RUN DATE 04/25/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0278 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 4/27/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
SENIOR HEALTH PARTNERS
VOO, LUZ
3.00
SENIOR HEALTH PARTNERS
WOO, LUZ
3.00
SENIOR HEALTH PARTNERS
WOO, LUZ
4.00 191926 4/13/12 000082 342.00 I 191927 4/20/12 000082 498.75 I 498.75 I 191928 4/20/12 000082 191929 4/20/12 000082 228.00 191930 4/20/12 000082 57.00 191931 114.00 4/20/12 000082 191932 4/20/12 000082 53.44 191933 4/20/12 000082 456.00 191934 4/20/12 000082 1,400.00 191935 4/20/12 000082 470.25 191936 4/20/12 000082 1,923.75 191937 4/13/12 000082 584.25 191938 4/20/12 000082 32.06 191939 4/20/12 000082 1,083.00 191940 4/20/12 000082 228.00 191941 4/20/12 356.25 000082 191942 4/20/12 114.00 000082 191943 4/20/12 000082 570.00 191944 4/20/12 000082 114.00 570.00 191945 4/20/12 000082 191946 2/17/12 000082 39.30 191947 4/20/12 000082 171.00 191948 4/20/12 000082 57.00 _____ _____ 608.00 0.00 9,960.80 CUSTOMER _____

CATEGORY

608.00

0.00

9,960.80

RUN DATE SALES JRN	- , - ,	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITY	WIDE DE	G NY NY			PAGE 1 VCP CHOICE L	_ HCS2	2
BALLED GIGV	L # 0270	100 001	BONNIBIDE CITT	S A L		2		BILL WEEK EN		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191949	4/20/12	000008	VISITING NURSE	SERVICE	ABINANTI, IRENE	56.00		816.48	I	
191950	4/20/12	000008	VISITING NURSE	SERVICE	ABREU, ANA	12.00		174.96	I	
191951	4/20/12	800000	VISITING NURSE	SERVICE	ADAMES, OLGA	20.00		291.60	I	
191952	4/20/12	800000	VISITING NURSE	SERVICE	ADAMES, RICARDO	35.00		510.30	I	
191953	4/20/12	800000	VISITING NURSE	SERVICE	ADAMS, MYRIAM	69.25		1,009.67	I	
191954	4/20/12	800000	VISITING NURSE	SERVICE	ADUN, JEANETTE	50.00		729.00	I	
191955	4/20/12	800000	VISITING NURSE	SERVICE	AFZAL, AMIR	4.00		58.32	I	
					CUSTOMER	246.25	0.00	3,590.33		
					CATEGORY	246.25	0.00	3,590.33		

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 3
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				DMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	ING 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
191956	4/20/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10	I
				CATEGORY	45.00	0.00	656.10	

			YSIDE CITYWIDE				PAGE 1 -	4
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/27/12
				SALES KEGISIEK			BIDD WEEK ENDING	4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191957	4/20/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	42.00		612.36 I	
191958	4/20/12	000008	VISITING NURSE SERVICE	,	20.50		298.89 I	
				GUGEOMED			011 05	
				CUSTOMER	62.50	0.00	911.25	
				CATEGORY	62.50	0.00	911.25	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191959	4/20/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE				PAGE 1 -	6
SALES JRN	L # 0278	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191960 191961	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	30.00		437.40 I 14.58 I	
				CUSTOMER	31.00	0.00	451.98	
				CATEGORY	31.00	0.00	451.98	

			YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	4/27/12
								, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191962	4/20/12	000008	VISITING NURSE SERVICE	ALVAREZ, NAZARE	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE 04/25/1			DDG 1911				8
SALES JRNL # 027	8 LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191963 4/20/1 191964 4/20/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	56.00 54.25		816.48 I 790.97 I	
			CUSTOMER	110.25	0.00	1,607.45	
			CATEGORY	110.25	0.00	1,607.45	

ı	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	9	
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
ı					SALES REGISTER			BILL WEEK ENDING	G 4/27/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
	191965	4/20/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	11.00		160.38 I		
					CATEGORY	11.00	0.00	160.38		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
191966	4/20/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I
191967	4/20/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I
				CUSTOMER	81.00	0.00	1,180.98	
				GA WILGODY	01 00		1 100 00	
				CATEGORY	81.00	0.00	1,180.98	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	11
SALES JRN	IL # 0278	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191968	4/20/12	800000	VISITING NURSE SERVICE	AOUN, ODETTE	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	12 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191969	4/20/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE	DDG 377			PAGE 1 - 13	
SALES JRN	L # 02/8	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 4,	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
191970 191971	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		42.00 45.75		612.36 I 667.04 I	
				CUSTOMER	87.75	0.00	1,279.40	
				CATEGORY	87.75	0.00	1,279.40	

		- SUP SUNN LOC 001	YSIDE CITYWIDE	DEC MY MY			-	14
SALES JRN	L # U2/8	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191972 191973	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	23.00 12.00		335.34 I 174.96 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	5
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191974	4/20/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE SALES JRN		LOC 001		REG NY 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
191975	4/20/12	800000	VISITING NURSE SERVICE	AVILA, ENIDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (04/25/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 1	.7	
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT	
				SALES R	EGISTE	R		BILL WEEK EN	DING	4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
191976	4/20/12	800000	VISITING NURSE SERVICE	AZAD,	ABUL	7.75		113.00	I		
					CATEGORY	7.75	0.00	113.00			

			YSIDE CITYWIDE				PAGE 1 - 18	}
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191977	4/20/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96 I	
191978	4/20/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30 I	
				CUSTOMER	47.00	0.00	685.26	
				CATEGORY	47.00	0.00	685.26	

RUN DATE 04/ SALES JRNL #	25/12 - SUP SUNN 0278 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE# D.	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191980 4/ 191981 4/ 191982 4/	20/12 000008 20/12 000008 20/12 000008 06/12 000008 20/12 000008	VISITING NURSE SERVICE	BALLAS, VIOLA BAQUERIZO, ANNA BARDEANU, VICTO BATTLE, JEANETT BATTLE, JEANETT	30.00 56.00 45.00 7.00 48.75		437.40 816.48 656.10 102.06 710.78	I I I I	
			CUSTOMER	186.75	0.00	2,722.82		
			CATEGORY	186.75	0.00	2,722.82		

			YSIDE CITYWIDE	556 191				20
SALES JRN	L # U2/8	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUL' BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191984	4/20/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				11102	- 2	21
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LE		4/27/12
							DIDD WEEK EN	DING	1/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191985 191986	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		151.00 3.00		2,201.58 43.74	I	
				CUSTOMER	154.00	0.00	2,245.32		
				CATEGORY	154.00	0.00	2,245.32		

ı	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	2
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	191987	4/20/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	20.00		291.60 I	
ı									
ı									
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE 04 SALES JRNL		NNYSIDE CITYWIDE 1 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	23
SALES URNI	# 0278 LOC 00		SALES REGISTER			BILL WEEK ENDING	G 4/27/12
INVOICE#	DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	4/20/12 000008 4/20/12 000008		- ,	48.00 20.00		699.84 I 291.60 I	
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191990	4/20/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DA	TE 04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	25	
SALES	JRNL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12	
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
191991	4/20/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I		
				CATEGORY	20.00	0.00	291.60		

RUN DATE 04/25/12 SALES JRNL # 0278		SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 26 ADU ADULT
SALES URNL # U276	LOC UUI		SALES REGISTER			BILL WEEK ENDING 4/27/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
191992 4/20/12 191993 4/20/12		VISITING NURSE SERVICE	BOCANEGRA, GLAD BONILLA, ESPERA	20.00		291.60 I 729.00 I
			CUSTOMER	70.00	0.00	1,020.60
			CATEGORY	70.00	0.00	1,020.60

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191994	4/20/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

TE 04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	28
JRNL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
		5	SALES REGISTER			BILL WEEK ENDIN	G 4/27/12
E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
4/20/12	000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
			CATEGORY	25 00	0.00	364.50	
	JRNL # 0278 E# DATE	JRNL # 0278 LOC 001 E# DATE CUST NO	E# DATE CUST NO CUSTOMER NAME	JRNL # 0278 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R E# DATE CUST NO CUSTOMER NAME REFERENCE 4/20/12 000008 VISITING NURSE SERVICE BONSIGNORE, GAE	JRNL # 0278 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R E# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 4/20/12 000008 VISITING NURSE SERVICE BONSIGNORE, GAE 25.00	JRNL # 0278 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R E# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 4/20/12 000008 VISITING NURSE SERVICE BONSIGNORE, GAE 25.00	JRNL # 0278 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R E# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TY 4/20/12 000008 VISITING NURSE SERVICE BONSIGNORE, GAE 25.00 364.50 I

	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				5	SALES REGISTER			BILL WEEK ENDING	4/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
	191996	4/20/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
1					CATEGORY	12.00	0.00	174.96	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191997	4/20/12	000008	VICITATING MUDGE CERVICE	DOMADITAN FADO	20 00		422 02 T	
191997	4/20/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

ı	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31	
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A	
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 4/27/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı										
ı	191998	4/20/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54 I		
ı										
ı										
ı					CATEGORY	63.00	0.00	918.54		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	32
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191999	4/20/12	800000	VISITING NURSE SERVICE	BROWN, BETTY	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	33
DALLS OWN	H 02/0	HOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192000 192001	4/20/12 4/20/12	000008 000008	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 DA	TE 04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3	34
SALES	JRNL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING H		
			i	SALES REGISTER			BILL WEEK END	ING	4/27/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192002	4/20/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	70.00		1,020.60	I	
				CATEGORY	70.00	0.00	1,020.60		

RUN DAT	E 04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	35	
SALES J	RNL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A	
				SALES REGISTER			BILL WEEK ENDING	G 4/27/12	
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
192003	4/20/12	800000	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I		
				CATEGORY	10.00	0.00	145.80		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	36 G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
192004	4/20/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				PAGE 1 -	37
SALES JRN	L # 0278	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192005	4/20/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	43.50		634.24 I	
192006	4/20/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	36.00		524.88 I	
				CUSTOMER	79.50	0.00	1,159.12	
				CATEGORY	79.50	0.00	1,159.12	

RUN DATE		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 HOA HOSPICE ADULT	38
DALLO OIGN.	L π 02/0	10C 001		SALES REGISTER				4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192007	4/20/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE (04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	39	
SALES JRNI	<u> </u>	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA		
			5	SALES REGISTER			BILL WEEK END	ING	4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
192008	4/20/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	55.75		812.84	I		
				CATEGORY	55.75	0.00	812.84			

