27/12	000136	HEALTH INSURANCE PLAN OF I				337.60	I	
193336	4/27/12	000136	HEALTH INSURANCE PLAN OF I	NY ZAMBRANO, ZOILA	16.00		270.08	I	
				CUSTOMER	424.75	0.00	7,169.78		
				CATEGORY	424.75	0.00	7,169.78		

RUN DATE 05/02/1 SALES JRNL # 027			REG NY NY SALES REGISTER	1		PAGE 1 - HPS HEALTH PLU BILL WEEK ENDI	JS .
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193337 4/27/1 193338 4/27/1 193339 4/20/1 193340 4/20/1	2 000138 2 000138	HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC	DENNISON, KELVI HARDING, EDNA WALTERS, BYRON YOUNG, KALEILE	28.00 30.00 50.00 36.00		476.00 510.00 850.00 612.00	I I I
			CUSTOMER	144.00	0.00	2,448.00	
			CATEGORY	144.00	0.00	2,448.00	

			YSIDE CITYWIDE	DDG 191			PAGE 1	- 32	
SALES JRN	IL # 0279	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			MPH METROPLUS	HEAL	
				SALES REGISTER			BILL WEEK END.	ING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
193341	4/27/12	000130	METROPLUS HEALTH METROPLUS HEALTH	ABBAS, SENOWARA	12.00		205.80	I	
193342	4/27/12	000130	METROPLUS HEALTH	ANDERSON, BETH	36.00		617.40	I	
193343	4/27/12	000130	METROPLUS HEALTH	ADTAC MODA	64.00		1,097.60	I	
193344	4/27/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	I	
193345	4/27/12	000130	METRODITIC HEVITH	BRACERO, HELEN	56.00		960.40	I	
193346	4/27/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	84.00		1,440.60	I	
193347	4/27/12	000130	METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH	BEDOYA, MONICA BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL DAVIS, ANGIE	18.00		308.70	I	
193348	4/27/12	000130	METROPLUS HEALTH	DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA	133.00		2,280.95	I	
193349	4/27/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00	I	
193350	4/20/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	24.00		411.60	I	
193351	4/27/12	000130	METROPLUS HEALTH METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
193352	4/27/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	32.00		548.80	I	
193353	4/27/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I	
193354	4/27/12	000130	METROPITE HEAT THE	PUCHUELA, MARIA	56.00		960.40	I	
193355	4/27/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	24.00		411.60	I	
193356	4/27/12	000130	METROPLUS HEALTH	RYALS, CHARLES	12.00		205.80	I	
193357	4/27/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	42.00		720.30	I	
193358	4/27/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU	28.00		480.20	I	
193359	4/13/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE SHUMON, NUK-FNU VALLE, BLASINA	66.00		1,131.90	I	
				CUSTOMER	848.00		14,543.20		
				CATEGORY	848.00	0.00	14,543.20		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG :				PAGE 1 WEL WELCARE C BILL WEEK END		5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193360 193361 193362	4/27/12 4/27/12 4/27/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GENAO, DANIELA MARTINEZ, MARIA RAMIREZ, ALIDA	55.00 41.50 62.50		946.00 713.80 1,075.00	I I I	
					CUSTOMER	159.00	0.00	2,734.80		
					CATEGORY	159.00	0.00	2,734.80		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 - NPS NY PRESBYT BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	TOUND T	TYP SURPLUS
193363	4/27/12	000134	NY-PRESBYTERIAN SYSTE	M SELECT	KARASSAVIDIS, A	35.00		600.60	I
					CATEGORY	35.00	0.00	600.60	

RUN DATE 05/02/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 325 SALES JRNL # 0279 LOC 001 SUNNYSIDE CITYWIDE REG NY NY AMG AMERIGROUP										
SALES UKIN	L # UZ/9	LOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK EN		5/04/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
193364	4/27/12	000132	AMERIGROUP	FERNANDEZ, NORK	41.00		691.67	I		
193365	4/27/12	000132	AMERIGROUP	GUERRA, LORRAIN	69.00		1,164.03	I		
193366	4/27/12	000132	AMERIGROUP	HAWKINS S, MA	70.00		1,180.90	I		
193367	4/13/12	000132	AMERIGROUP	LINARES, NANCY	24.00		404.88	I		
193368	4/27/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04	I		
				CUSTOMER	212.00	0.00	3,576.52			
				CATEGORY	212.00	0.00	3,576.52			