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 40	
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB ONLY	
			S	SALES REGISTER			BILL WEEK ENDING 4	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
192009	4/20/12	800000	VISITING NURSE SERVICE	CANDIDO, ELENA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1920	10 4/20/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE					42
SALES JRN	IL # 0278	TOG 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192011	4/20/12	800000	VISITING NURSE SERVICE	CANO, GLORIA	3.00		43.74 I	
				 CATEGORY	3.00	0.00	43.74	

RUN DATE	04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	43
SALES JRN	IL # 0278	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192012	4/20/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE (04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44	
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
192013	4/20/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	50.25		732.65 I		
				CATEGORY	50.25	0.00	732.65		

RUN DATE	04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	45
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192014	4/20/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	54.50		794.61	I	
192015	4/20/12	000008	VISITING NURSE SERVICE	CARDOZA, ANAIDA	39.00		568.62	I	
192016	4/20/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	15.00		218.70	I	
				CUSTOMER	108.50	0.00	1,581.93		
				CATEGORY	108.50	0.00	1,581.93		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HOA HOSPICE	ADULT	4 / 27 / 12
			S	SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192017	4/13/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	30.00		437.40	I	
192018	4/20/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	42.00		612.36	I 	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

RUN DAT	E 04/25/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	47
SALES J	RNL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE:	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192019	4/20/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - '	48
	2 02/0	200 001		SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192020	4/20/12	000008	VISITING NURSE SERVICE	·	15.00		218.70 I	
192021 192022	4/20/12 4/20/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 9.00		87.48 I 131.22 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 4	9
SALES JRNI	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		VCP CHOICE LHCSA	
			\$	SALES REGISTE	R		BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192023	4/20/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	50
SALES UK	ML # 0276	HOC 001		SALES REGISTER			BILL WEEK ENDING	9 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
192024	4/20/12	800000	VISITING NURSE SERVICE	CELIO, MARION	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDING	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192025	4/20/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	24.50		357.21 I	
				CATEGORY	24.50	0.00	357.21	

			YSIDE CITYWIDE				PAGE 1 -	52
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192026	4/20/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	19.25		280.67 I	
				CATEGORY	19.25	0.00	280.67	

ı	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53	
ı	SALES JRN	L # 0278	LOC 001		REG NY NY			VCP CHOICE LHC		
ı				i	SALES REGISTER			BILL WEEK ENDI	MG 4/27/12	1
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	;
	192027	4/20/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40	1	
					CATEGORY	30.00	0.00	437.40		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	54
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192028	4/20/12	000008	VISITING NURSE SERVICE	CHIANETTA, JOSE	28.00		408.24 I	
192029	4/13/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	6.00		87.48 I	
192030	4/20/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	24.00		349.92 I	
				CUSTOMER	58.00	0.00	845.64	
				CATEGORY	58.00	0.00	845.64	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				- 55	
SALES URN	L # U2/8	LOC UUI		REG NY NY SALES REGISTER			VCP CHOICE L BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
192031	4/20/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	55.50		809.20	I	
192032	4/20/12	000008	VISITING NURSE SERVICE		39.50		575.91	Ī	
192033	4/06/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	6.00		87.48	I	
192034	4/20/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	30.75		448.35	I	
				CUSTOMER	131.75	0.00	1,920.94		
				CATEGORY	131.75	0.00	1,920.94		

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	56
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100005	4 (00 (10	000000		G	F.C. 0.0		016 40 -	
192035	4/20/12	000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	
				CAILGORI	50.00	0.00	010.40	

RUN DATE SALES JRN		LOC 001		REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	57 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192036	4/20/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	8
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	ALES REGISTE	₹		BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192037	4/06/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	8.00		116.64	I	
192038	4/13/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I	
192039	4/20/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	12.00		174.96	I	
192040	4/06/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	6.00		87.48	I	
192041	4/13/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I	
192042	4/20/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	9.00		131.22	I	
192043	4/20/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	36.00		524.88	I	
192044	4/20/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	24.00		349.92	I	
				CUSTOMER	130.00	0.00	1,895.40		
				CATEGORY	130.00	0.00	1,895.40		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 59	
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	JGRAM
			S	SALES REGISTER			BILL WEEK ENDING 4/2	7/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
192045	4/20/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	60
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192046	4/20/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61	
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
١				5	SALES REGISTER			BILL WEEK ENDIN	G 4/27/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı	111101011	21112	0001 1.0	000101111111111111111111111111111111111		1100110		11100111 11	2 20112 200	
	192047	4/20/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I		
ı										
ı					CATEGORY	20.00	0.00	291.60		

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192048	4/20/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 63 ADU ADULT	
SALES UKN.	L # 0276	LOC 001		SALES REGISTER				/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
192049 192050	4/20/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · ·	21.00 19.00		306.18 I 277.02 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE					11102	- 6	54	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY	5		HOA HOSPICE A	-	4/07/10	
				SALES R	EGISTE	Κ.		BILL WEEK END	JING	4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFI	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
192051	4/20/12	800000	VISITING NURSE SERVICE	COX,	PETRA	19.00		277.02	I		
					CATEGORY	19.00	0.00	277.02			

ı	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	65
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 4/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	192052	4/20/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	38.25		557.69 I	
ı									
ı									
ı					CATEGORY	38.25	0.00	557.69	

ı	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	6
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				2	SALES REGISTER			BILL WEEK ENDING	4/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192053	4/20/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	11.00		160.39 I	
					CATEGORY	11.00	0.00	160.39	

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	67
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	4/27/12 SURPLUS
192054	4/20/12	000008	VISITING NURSE SERVICE	CUELLO, SILVANA	9.00	11111 11111	131.22 I	BOILT HOD
				 CATEGORY	9.00	0.00	 131.22	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6	8
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	•
			:	SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192055	4/20/12	800000	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50	I	
192056	4/20/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	47.50		692.55	I	
				CUSTOMER	72.50	0.00	1,057.05		
				COBTOLLIC	72.30	0.00	1,037.03		
				CATEGORY	72.50	0.00	1,057.05		

ı	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	69	
ı	SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				5	SALES REGISTER			BILL WEEK ENDING	4/27/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	192057	4/20/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	36.00		524.88 I		
					CATEGORY	36.00	0.00	524.88		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY			ADU ADULT	70
			S	ALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192058	4/20/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	71
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	
			\$	SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192059	4/20/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	40.00		583.20	I	
192060	4/20/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04	I	
192061	4/20/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	29.50		430.11	I	
				===-					
				CUSTOMER	107.50	0.00	1,567.35		
				CATEGORY	107.50	0.00	1,567.35		

			YSIDE CITYWIDE				PAGE 1 - 72	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192062	4/20/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	29.00		422.82 I	
192063	4/20/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	24.00		349.92 I	
				CUSTOMER	53.00	0.00	772.74	
				CATEGORY	53.00	0.00	772.74	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	73
SALES JRN	L # 0278	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192064	4/20/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

1	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	74
:	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
:	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
:	192065	4/20/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		75
	2 02/0	200 001		LES REGISTER	_		BILL WEEK EN		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192066	4/20/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	3.00		43.74	I	
192067	4/20/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	39.75		579.56	I	
192068	4/20/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I	
192069	4/20/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	42.00		612.36	I	
192070	4/20/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	I	
192071	4/20/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	32.84		478.80	I	
192072	4/20/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	41.25		601.43	I	
192073	4/20/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	16.00		233.28	I	
				CUSTOMER	245.84	0.00	3,584.35		
				 CATEGORY	245.84	0.00	3,584.35		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING B	- 76 HOMEW/C	
				SALES REGISTE	R		BILL WEEK ENI	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192074	4/20/12	000008	VISITING NURSE SERVICE	- , -	54.00		787.32	I	
192075	4/20/12	000008	VISITING NURSE SERVICE	DUTAN, SELINDA _	33.00		481.14		
				CUSTOMER	87.00	0.00	1,268.46		
				– CATEGORY	87.00	0.00	1,268.46		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 7	7
SALES JR	NL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192076	4/20/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

		NYSIDE CITYWIDE				-	78
SALES JRNL # 0	278 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/27/12
						DILL WEEK ENDING	1/2//12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192077 4/20 192078 4/20		VISITING NURSE SERVICE VISITING NURSE SERVICE		43.00 14.75		626.94 I 215.06 I	
			CUSTOMER	57.75	0.00	842.00	
			CATEGORY	57.75	0.00	842.00	

			YSIDE CITYWIDE	DEG NV NV			11100		79
SALES JRN	L # 02/8	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			VCP CHOICE LH BILL WEEK END		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192079 192080	4/20/12 4/20/12	000008 000008	VISITING NURSE SERVICE	ELGAWLY, NADIA EMILIAN, SIRPOO	4.00		58.32 58.32	I	
192000	4/20/12	000008	VISITING NORSE SERVICE	EMILIAN, SIRPOO					
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	80 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192081	4/20/12	800000	VISITING NURSE SERVICE	ENGESSER, ALFRE	1.00		14.58 I	
				CATEGORY	1.00	0.00		

RUN D.	ATE 04/25/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	81
SALES	JRNL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
19208	2 4/20/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDING	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192083	4/20/12	000008	VISITING NURSE SERVICE	ESPEJO, FLORENC	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

			YSIDE CITYWIDE				PAGE 1 -	83
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	IG 4/27/12
			Š	SALES REGISIER			DILL MEEV FINDIN	16 4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192084	4/20/12	800000	VISITING NURSE SERVICE	ESPIN, CESAR	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			IYSIDE CITYWIDE	REG NY NY			PAGE 1 -	84
SALES JRN	IL # U2/8	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192085 192086	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	9.00 22.00		131.22 I 320.76 I	
				CUSTOMER	31.00	0.00	451.98	
				CATEGORY	31.00	0.00	451.98	

RUN DATE 04/25 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 85
SALES UNIL # 0	278 LOC 001		SALES REGISTER			BILL WEEK END	ING 4/27/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192087 4/20 192088 4/20		VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	70.00 13.50		1,020.60 196.83	I
			CUSTOMER	83.50	0.00	1,217.43	
			CATEGORY	83.50	0.00	1,217.43	

			YSIDE CITYWIDE				PAGE 1 - 86	
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING 4	/27/12
				SALES KEGISIEK			BIDD WEEK ENDING 4	/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
192089	4/20/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 87 ICSA	
			:	SALES REGISTER			BILL WEEK ENI	DING 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
192090 192091	3/30/12 4/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, - ~ -	8.00 8.00		116.64 116.64	I	
192092	4/20/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, ~	56.00		816.48	I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

ı	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192093	4/20/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	12.00		174.96 I	
ı					CATEGORY	12.00	0.00	174.96	

RUN DATE (04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 89	
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA	
			5	SALES REGISTE	R		BILL WEEK ENDI	ING 4/	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SU	JRPLUS
192094	4/20/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70	I	
				 CATEGORY	15.00	0.00	218.70		

RUN DATE	04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	90
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192095	4/20/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	91
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			i	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192096	4/20/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	31.75		462.92 I	
				CATEGORY	31.75	0.00	462.92	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	92
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192097	4/20/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				-	93
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192098	4/20/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	32.00		466.56 I	
192099	4/20/12	800000	VISITING NURSE SERVICE	FONG, ALEFINA	20.00		291.60 I	
				CUSTOMER	52.00	0.00	758.16	
				CATEGORY	52.00	0.00	758.16	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 94 CCL CONGREGATE CARE PRO	CD V W
SALES OWN	L # 0270	100 001		SALES REGISTER			BILL WEEK ENDING 4/27	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	PLUS
192100	4/20/12	800000	VISITING NURSE SERVICE	FONSECA, EUGENI	27.75		404.60 I	
				CATEGORY	27.75	0.00	404.60	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192101	4/20/12	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	38.25		557.69	I
				CATEGORY	38.25	0.00	557.69	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	
			5	ALES REGISTER			BILL WEEK ENDING	4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192102	4/20/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES JRN	rL # 0278	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	IG 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192103	4/20/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	34.00		495.72 I	
				CATEGORY	34.00	0.00	 495.72	

RUN DATE SALES JRN		SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - 9 LTC NURSING HOMEW, BILL WEEK ENDING	98 /O WALLS (LT 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192104 192105	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		41.75 35.50		608.72 I 517.59 I	
				CUSTOMER	77.25	0.00	1,126.31	
				CATEGORY	77.25	0.00	1,126.31	

			YSIDE CITYWIDE				PAGE 1	- 9	19
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	ALES REGISTER	1		BILL WEEK END	ING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192106	4/20/12	000008	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30	I	
192107	4/20/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	33.25		484.79	I	
192108	4/20/12	800000	VISITING NURSE SERVICE	GALLARDO, ZOILA	42.00		612.36	I	
192109	4/20/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22	I	
				CUSTOMER	119.25	0.00	1,738.67		
				CATEGORY	119.25	0.00	1,738.67		

RUN DATE 04/25/12 -	SUP SUNNYSIDE CITYWIDE			P	AGE 1	- 100)
SALES JRNL # 0278	LOC 001 SUNNYSIDE CITYW	IDE REG NY NY		L	TC NURSING F	HOMEW/C	WALLS (LT
		SALES REG	ISTER	В	BILL WEEK ENI	DING	4/27/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENC	E HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192110 4/20/12 192111 4/20/12	000008 VISITING NURSE S	· - · ·			583.20 233.28	I I	
		cus	TOMER 56.00	0.00	816.48		
		CAT	 EGORY 56.00	0.00	816.48		

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 101 ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192112	4/20/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	02
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192113	4/20/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	56.75		827.42 I	
				CATEGORY	56.75	0.00	827.42	

RUN DATE 04/25/12 SALES JRNL # 0278		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 103 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
192114 4/20/12 192115 4/20/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · -	30.00 32.00		437.40 I 466.56 I
			CUSTOMER	62.00	0.00	903.96
			CATEGORY	62.00	0.00	903.96

ı	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 104	
	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING 4	/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
	192116	4/20/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I	
					CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -	105
SALES JRI	NL # 0278	LOC 001		REG NY NY			ADU ADULT	4 / 0 17 / 1 0
			2	SALES REGISTER			BILL WEEK ENDING	4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100118	4 / 0.0 / 1.0	000000		GDD GDVDT - I II I	2 00		42 54 7	
192117	4/20/12	000008	VISITING NURSE SERVICE	GERGENTI, LILLI	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	04/25/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	106
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	· ·
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192118	4/20/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	44.75		652.46 I	
				CATEGORY	44.75	0.00	652.46	

RUN	DATE 04/25/	12 - SUP SU	UNNYSIDE CITYWIDE				PAGE 1 -	107
SALE	S JRNL # 02	78 LOC 00	01 SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	CARE PROGRAM
				S A L E S R E G I S T E	R		BILL WEEK ENDIN	G 4/27/12
INVO	ICE# DATE	CUST 1	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
1921	19 4/20/	12 000008	3 VISITING NURSE SERVIC	GOLIGHTLY, OZEL	55.00		801.90 I	
				 CATEGORY	55.00	0.00	 801.90	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 108	3
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192120	4/20/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	19
SALES JRN	ъ # 0278	LOC 001		REG NY NY			LTC NURSING H		,
			S	SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192121	4/20/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	35.00		510.30	I	
192122	4/20/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	33.00		481.14	I	
				CHGEOMED	68.00	0.00	001 44		
				CUSTOMER	08.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	0
SALES JRN	rL # 0278	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192123	4/20/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.11
	_			SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192124	4/20/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L12
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192125	4/20/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 113
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
192126	4/20/12	000008	VISITING NURSE SERVICE	GONZALEZ, ELSA	30.00		437.40 I
192127	4/20/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	12.00		174.96 I
				CUSTOMER	42.00	0.00	612.36
				CATEGORY	42.00	0.00	612.36

RUN DATE 04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	L4
SALES JRNL # 0278	LOC 001		REG NY NY			VCP CHOICE L		
		5	SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192128 4/20/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	24.00		349.92	I	
192129 4/20/12	000008	VISITING NURSE SERVICE	GRAVER, EDNA	36.00		524.88	I	
			CUSTOMER	60.00	0.00	874.80		
			CATEGORY	 60.00	0.00	 874.80		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	ъ # 0278	LOC 001		REG NY NY			LAA LOMBARDI AID	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192130	4/20/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	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			PAGE 1 - ADU ADULT	116
SALES UKN	L # 0276	LOC 001		SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192131 192132	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 16.50		58.32 I 240.57 I	
				CUSTOMER	20.50	0.00	298.89	
				CATEGORY	20.50	0.00		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	17
SALES JRN	rL # 0278	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192133	4/20/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	

RUN DATE (04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 118	
SALES JRNI	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 4/27/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
192134	4/20/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	24.00		349.92 I	
								_
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YYSIDE 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
192135	4/20/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	36.00		524.88 I	
				CATEGORY	36.00	0.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	120
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192136	4/20/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 121	<u> </u>
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192137	4/20/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE 04 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 12	2
SALES URNL	# 0276	LOC UUI		SALES REGISTER			BILL WEEK END	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	4/20/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ - ,	55.75 39.75		812.84 579.57	I	
				CUSTOMER	95.50	0.00	1,392.41		
				CATEGORY	95.50	0.00	1,392.41		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	123
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	BALES REGISTER			BILL WEEK ENDING	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192140	4/20/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING I	, -	WALLS (LT
			\$	SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192141 192142	4/20/12 4/20/12	000008	VISITING NURSE SERVICE	, -	24.00 34.75		349.92 506.66	I	
192142	4/20/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	HERRERA, HORACI HUNGRIA, SABINA	40.00		583.20	I	
				CUSTOMER	98.75	0.00	1,439.78		
				CATEGORY	98.75	0.00	1,439.78		

			NYSIDE CITYWIDE				PAGE 1 -	
SALES JR	NL # 0278	LOC 001		REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDING	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYE	SURPLUS
INVOICE#	DAIL	COSI NO	COSTOMER NAME	KEF EKENCE	HOURS	IAA AMI	AMOON1 111	SURPLUS
192144	4/20/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				-	L26
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/27/12
			•	SALES KEGISIEK			BILL WEEK ENDING	4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192145	4/20/12	000008	VISITING NURSE SERVICE	ICIANO, ALFREDO	12.50		182.25 I	
				CATEGORY	12.50	0.00	182.25	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	127
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	S ADULT POPUL
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
								2011-20
192146	4/20/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 128	
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 4/	27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
192147	4/13/12	000008	VISITING NURSE SERVICE	INSERRA, CATHER	7.00		102.06 I	
192148	4/20/12	000008	VISITING NURSE SERVICE	INSERRA, CATHER	48.75		710.78 I	
				CUSTOMER	55.75	0.00	812.84	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	129
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192149	4/20/12	000008	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40	I
192150	4/20/12	800000	VISITING NURSE SERVICE	JACSO, ERZSEBET	4.00		58.32	Ι
				CUSTOMER	34.00	0.00	495.72	
				CATEGORY	34.00	0.00	495.72	

ı	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	30
ı	SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	192151	4/20/12	000008	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	45.75		667.04 I	
ı									
1									
					CATEGORY	45.75	0.00	667.04	

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY	ISTER		PAGE 1 VCP CHOICE L BILL WEEK EN		/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCI	-	TAX AMT	AMOUNT		URPLUS
192152	4/20/12	800000	VISITING NURSE SERVICE	JARA DEURI	UCHIM, 10.00		145.80	I	
				CAT	EGORY 10.00	0.00	145.80		

			YSIDE CITYWIDE				-	L32
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192153	4/20/12	000008	VISITING NURSE SERVICE	JASZKOWSKI, GEN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 13	33
Brilling Grav	1 0270	100 001		ALES REGISTER			BILL WEEK EN		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192154 192155	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	JEWAT, LUCILLE JHAVERI, RAMESH	77.00 24.00		1,122.66 349.92	I I	
				CUSTOMER	101.00	0.00	1,472.58		
				CATEGORY	101.00	0.00	1,472.58		