			YSIDE CITYWIDE				-	- 3	26
SALES JRN	IL # 0279	LOC 001					PAR PRIVATE	TNG	F /0.4 /1.0
			S A L E	S REGISTER			BILL WEEK ENI	JING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193369	4/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	1.00		14.50	I	
193370	4/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	MARINOS, IRENE	4.00		58.00	I	
193371	4/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	MORA, MARIA	4.00		58.00	I	
193372	4/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	MORA, PAULA	4.00		58.00	I	
193373	4/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	ROJO, MANUEL	8.00		108.00	I	
193374	4/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	TEODORU, MIRELL	8.00		116.00	I	
193375	4/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	TUCCI, DOROTHY	8.00		116.00	Τ	
				CUSTOMER	37.00	0.00	528.50		
193376	4/27/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
193377	4/27/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	25.00		344.75	I	
193378	4/27/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
193379	4/27/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	97.00	0.00	2,645.25		

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 - 3 CAS CHILDREN'S AI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193380 193381 193382 193383	4/27/12 4/27/12 4/27/12 4/27/12	000088 000088 000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI SALAS, HELENA	25.00 6.00 6.00 24.00		387.50 I 93.00 I 93.00 I 372.00 I	
				CUSTOMER	61.00	0.00	945.50	
				CATEGORY	61.00	0.00	945.50	

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY S A L E S	NY REGISTER			PAGE 1 PAR PRIVATE BILL WEEK EN	- 32 DING	5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	1	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193384	4/27/12	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 - 3 ELD ELDERSERVEHEA BILL WEEK ENDING	29 LTH 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
193385 193386	4/27/12 4/27/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 20.00		356.25 I 285.00 I	
				CUSTOMER	45.00	0.00	641.25	
				CATEGORY	45.00	0.00	641.25	

	ATE 05/02/12 JRNL # 0279		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK END	- 33 DING	5/04/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
19338	7 4/27/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	15.00		232.50	I	
19338	8 4/27/12	000145	LARRY EISENBERG	BERGER, TESS	53.00		848.50	I	
				CATEGORY	68.00	0.00	1,081.00		

RUN DATE 05/02/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - CCM COMPREHENS BILL WEEK ENDI	IVE CARE MGMT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
193389 4/27/1 193390 4/27/1		COMPREHENSIVE CARE MANAG	- · · · · · · · · · · · · · · · · · · ·	20.00 35.75		282.00 504.08	I
			CUSTOMER	55.75	0.00	786.08	
			CATEGORY	 55.75	0.00	 786.08	

RUN DATE SALES JRN		- SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTE	R		PAGE 1 PAR PRIVATE BILL WEEK EN	- 3	32 5/04/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
193391	4/27/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
193392	4/27/12	000159	ALZHEIMER'S ASSOCIATION	TUCCI, DOROTHY	12.00		186.00	I	
193393	4/27/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
193394	4/27/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
193395 193396	4/13/12 4/27/12	003743 003743	VICTOR NICASSIO VICTOR NICASSIO	NICASSIO, VICTO NICASSIO, VICTO	0.50 9.00		7.75 139.50	I I	
				CUSTOMER	9.50	0.00	147.25		
193397	4/27/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
193398	4/27/12	006337	STEPHEN EDEL	EDEL, CANDACE	82.75		1,309.63	I	
193399	4/27/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	5.00		85.00	I	
193400	4/27/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
193401	4/27/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
193402	4/27/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
193403	4/27/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
193404	4/27/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	25.00		387.50	I	
193405	4/27/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
193406 193407	4/13/12 4/27/12	009752 009752	PETER CAPORASO PETER CAPORASO	CAPORASO, VINCE CAPORASO, VINCE	12.00		204.00 408.00	I I	
				CUSTOMER	36.00	0.00	612.00		
193408	4/27/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
193409	4/27/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
193410	4/27/12	009932	JOSEPH SCANDARIATO	SCANDARIATOR, J	3.00		46.50	I	
193411	4/27/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
193412	4/27/12	010352	BETTIE GIACOMO	GIACOMO, BETTIE	4.00		62.00	I	
193413	4/27/12	010375	DOMINICA IRAOLA	IRAOLA, LILIAN	9.00		146.25	I	
193414	4/27/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	9.00		146.25	I	
				CATEGORY	485.25	0.00	7,687.38		
				LOCATION	22,429.25		346,679.53		
				COMPANY	22,429.25	0.00	346,679.53		

RUN DATE 05/02/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 333

SALES JRNL # 0279 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 5/04/12

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

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