			YSIDE CITYWIDE				PAGE 1 - 13	34
SALES JRN	L # 0278	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192156	4/20/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 135	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192157	4/20/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	24.25		353.57 I	
				CATEGORY	24.25	0.00	353.57	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 136	
SALES JRN	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 4/2	7/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
192158	4/20/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	24.50		357.21 I	
				CATEGORY	24.50	0.00	357.21	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13	7
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENI	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192159	4/20/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	4.75		69.26	I	
192160	4/20/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	9.75		142.16	I	
192161	4/20/12	800000	VISITING NURSE SERVICE	JORRIN, NILIO	19.00		277.02	I	
192162	4/20/12	800000	VISITING NURSE SERVICE	JORRIN, NILIO	15.00		218.70	I	
				CUSTOMER	48.50	0.00	707.14		
				CODIONER	10.50	0.00	707.11		
				CATEGORY	48.50	0.00	707.14		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		38 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192163 192164 192165	4/20/12 4/20/12 4/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KAUR, SHARAN	12.00 51.75 16.00		174.96 754.52 233.28	I I I	
				CUSTOMER	79.75	0.00	1,162.76		
				CATEGORY	 79.75	0.00	1,162.76		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192166	4/20/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 140	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192167	4/20/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE 04 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 14 DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	4/13/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	KONSTANTINAKOS, KONSTANTINAKOS,	10.00 59.75		145.80 871.16	I I	
				CUSTOMER	69.75	0.00	1,016.96		
				CATEGORY	69.75	0.00	1,016.96		

RUN DATE (04/25/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 14	12	
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY N	1A			VCP CHOICE L	HCSA		
			S	BALES RE	GISTER			BILL WEEK EN	DING	4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
									_		
192170	4/20/12	800000	VISITING NURSE SERVICE	KOUTRO	OUBAS, THE	56.00		816.48	Ι		
1					CATEGORY	56.00	0.00	816.48			

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	143
			\$	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192171	4/20/12	000008	VISITING NURSE SERVICE	LANDAU, BERNARD	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 14 VCP CHOICE LHCSA BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192172	4/20/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

	04/25/12 - NL # 0278		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 145 ADU ADULT BILL WEEK ENDING 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	;
192173	4/20/12	800000	VISITING NURSE SERVICE	LASAK, MICHAEL	11.50		167.67 I	
				CATEGORY	11.50	0.00	 167.67	

RUN DATE 04/25/12 SALES JRNL # 0278		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 146 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
192174 4/20/12 192175 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.00		291.60 I 291.60 I
			CUSTOMER	40.00	0.00	583.20
			CATEGORY	40.00	0.00	583.20

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	47	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
192176	4/20/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48 I		
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				-	48
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192177	4/20/12	000008	VISITING NURSE SERVICE	LIMANDRI, FRANC	46.25		674.33 I	
192178	4/20/12	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	20.00		291.60 I	
				CUSTOMER	66.25	0.00	965.93	
				COSTOMER	00.23	0.00	903.93	
				CATEGORY	66.25	0.00	965.93	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 14	.9
	_			SALES REGISTER			BILL WEEK ENI		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192179 192180	4/06/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LIRIANO, FRANCI LIRIANO, FRANCI	10.00 70.00		145.80 1,020.60	I I	
	1, 20, 12		VIDITING NONDE BENVIOL	CUSTOMER	80.00	0.00	1,166.40		
				CATEGORY	80.00	0.00	1,166.40		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 150	
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 4/27/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	JUS
192181	4/20/12	000008	VISITING NURSE SERVICE	LITSAS, MARTHA	24.00		349.92 I	
192182	4/20/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	19.25		280.68 I	
				CUSTOMER	43.25	0.00	630.60	
				CATEGORY	43.25	0.00	630.60	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	1
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			\$	SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192183	4/13/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	16.00		233.28	I	
192184	4/20/12	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	40.00		583.20	I	
192185	4/20/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I	
				CUSTOMER	98.00	0.00	1,428.84		
				CATEGORY	98.00	0.00	1,428.84		

]	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1!	52
1	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192186	4/20/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	69.00		1,006.02 I	
								1 006 00	
1					CATEGORY	69.00	0.00	1,006.02	

F	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	153
S	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				:	SALES REGISTER			BILL WEEK ENDING	4/27/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1.									
1	192187	4/20/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	30.00		437.40 I	
								425 40	
					CATEGORY	30.00	0.00	437.40	

RUN D	ATE 04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	4
SALES	JRNL # 0278	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
19218	8 4/20/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	55
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192189	4/20/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE	DEC NY NY			PAGE 1 - 15	6
SALES JRNI	L # U2/8	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192190	4/20/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				PAGE 1 - 1	57
SALES JRNL	J # 0278	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192191	4/20/12	800000	VISITING NURSE SERVICE	LOZADA, LAURA	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	158
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE (CARE PROGRAM
			i	SALES REGISTER			BILL WEEK ENDING	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
192192	4/20/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	16.00		233.28 I	
192193	4/20/12	000008	VISITING NURSE SERVICE	LYMN, ANGIE	12.00		174.96 I	
							400.04	
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE (04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 159	
SALES JRNI	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 4/27/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
192194	4/20/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78 I	
					41 00			
				CATEGORY	41.00	0.00	597.78	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	160
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192195	4/20/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	77.50		1,129.95 I	
1				CATEGORY	77.50	0.00	1,129.95	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 161 ADU ADULT	
DILLED CITY	L 0270	100 001		SALES REGISTER			BILL WEEK ENDING 4/27	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
192196	4/20/12	000008	VISITING NURSE SERVICE	MALTA, CAROLINA	9.25		134.87 I	
							124 05	
				CATEGORY	9.25	0.00	134.87	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 162
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
				SALES REGISTER			BILL WEEK END	ING 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
192197	4/20/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	20.00		291.60	I
192198	4/20/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	77.00		1,122.66	I
				CUSTOMER	97.00	0.00	1,414.26	
				CATEGORY	97.00	0.00	1,414.26	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 163	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	LS (LT
				SALES REGISTER			BILL WEEK ENDING 4/27,	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
192199	4/20/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	2.00		29.16 I	
192200	4/20/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	4.00		58.32 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 164	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192201	4/20/12	800000	VISITING NURSE SERVICE	MARINO, ANN	23.75		346.28 I	
				CATEGORY	23.75	0.00	346.28	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	65	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
				SALES REGISTER			BILL WEEK ENDING	4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
192202	4/20/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I		
				CATEGORY	25.00	0.00	364.50		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192203	4/20/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	42.75		623.30 I	
				CATEGORY	42.75	0.00	623.30	

RUN DATE C		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	167
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	4/20/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTIN, ELAUCAD MARTINEZ, CAMIL	12.00 12.00		174.96 I 174.96 I	
192203	1,20,12	000000	VIBILING NORDE BERVICE	CUSTOMER	24.00	0.00	349.92	
				CODIOMER	21.00		317.72	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 168	
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGR	RAS
			5	SALES REGISTER			BILL WEEK ENDING 4/27/1	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
192206	4/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 16	9
SALES OIGN	L # 0270	100 001		ALES REGISTER			BILL WEEK END		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192207	4/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	6.00		87.48	I	
192208	4/20/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	24.00		349.92	I	
192209	4/06/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	6.00		87.48	I	
192210	4/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	6.00		87.48	I	
192211	4/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	29.50		430.12	I	
192212	4/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	84.00		1,224.72	I	
				CUSTOMER	155.50	0.00	2,267.20		
				CATEGORY	155.50	0.00	2,267.20		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.70
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192213	4/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, ROSAL	6.00		87.48 I	
192214	4/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	37.25		543.11 I	
				CUSTOMER	43.25	0.00	630.59	
				CATEGORY	43.25	0.00	630.59	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.71
DINEED OIG	1 0270	100 001		ALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192215	4/20/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 172	2
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192216	4/20/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	33.75		492.08 I	
				CATEGORY	33.75	0.00	492.08	

RUN DATE 04/25/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 17	73 4/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192217 4/20/1 192218 4/13/1 192219 4/20/1	2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MCBRAYER, SYLVI	62.00 24.00 162.50		903.96 349.92 2,369.25	I I I	
			CUSTOMER	248.50	0.00	3,623.13		
			CATEGORY	248.50	0.00	3,623.13		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 174	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192220	4/20/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
							016 40	
				CATEGORY	56.00	0.00	816.48	

- 1				YSIDE CITYWIDE				PAGE 1 - 17	5
ı	SALES JRN	L # 0278	LOC 001		REG NY NY			ADU ADULT	
ı				:	SALES REGISTER			BILL WEEK ENDING	4/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192221	4/20/12	800000	VISITING NURSE SERVICE	MCQUAIL, MAUREE	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	
ı					CALEGORI	12.00	0.00	1/4.90	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 176	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192222	4/20/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	20.00		291.60 I	
192223	4/20/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	22.75		331.70 I	
				CUSTOMER	42.75	0.00	623.30	
				CATEGORY	42.75	0.00	623.30	

RUN	DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	177
SAL	ES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192	224	4/20/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	38.25		557.69 I	
					CATEGORY	38.25	0.00	557.69	

RUN DATE (04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 178	
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 4/27/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
192225	4/20/12	800000	VISITING NURSE SERVICE	MELILLO, GRACE	26.00		379.08 I	
				CATEGORY	26.00	0.00	379.08	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LAA LOMBARDI AI BILL WEEK ENDIN	IDS ADULT POPUL
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192226	4/20/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	4.50		65.61	Γ
				CATEGORY	4.50	0.00	65.61	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 18 DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192227 192228	4/13/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MENDOLIA, ANTOI MENDOLIA, ANTOI	23.00 72.50		335.34 1,057.05	I I	
				CUSTOMER	95.50	0.00	1,392.39		
				CATEGORY	95.50	0.00	1,392.39		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	HOMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192229 192230	4/13/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	7.00 39.00		102.06 568.62	I I
				CUSTOMER	46.00	0.00	670.68	
				 CATEGORY	46.00	0.00	670.68	

			YSIDE CITYWIDE				PAGE 1 - 18	32	
SALES JRN	L # 0278	LOC 001		REG NY NY			ADU ADULT		
			٤	SALES REGISTER			BILL WEEK ENDING	4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
192231	4/20/12	800000	VISITING NURSE SERVICE	MEYERS, BEATRIC	9.00		131.22 I		
				CATEGORY	9.00	0.00	131.22		

			YSIDE CITYWIDE				PAGE 1 - 1	83
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192232	4/20/12	800000	VISITING NURSE SERVICE	MILEO, MARY	28.00		408.24 I	
192233	4/06/12	000008	VISITING NURSE SERVICE	MOLINA, ANA	6.00		87.48 I	
192234	4/13/12	800000	VISITING NURSE SERVICE	MOLINA, ANA	6.00		87.48 I	
192235	4/20/12	800000	VISITING NURSE SERVICE	MOLINA, ANA	6.00		87.48 I	
				CUSTOMER	46.00	0.00	670.68	
				CATEGORY	46.00	0.00	670.68	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 18 HOA HOSPICE ADULT	4
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192236	4/20/12	800000	VISITING NURSE SERVICE	MOLINA, ANA	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

			YSIDE CITYWIDE				PAGE 1 -	185
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG 4/27/12
			•	SALES REGISIER			DIDD MEEK ENDII	NG 4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
192237 192238	4/20/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.50 6.00		138.52 87.48	[-
192238	4/20/12	000008	VISITING NURSE SERVICE	MONTALI, ELSA	6.00		87.48	L
				CUSTOMER	15.50	0.00	226.00	
				CATEGORY	15.50	0.00	226.00	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 186	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING 4/27	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
192239	4/20/12	800000	VISITING NURSE SERVICE	MONTES, MARTA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDII	107
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192240	4/20/12	000008	VISITING NURSE SERVICE	MOORE, JOSEPH	15.00		218.70	I
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	188
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192241	4/20/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 189	
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192242	4/20/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 04 SALES JRNL	4/25/12 - SUP SUNN # 0278 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT		
		S	SALES REGISTER			BILL WEEK END	ING	4/27/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
-	4/20/12 000008 4/20/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MORALES, GENERO MOURAS, ANNA	83.75 9.00		1,221.08 131.23	I I	
			CUSTOMER	92.75	0.00	1,352.31		
			CATEGORY	92.75	0.00	1,352.31		

RUN DATE SALES JRN				REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	- , ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192245	4/20/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	36.00		524.88	I
				CATEGORY	36.00	0.00	 524.88	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 192	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	ROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 4/	27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
192246	4/20/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	193
SALES JRN	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			5	SALES REGISTER			BILL WEEK ENDING	3 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
192247	4/20/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	13.00		189.54 I	
				CATEGORY	13.00	0.00	189.54	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 - 1:	94
SALES JRNI	⊔ # 0278	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192248	4/20/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	9.00		131.22 I	
				 CATEGORY	9.00	0.00	131.22	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	195
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192249	4/20/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE (04/25/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 19	16
SALES JRNI	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	TE CAR	E PROGRAM
			S	SALES	REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
									_	
192250	4/20/12	800000	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	62.75		914.90	Ι	
1					CATEGORY	62.75	0.00	914.90		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS.	197
Brilles Grav	1 0270	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192251	4/20/12	000008	VISITING NURSE SERVICE	•	45.00		656.10 I	
192252	4/20/12	000008	VISITING NURSE SERVICE	NINO, CARMEN	20.00		291.60 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE 04/25/12 SALES JRNL # 0278		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 198 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
192253 4/20/12 192254 4/20/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	25.00 35.00		364.50 I 510.30 I
			CUSTOMER	60.00	0.00	874.80
			CATEGORY	60.00	0.00	874.80

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	19
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			:	SALES REGISTER			BILL WEEK ENI	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192255	4/20/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	49.00		714.42	I	
192256	4/20/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	I	
				CUSTOMER	92.00	0.00	1,341.36		
				CATEGORY	92.00	0.00	1,341.36		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	00 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192257	4/20/12	800000	VISITING NURSE SERVICE	OFF, LUCILLE	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

RUN D	DATE 04/25/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 201	
SALES	S JRNL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 4/27/12	
INVOI	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
19225	8 4/20/12	000008	VISITING NURSE SERVICE	OLVERA, ROSALIA	19.50		284.31 I	
				CATEGORY	19.50	0.00	284.31	

RUN DATE		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	202
Brilles order	L 0270	100 001		SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192259	4/20/12	800000	VISITING NURSE SERVICE	ONATE, MIGUEL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 20)3
Bridde Grav	1 1 0270	100 001		ALES REGISTER			BILL WEEK END		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192260 192261	4/20/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ORTEGA, CARLOS OSPINA, ANA	16.00 8.00		233.28 116.64	I T	
	1,20,12		VICTIMO NONDE DENVIOL	CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 204 ADU ADULT	/05/10
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT		/27/12 URPLUS
	4/20/12	000008	VISITING NURSE SERVICE		9.00	TAX AIII	131.22 I	OKI LOD
				 CATEGORY	9.00	0.00	131.22	

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	05
SALES OWN	L # 0270	HOC 001		SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192263	4/20/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	23.25		339.00 I	
				CATEGORY	23.25	0.00	339.00	

				YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - AUR ADULT REHAE BILL WEEK ENDIN	3 ONLY
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
19	2264	4/20/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00 I	- -
					CATEGORY	50.00	0.00	729.00	

RUN DATE 04/25/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192265 4/20/1 192266 4/20/1 192267 4/20/1	2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPOUTSIS, MARY PAPP, TEREZIA PARETTI, MARIE	5.50 3.00 8.00		80.19 43.74 116.64	I I
			CUSTOMER	16.50	0.00	240.57	
			CATEGORY	16.50	0.00	240.57	

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEV	•
			2	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192268	4/20/12	000008	VISITING NURSE SERVICE	PARK, SUNG	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	-
			S	SALES REGISTER			BILL WEEK ENDI	NG 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192269 192270	4/20/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PENA, VICTORIA PENAGOS, MARIA	42.00		612.36 72.90	I I
192271	4/20/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50	
				CUSTOMER	72.00	0.00	1,049.76	
				CATEGORY	72.00	0.00	1,049.76	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	210
			S	SALES REGISTER			BILL WEEK ENDING	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192272	4/20/12	000008	VISITING NURSE SERVICE	PENARANDA, CARM	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE	556 377 377			PAGE 1 - 211	
SALES JRN	L # U2/8	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AUR ADULT REHAB ONLY BILL WEEK ENDING	Y 4/27/12
								-, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
192273	4/20/12	000008	VISITING NURSE SERVICE	PENNACCHIA, MAR	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	212
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192274	4/20/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	49.00		714.42	I
				CATEGORY	49.00	0.00	714.42	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	213
SALES JRN	r∟ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192275	4/20/12	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 21	4
	2 02/0	200 001		SALES REGISTER			BILL WEEK END	ING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ΓΥΡ	SURPLUS
192276	4/13/12	000008	VISITING NURSE SERVICE	,	6.00		87.48	I	
192277 192278	4/20/12	000008 000008	VISITING NURSE SERVICE	•	40.00		583.20 437.40	I	
1922/8	4/20/12	000008	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40		
				CUSTOMER	76.00	0.00	1,108.08		
				CATEGORY	76.00	0.00	1,108.08		

RUN DATE	04/25/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	215
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	BALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192279	4/20/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 04 SALES JRNL	# 0278 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 23 VCP CHOICE LHCSA BILL WEEK ENDING	16 4/27/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192281 4	1/20/12 000008 1/20/12 000008 1/20/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PHILIPPS, MARY PIZARRO, BARBAR PLACIDO, GENARO	54.50 1.00 24.00		794.61 I 14.58 I 349.92 I	
			CUSTOMER	79.50	0.00	1,159.11	
			CATEGORY	79.50	0.00	1,159.11	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192283	4/20/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 218	
SALES JRN	L # 0278	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 4	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
192284	4/20/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	35.75		521.24 I	
				CATEGORY	35.75	0.00	 521.24	

	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	219
	SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192285	4/20/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	39.75		579.56 I	
ı					CATEGORY	39.75	0.00	579.56	

			YSIDE CITYWIDE				PAGE 1 -	220
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192286	4/20/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	31.25		455.63	I
192287	4/13/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	12.00		174.96	I
				CUSTOMER	43.25	0.00	630.59	
				CATEGORY	43.25	0.00	630.59	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	1
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192288	4/20/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	40.50		590.49 I	
				CATEGORY	40.50	0.00	590.49	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	22
SALES JRN	NL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192289	4/20/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 223	
SALES JRN	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192290	4/20/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

ı	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 224	
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
ı				i	SALES REGISTER			BILL WEEK ENDING 4/27/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	192291	4/20/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
					CATEGORY	40.00	0.00	583.20	

RUN DATE (04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	25
SALES JRNI	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192292	4/20/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94	I	
192293	4/20/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	25.00		364.50	I	
				CUSTOMER	68.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

			YSIDE CITYWIDE				PAGE 1 - 22	-
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			AUR ADULT REHAB ON BILL WEEK ENDING	LY 4/27/12
				SALES REGISIER			BILL WEEK ENDING	4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192294	4/20/12	000008	VISITING NURSE SERVICE	RAMOS, JENNIFER	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		27
Brilling Grav	1 0270	100 001		ALES REGISTER			BILL WEEK END		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192295	4/20/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I	
192296	4/20/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	20.00		291.60	Т	
				CUSTOMER	32.00	0.00	466.56		
				CATEGORY	32.00	0.00	466.56		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	28
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL H	IEALTH
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192297	4/20/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1 -	- 229
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			·	SALES REGISTER			BILL WEEK ENDI	ING 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
192298	4/20/12	000008	VISITING NURSE SERVICE	REINA, JOSE	18.50		269.74	I
192299	4/20/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	17.50		255.15	I
				CUSTOMER	36.00	0.00	524.89	
				CATEGORY	36.00	0.00	524.89	

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 23 ADU ADULT	30
SALES UKNI	1 # 0276	LOC UUI		SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192300	4/20/12	800000	VISITING NURSE SERVICE	RICHINS, MARY	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	231	
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
192301	4/20/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, OL	16.00		233.28 I		
				CATEGORY	16.00	0.00	233.28		

ı	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 232	
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	Γ
ı				5	SALES REGISTER			BILL WEEK ENDING 4/27/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	192302	4/20/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	54.00		787.33 I	
ı					CATEGORY	54.00	0.00	787.33	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 23	33
Brilling Grav	1 1 0270	100 001		SALES REGISTER			BILL WEEK ENI		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192303 192304	4/20/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RIVERA, CARMEN	20.00		291.60 233.28	I	
192304	4/20/12	000008	VISITING NURSE SERVICE	RIVERA, ERNESTO	16.00		233.28		
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

SALES JRNL # 0278 LOC 001 SUNNYSIDE CITYWIDE REG NY NY LTC NURSING HOMEW	/O WALLS (LT
	, 0 11111111111111111111111111111111111
SALES REGISTER BILL WEEK ENDING	4/27/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP	SURPLUS
INVOICE# DATE COST NO COSTOMER NAME REFERENCE HOURS TAX AMI AMOUNT TIP	SURPLUS
192305 4/20/12 000008 VISITING NURSE SERVICE RIVERA, GRACIEL 16.00 233.28 I	
CATEGORY 16.00 0.00 233.28	

	E 04/25/12 RNL # 0278		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 23 ADU ADULT	35
			2	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192306	4/20/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	L # 0278	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	
			•					
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192307	4/20/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	36.25		528.54 I	
				CATEGORY	36.25	0.00	528.54	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	37
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192308	4/20/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	48.25		703.50 I	
				CATEGORY	48.25	0.00	703.50	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	238
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192309	4/20/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

			YSIDE CITYWIDE				PAGE 1 -	239
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192310	4/20/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	25.00		364.50 I	
192311	4/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	42.00		612.36 I	
				CUSTOMER	67.00	0.00	976.86	
				CATEGORY	67.00	0.00	976.86	

RUN DATE	04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	10
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192312	4/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	241
	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	N/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	192313	4/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN	- 242
511225 514	DING 4/27/12
INVOICE#	TYP SURPLUS
192314	I

RUN DATE (04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	3
SALES JRNI	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	•
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192315	4/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
				CATEGORY	40.00	0.00	 583.20	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 244 ADU ADULT BILL WEEK ENDING 4/27/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
192316	4/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	44.00		641.52 I	
				CATEGORY	44.00	0.00	641.52	-

				YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	/O WALLS (LT
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	192317	4/20/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	48.00		699.84 I	
					CATEGORY	48.00	0.00	699.84	

RUN DATE (04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 246	
SALES JRNI	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 4/2	27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
192318	4/20/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

RUN DATE (04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 247
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	!SA
			S	SALES REGI	STER		BILL WEEK ENDI	ING 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
								_
192319	4/20/12	800000	VISITING NURSE SERVICE	ROMERO, SAN	NTHY 48.00		699.84	I
				CATE	GORY 48.00	0.00	699.84	

RUN DATE 04/25/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE		NY E G I S T E] R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192320 4/20/1 192321 4/20/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	FLOR ANA	56.00 40.00		816.48 583.20	I I	
				CUSTOMER	96.00	0.00	1,399.68		
				CATEGORY	96.00	0.00	1,399.68		

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 24 ADU ADULT	19
	- "			SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192322	4/20/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	55.25		805.55 I	
				CATEGORY	55.25	0.00	805.55	

RUN DATE 04/25/12 SALES JRNL # 0278		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	250 4/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192323 4/20/12 192324 4/20/12 192325 4/20/12	800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ROSA, MANOLO ROSARIO, ELSA ROSARIO, MARIA	16.00 35.25 10.00		233.28 I 513.95 I 145.80 I	
			CUSTOMER	61.25	0.00	893.03	
			CATEGORY	61.25	0.00	893.03	

			YSIDE CITYWIDE				PAGE 1 - 25	1
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/27/12
			· ·	SALES REGISIER			BILL WEEK ENDING	4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192326	4/20/12	000008	VISITING NURSE SERVICE	ROSARIOBREU, EM	20.00		291.60 I	
192327	4/20/12	800000	VISITING NURSE SERVICE	RUBIN, EVGENY	20.00		291.60 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

				YSIDE CITYWIDE					252	
5	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
					SALES REGISTER			BILL WEEK ENDING	4/27/12	
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
-	192328	4/20/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26 I		
					CATEGORY	47.00	0.00	685.26		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	V/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192329	4/20/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	17.75		258.80 I	
				CATEGORY	17.75	0.00	258.80	

- 1	RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTE	R		PAGE 1 - ADU ADULT BILL WEEK ENDI	201
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
	192330	4/20/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60	I
					CATEGORY	70.00	0.00	1,020.60	

1				YSIDE CITYWIDE				PAGE 1 - :	
SA	LES JRNI	L # 0278	LOC 001		REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
19	2331	4/20/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	34.00		495.72 I	
					CATEGORY	34.00	0.00	495.72	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 25	56
	_ "			GALES REGISTER			BILL WEEK ENI		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192332 192333	4/20/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SAK, FIRDEVS SALADIN, MARIA	15.00 77.00		218.70 1,122.66	I T	
172333	1/20/12	00000	VIDITING NORDE BERVIOL	CUSTOMER	92.00	0.00	1,341.36		
				CODIOMERC	JZ.00	0.00	1,311.30		
				CATEGORY	92.00	0.00	1,341.36		

ı	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	257
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	192334	4/20/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
ı									
ı									
ı					CATEGORY	36.00	0.00	524.88	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	258
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192335	4/20/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	19.00		277.02 I	
192336	4/20/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	42.00		612.36 I	
				CUSTOMER	61.00	0.00	889.38	
				CATEGORY	61.00	0.00	889.38	

ı	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	9
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	192337	4/20/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 260	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	/10
			, and a second s	SALES REGISTER			BILL WEEK ENDING 4/27	/ 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
192338	4/20/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE				PAGE 1 -	261
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	NG 4/07/10
				SALES REGISTER			BILL WEEK ENDI	NG 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192339	4/20/12	000008	VISITING NURSE SERVICE		6.00		87.48	I -
192340	4/20/12	800000	VISITING NURSE SERVICE	SCHNEIER, CATHE	9.00		131.22	1
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 26	52
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
				S A L E S R E G I S T E R			BILL WEEK END	ING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192341	4/20/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	56.00		816.48	I	
192342	4/20/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	30.00		437.40	I	
192343	4/20/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	55.25		805.56	I	
192344	4/20/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	55.00		801.90	I	
192345	4/20/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	41.50		605.07	I	
				CUSTOMER	237.75	0.00	3,466.41		
				CATEGORY	237.75	0.00	3,466.41		

			LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	- 263	2
II	VOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDI	ING 4/27/1 TYP SURPLU	
19	92346	4/20/12	000008	VISITING NURSE SERVICE	SHARMA, DEROPDI	29.25		426.48	I	
					CATEGORY	29.25	0.00	426.48		-

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 264	
SALES JRN	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 4	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
192347	4/20/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN	1 DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	265
SAI	LES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192	2348	4/20/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
					CATEGORY	42.00	0.00	612.36	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	266
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	
			S	SALES REGISTER			BILL WEEK ENDIN	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192349	4/20/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (YSIDE CITYWIDE	DEC NY NY			PAGE 1 - 2 AUR ADULT REHAB (
SALES URIN	L # U2/8	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192350	4/20/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	268
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
			S	SALES REGISTER			BILL WEEK ENDIN	IG 4/27/12
TATTOTOTI	D3.000	GIIGE NO	CHOMOMED NAME	DEFEDENCE	HOHDG	max anm	AMOUNTE EN	n amphina
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192351	4/20/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
102331	1/20/12	000000	VIBILING NORDE BERVICE	BOLDAII, KONDA	3.00		72.50	•
				CATEGORY	5.00	0.00	72.90	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 269	
SALES JRN	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO)GRAM
			5	SALES REGISTER			BILL WEEK ENDING 4/27	//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	LUS
192352	4/20/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	270
SALES JRN	L # 0278	LOC 001		REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
111101011	21112	0001 110	0001011011	TIET ETIETIOE	110 0110		11100111 111	2011 202
192353	4/20/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	271	
SALES JRN	և # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LHC		
			S	SALES	REGISTER			BILL WEEK ENDI	$1 \text{NG} \qquad 4/27/1$	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLU	S
192354	4/20/12	800000	VISITING NURSE SERVICE	SO	TO, MARCELINA	12.00		174.96	I	
										-
1					CATEGORY	12.00	0.00	174.96		

RUN DATE 04, SALES JRNL	/25/12 - SUP SUNN # 0278 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 27 ADU ADULT BILL WEEK ENDING	72 4/27/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192356 4,	/23/12 000008 /20/12 000008 /20/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SOTO, OSCAR STALZER, STEPHA STAMATIADES, ME	2.00 20.00 9.00		29.16 I 291.60 I 131.22 I	
			CUSTOMER	31.00	0.00	451.98	
			CATEGORY	31.00	0.00	451.98	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	3
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192358	4/20/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 HOA HOSPICE ADULT BILL WEEK ENDING	· =
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
19	2359	4/20/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
					CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 275 ADU ADULT BILL WEEK ENDING 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
192360	4/20/12	000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	15.00		218.70 I
				CATEGORY	15.00	0.00	218.70

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	276 SA
			2	SALES REGISTER			BILL WEEK ENDI	NG 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192361	4/20/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	15.00		218.70	I
192362	4/20/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	32.00		466.57	I
192363	4/20/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88	I
				CUSTOMER	83.00	0.00	1,210.15	
				CATEGORY	83.00	0.00	1,210.15	

	DATE 04/25/1 S JRNL # 027			REG NY NY SALES REGISTER			PAGE 1 - 277 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/27/12	
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
1923	64 4/20/1	2 000008	VISITING NURSE SERVICE	SUAREZ, TULIA	27.00		393.67 I	
				CATEGORY	27.00	0.00	393.67	

			YSIDE CITYWIDE				PAGE 1 - 2	78
SALES JRN	L # 0278	LOC 001		REG NY NY			ADU ADULT	4 (07 (10
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192365	4/20/12	800000	VISITING NURSE SERVICE	SULLIVAN, MADAL	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
0111111	2 02/0	200 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192366	4/20/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	73.75		1,075.29 I	
				CATEGORY	73.75	0.00	1,075.29	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 280
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			Ş	SALES REGISTE	R		BILL WEEK EN	DING 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192367	4/20/12	000008	VISITING NURSE SERVICE	TADDEO, LENA	56.00		816.48	I
192368	4/13/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	4.00		58.32	I
192369	4/20/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	20.00		291.60	I
							1 166 40	
				CUSTOMER	80.00	0.00	1,166.40	
				CATEGORY	80.00	0.00	1,166.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	281
			S	SALES REGISTER			BILL WEEK ENDI	NG 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
192370 192371	2/10/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TAWADROUS, ANWA TAWADROUS, ANWA	4.00 15.00		58.32 218.70	I T
152571	1,20,12	00000	VIBILING NORDE BERVICE					
				CUSTOMER	19.00	0.00	277.02	
				CATEGORY	19.00	0.00	277.02	

RUN DATE (04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 282	
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 4/2	27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	RPLUS
192372	4/20/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

ı	RUN DATE	04/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 283	
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL HEAL'	TH
ı				5	SALES REGISTER			BILL WEEK ENDING 4/	27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
ı									
ı	192373	4/20/12	800000	VISITING NURSE SERVICE	THEN, MARIA	12.00		174.96 I	
ı									
ı						10.00		154 06	
ı					CATEGORY	12.00	0.00	174.96	

- 1				YSIDE CITYWIDE				PAGE 1 -	284
	SALES JRN	L # 0278	LOC 001		REG NY NY			ADU ADULT	
				S	SALES REGISTER			BILL WEEK ENDI	NG 4/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	192374	4/20/12	800000	VISITING NURSE SERVICE	THOMPSON, WILLI	4.00		58.32	I
					CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 28	5
			S	SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192375	4/20/12	800000	VISITING NURSE SERVICE	TINOCO, INES	42.00		612.36	I	
192376 192377	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TORO VEGA, LUZV TORO, PURA	28.00 60.00		408.24 874.80	I	
				CUSTOMER	130.00	0.00	1,895.40		
				CATEGORY	130.00	0.00	1,895.40		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 286 ADU ADULT BILL WEEK ENDING 4/27	7/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	PLUS
192378	4/20/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 VCP CHOICE LEBILL WEEK EN		37 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192379 192380	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TORRES, EMELINA TORRES, LUZ M	16.00 70.00		233.28 1,020.60	I	
				CUSTOMER	86.00	0.00	1,253.88		
				CATEGORY	86.00	0.00	1,253.88		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING	- 28 HOMEW/	
				SALES REGISTER	2		BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192381 192382	4/20/12 4/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		18.00 12.00		262.44 174.96	I	
192302	4/20/12	000008	VISITING NURSE SERVICE	TORRES, MARGOT	12.00		1/4.90		
				CUSTOMER	30.00	0.00	437.40		
				 CATEGORY	30.00	0.00	437.40		

	04/25/12 - NL # 0278		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 28 ADU ADULT	9
			\$	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192383	4/20/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	34.75		506.66 I	
				CATEGORY	34.75	0.00	 506.66	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 290
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA
			5	SALES REGISTER			BILL WEEK END	ING 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
192384	4/20/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	4.00		58.32	I
192385	4/20/12	000008	VISITING NURSE SERVICE	TSOLISOS, FOTIN	48.00		699.84	I
192386	4/20/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	48.00		699.84	I
192387	4/20/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72	I
				CUSTOMER	107.00	0.00	2,682.72	
				CATEGORY	107.00	0.00	2,682.72	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	/O WALLS (LT
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192388	4/20/12	800000	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE						29	92	
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY EGISTER			ADU ADULT BILL WEEK EN	DING	4/27/12	
				ALES K	EGISIER			DIDD WEEK EN	DING	4/2//12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
192389	4/20/12	800000	VISITING NURSE SERVICE	VALE	NCIA, ESTHE	13.00		189.54	I		
					CATEGORY	13.00	0.00	189.54			

			YSIDE CITYWIDE				PAGE 1 - 293	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			2	SALES REGISTER			BILL WEEK ENDING 4,	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
192390	4/20/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 294 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192391 192392	4/20/12 4/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	3.75 4.00		54.68 I 58.32 I	
				CUSTOMER	7.75	0.00	113.00	
				 CATEGORY	7.75	0.00	113.00	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	295	
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
			5	SALES REGISTER			BILL WEEK ENDIN	rG 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
INVOICE#	DAIL	CUSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNI II	P SURPLUS	
192393	4/20/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	44.00		641.53 I		
				CATEGORY	44.00	0.00	641.53		

RUN DATE 0		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192395	4/20/12 4/20/12 4/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, EUSTAG VASQUEZ, RAPHAE VAZQUEZ, ESTHER	33.00 21.00 40.00		481.14 306.18 583.20	I I I	
				CUSTOMER	94.00	0.00	1,370.52		
				CATEGORY	94.00	0.00	1,370.52		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 297	7
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192397	4/20/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	18.25		266.09 I	
				 CATEGORY	18.25	0.00	266.09	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	298
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192398	4/20/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	51.50		750.87 I	
				CATEGORY	51.50	0.00	750.87	

ı	RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 299	
ı	SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				5	SALES REGISTER			BILL WEEK ENDING 4/27	/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	T.IIS
ı	INVOICEM	DATE	CODI NO	CODIONER NAME	KEI EKENCE	110010	IAM ANI	AMOUNT III BOKE	пор
	192399	4/20/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
ı									
					CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1 - 30	0
SALES JRNI	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192400	4/20/12	800000	VISITING NURSE SERVICE	VIDAL, ALFREDO	11.25		164.03 I	
				CATEGORY	11.25	0.00	164.03	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192401	4/20/12	000008	VISITING NURSE SERVICE	VIGORITO, ANN	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 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192402 192403 192404	3/16/12 4/13/12 4/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VILLAPOL, ANNA VILLAPOL, ANNA VILLAPOL, ANNA	6.00 12.00 30.00		87.48 I 174.96 I 437.40 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	04/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	03
SALES JRN	IL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192405	4/20/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	04
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192406	4/20/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
DALLES ORK	11 # 0270	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192407	4/20/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60 I	
				 CATEGORY	70.00	0.00	1,020.60	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 306	
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			Ş	SALES REGISTER			BILL WEEK ENDING 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192408	4/06/12	000008	VISITING NURSE SERVICE	VLAHOS, MARIE	8.00		116.64 I	
192409	4/20/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	16.00		233.28 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 VCP CHOICE LHCSA	07
				SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192410	4/13/12	000008	VISITING NURSE SERVICE		30.00		437.40 I	
192411	4/20/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40 I	
				CUSTOMER	60.00	0.00	874.80	
				CATEGORY	60.00	0.00	 874.80	

RUN DATE (SALES JRNI		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192412	4/20/12	800000	VISITING NURSE SERVICE	WEISBUCH, WILMA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	309	
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	•	
			S	SALES REGISTER			BILL WEEK ENDING	4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
TIVVOICE	DITTE	0001 110	CODICIENT WILL	KEI EKENCE	1100110	11111 11111	11100111 111	BOILT HOD	
192413	4/20/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28 I		
				CATEGORY	16.00	0.00	233.28		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	LO
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192414	4/20/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 04/25, SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3. ADU ADULT BILL WEEK ENDING	11 4/27/12
INVOICE# DATE	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192415 4/20, 192416 4/20, 192417 4/20,	/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ZAMBRANO, CRUZM ZAMBRANO, VICTO ZIPPRICH, ROSAL	20.00 16.00 6.00		291.60 I 233.28 I 87.48 I	
			CUSTOMER	42.00	0.00	612.36	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 04/25/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 312 SALES JRNL # 0278 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 4/27/12 REFERENCE HOURS TAX AMT AMOUNT TYP INVOICE# DATE CUST NO CUSTOMER NAME SURPLUS 192418 4/20/12 000010 192419 4/20/12 000010 192420 4/20/12 000010 192421 4/20/12 000010 192422 4/20/12 000010 192423 4/20/12 000010 192424 4/20/12 000010 192425 4/20/12 000010 192426 4/20/12 000010 192427 4/20/12 000010 192428 4/20/12 000010 192429 4/20/12 000010 192430 4/20/12 000010 192431 4/20/12 000010 192432 4/20/12 000010 192433 4/20/12 000010 192434 4/20/12 000010 192435 4/20/12 000010 192436 4/20/12 000010 192437 4/20/12 000010 192438 4/20/12 000010 192439 4/20/12 000010 192440 4/20/12 000010 192441 4/20/12 000010 192442 4/20/12 000010 GUILDNET 192443 4/20/12 000010 192444 4/20/12 000010 192445 4/20/12 000010 192446 4/20/12 000010 192447 4/20/12 000010 192448 4/13/12 000010 192449 4/20/12 000010 192450 4/20/12 000010 192451 4/20/12 000010 192452 4/20/12 000010 192453 4/20/12 000010 192454 4/20/12 000010 192455 4/20/12 000010 192456 4/20/12 000010 GUILDNET 192457 3/09/12 000010 GUILDNET 192458 4/13/12 000010 GUILDNET 192459 000010 GUILDNET 4/06/12 000010 GUILDNET 192460 4/06/12 192461 3/23/12 000010 192462 4/20/12 000010 192463 4/20/12 000010 192464 4/20/12 000010 192465 4/20/12 000010 GUILDNET 4/20/12 000010 GUILDNET 192466

			YSIDE CITYWIDE	DEG N	777			PAGE 2	- 31	.3
SALES JRNL	# 02/8	TOC 001	SUNNYSIDE CITYWIDE	REG N	Y NY REGISTE:	Б		GUI GUILDNET		4/07/10
				SALES	S REGISTE.	K		BILL WEEK ENI	JING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192467	4/20/12	000010	GUILDNET GUILDNET		RODRIGUEZ, HOLG	62.00		900.24	I	
	4/20/12	000010	GUILDNET		ROJAS, ANGEL	15.00			I	
	4/20/12	000010	GUILDNET		ROJAS, HAYDEE	20.00		310.40	I	
	4/20/12	000010	GUILDNET		RUBIANO, MARIA	19.75			I	
	4/20/12	000010	GUILDNET		SALJANIN, DILJA			882.09	I	
	4/20/12	000010	GUILDNET			43 00		624 36	I	
	4/20/12	000010	GUILDNET		SANCHEZ, ELIZAB SHELTON, AGUEDA	32.75		475.53	I	
192474	4/20/12	000010	GUILDNET		SOMRAJ, UMILLA	5.50		79.86	I	
192475	4/20/12	000010	GUILDNET		TOROSSIAN, PARI	24.00		475.53 79.86 348.48	I	
192476	4/20/12	000010	GUILDNET		VILLACRES, LUZ	8.00		116.16	I	
192477	4/20/12	000010	GUILDNET		VLAHOS, MARIE	50.00		726.00	I	
192478	4/20/12	000010	GUILDNET		WEISZ, KLARA	4.00		58.08	I	
192479	4/20/12	000010	GUILDNET		MECT DAT DMIN	20 00		290.40	I	
192480	4/20/12	000010	GUILDNET		WHITLEY, MYRNA	16.00		232.32	I	
192481	4/20/12	000010	GUILDNET		YI, CARLOS	23.75		344.85	I	
192482	4/20/12	000010	GUILDNET		YIANTSELIS, VIR	7.00		1,321.04	I	
192483	4/20/12	000010	GUILDNET		ZARE, GLORIA	84.00		1,219.68	I	
192484	4/20/12	000010	GUILDNET		WEST, BALDWIN WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY	64.00		929.28	I	
					CUSTOMER	2,215.75	0.00	37,264.85		
					CATEGORY	2,215.75	0.00	37,264.85		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	314	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIR	ST.	
				SALES REGIST	E R		BILL WEEK ENDI	NG 4	1/27/12
TMVOTCE#	חמיד	CHIST NO	CUSTOMER NAME	REG NY NY S A L E S R E G I S T REFERENCE	PALIUH	ΤΔΥ ΔΜΤ	ΔΜ∩ΓΙΝΨ Ψ	VD C	SURPLUS
INVOICE	DILLE	COD1 110	CODIONEIC WINE	REI BREIVEE	1100110	11111 11111	11100111 1		70111 1100
192485	4/20/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
192486	4/20/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
192487	4/20/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	36.00		607.68	I	
192488	4/20/12	000122	HEALTH FIRST	CARMONA, LUZ	8.00		135.04	I	
192489	4/20/12	000122	HEALTH FIRST	CARMONA, LUZ	32.00		540.16	I	
192490	4/20/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
192491	4/20/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
192492	4/20/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
192493	4/20/12	000122	HEALTH FIRST	CORTES DE GALIN	24.00		405.12	I	
192494	4/20/12	000122	HEALTH FIRST	DORNELLAS, STEL	24.00		405.12	I	
192495	4/20/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	8.00		135.04	I	
192496	4/20/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	16.00		270.08	I	
192497	4/20/12	000122	HEALTH FIRST	ESTEVES, JOSE	57.00		962.16	I	
192498	4/20/12	000122	HEALTH FIRST	FERGERSON, TINA	35.00		590.80	I	
192499	4/20/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
192500	4/20/12	000122	HEALTH FIRST	FONTANES, PEDRO	45.00		759.60	I	
192501	4/20/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
192502	4/13/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
192503	4/20/12	000122	HEALTH FIRST	HERRING, CHARLE	12.00		202.56	I	
192504	4/20/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
192505	4/20/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
192506	4/20/12	000122	HEALTH FIRST	LAZALA, GLADYS	84.00		1,417.92	I	
192507	4/20/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	76.00		1,282.88	I	
192508	4/20/12	000122	HEALTH FIRST	MACARENA, SAHAR	18.00		303.84	I	
192509	4/20/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
192510	4/20/12	000122	HEALTH FIRST	ORTIZ, TULA	25.00		422.00	I	
192511	4/20/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
192512	4/20/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	I	
192513	4/20/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
192514	4/20/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96	I	
192515	4/20/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
192516	4/20/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	I	
192517	4/20/12	000122	HEALTH FIRST	SPIVEY, PATRICI	24.00		405.12	I	
192518	4/13/12	000122	HEALTH FIRST	ST ROMAINE, CLA	85.00		1,434.80	I	
192519	4/20/12	000122	HEALTH FIRST	SURIEL, GERTRUD	28.00		472.64	I	
192520	4/20/12	000122	HEALTH FIRST	VEGA, GLORIA	24.00		405.12	I	
192521	4/20/12	000122	HEALTH FIRST	VEGA, GLORIA	8.00		135.04	I	
192522	4/20/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12	I	
				CUSTOMER	1,242.00	0.00	20,964.96		
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESPAILLAT, AMPA ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA 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 CATEGORY	1,242.00	0.00	20,964.96		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	DEC NV NV			PAGE 1	- 31	L5
SALES URN	IL # UZ/8	TOC 001	SUNNYSIDE CITYWIDE	KEGNI NI LEQ PECTOTEI			NHP NEIGHBORE	TNG	4/27/12
			5 5				DIDD WEEK BRI	71110	1/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192523	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI NEIGHBORHOOD HEALTH PROVI	DEDC AIMED IMADA	E6 00		045 20	I	
192524	4/20/12	000120	NEIGHBORHOOD HEALIH PROVI	DERS ARMED, UMAKA	45 00		750 60	I	
192525	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS ARRIER, SELINA	30.00		759.00 E06.40	I	
192526	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS ARDIIIO, PAIRIC	50.00		944 00	I	
192527	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS CHURWUUIURAH, I	20.00		227 60	I	
192528	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DEDC FEDNANDEZ MADI	12 00		337.00	I	
192529	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DEDC FIODEC MADITES	70.00		1 101 60	I	
192530	4/20/12	000120	NEIGHBORHOOD HEALIN PROVI	DERS FLORES, MARIIZA	70.00 45.00		750 60	I	
192531	4/20/12	000120	METCUDODUOOD HEALIN PROVI	DERS CONES, CINITIA	43.00		739.00 540 16	I	
192532	4/20/12	000120	METCUDODUOOD HEALIN PROVI	DERS KHALLL, KASHAN	32.00		540.10	I	
192533	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DEDG KDOLL KATHEDIN	35.00		500.40	I	
192534	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	TOERS KRODE, KAINEKIN	42 00		708 96	I	
192535	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS MOCKOWITT DONA	36 00		607.68	I	
192536	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	TOPPS OCASTO VIDGINI	22 00		371 36	I	
192537	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	TOPPO PODPICITES MARK	12.00		202 56	I	
192538	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DEDG GALVATO MADV	56 00		945 28	I	
192539	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	TOPPS SCOTT MICHARI	30.00		540 16	I	
192540	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS SHEPPARD ERMA	69 25		1 168 94	Ī	
192541	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS WELLS WYNORIA	16 00		270 08	Ī	
192542	4/20/12	000120	NEIGHBORHOOD HEALTH PROVI	DERS WILSON, SHERYL	38.00		641.44	Ī	
	-,,								
				CUSTOMER	748.25	0.00	12,630.46		
				CATEGORY	748.25	0.00	12,630.46		

			YSIDE CITYWIDE	DEC NV NV			-	- 31	
SALES JRN	L # U2/8	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			FID NY CATHO BILL WEEK EN	- ,	4/27/12
				SALES KEGISIEK			DIDD WEEK EN	DING	4/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192543	4/20/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I	
192544	4/20/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	37.00		624.19	I	
192545	4/20/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.45	I	
192546	4/20/12	000126	NYS CATHOLIC/FIDELIS	LITMA, GAIL	25.00		421.75	I	
192547	4/20/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I	
192548	4/20/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	54.00		910.98	I	
192549	4/20/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	28.00		472.36	I	
192550	4/20/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		674.80	I	
192551	4/20/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	33.00		556.71	I	
192552	4/20/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAOUEL	53.00		894.11	Ī	
	-, ,								
				CUSTOMER	438.00	0.00	7,389.06		
				CATEGORY	438.00	0.00	7,389.06		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED H	- 31 EALTH	.7
				SALES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192553	4/20/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	14.00		240.24	I	
192554	4/20/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	50.00		858.00	I	
192555	4/20/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	15.00		257.40	I	
192556	4/20/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
192557	4/20/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
192558	4/20/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
				CUSTOMER	183.00	0.00	3,140.28		
				 CATEGORY	183.00	0.00	3,140.28		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM HI	- 31	.8
SILLE GIAV	1 1 0270	100 001	SOMMIDIDE CITIVIDE	SALES REGISTER			BILL WEEK ENI		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192559	4/20/12	000114	EMBLEM HEALTH	COPE, WILLIE	83.75		1,172.50	I	
192560	4/20/12	000114	EMBLEM HEALTH	COPELAND, ELISE	24.00		342.00	I	
192561	4/20/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
192562	4/20/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
192563	4/20/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
192564	4/20/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
192565	4/20/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	314.75	0.00	4,412.50		
				CATEGORY	314.75	0.00	4,412.50		

			YSIDE CITYWIDE					- 31	
SALES JRN	L # 0278	LOC 001	SUNNYSIDE CITYWIDE REG	G NY NY			HIP HEALTH II		
			SALI	GNY NY ES REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
100566	4 (00 (10	000126		317125 3112777	14 00		026 20	_	
192566	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL	14.00		236.32	Τ	
192567	4/06/12	000136	HEALTH INSURANCE PLAN OF NY	BORLAZA, FRANCI			1,417.92	I	
192568	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE	4.00		67.52	I	
192569	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	DE JESUS, TIBUR	63.25		1,067.66	I	
192570	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	GOMES, AGUSTINA	63.00		1,063.44	I	
192571	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	LOYOLA, MARIA	47.00		793.36	I	
192572	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	ORR, LOUISE				T	
192573	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	PARADISE, ANITA			405.12	T	
192574	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	SHAH, HANSIKABE	5.00		84.40		
				•					
192575	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	TOWLES, ADA	12.00		202.56		
192576	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	WILLIAMS, DIANE	20.00		337.60	Τ	
192577	4/20/12	000136	HEALTH INSURANCE PLAN OF NY	ZAMBRANO, ZOILA	16.00		270.08	I	
				CUSTOMER	387.25	0.00	6,536.78		
				CATEGORY	387.25	0.00	6,536.78		

RUN DATE 04/2	UN DATE 04/25/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 320							
SALES JRNL #	0278 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HPS HEALTH PI	LUS	
			S A L E S R E G I S T E R			BILL WEEK ENI	DING	4/27/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192578 4/2	20/12 000138	HEALTH PLUS PHSP, INC	DENNISON, KELVI	28.00		476.00	I	
192579 4/2	20/12 000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	24.00		408.00	I	
192580 4/3	13/12 000138	HEALTH PLUS PHSP, INC	WALTERS, BYRON	25.00		425.00	I	
192581 4/3	13/12 000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	18.00		306.00	I	
			CUSTOMER	95.00	0.00	1,615.00		
			CATEGORY	95.00	0.00	1,615.00		

RUN DATE	04/25/12 -	- SUP SUNN	IYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1	- 32	21
SALES UKN	L # UZ/O	TOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK END	TNG	4/27/12
							DIDD WOOK DIVE	71110	1/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
				ABBAS, SENOWARA ANDERSON, BETH ARIAS, NORA BEDOYA, MONICA BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE SHUMON, NUK-FNU VALLE, BLASINA VICEDO, FREDELI				_	
192582	4/20/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	84.00		1,440.60	I	
192583	4/20/12	000130	METROPLUS HEALTH	ANDERSON, BETH	42.00		720.30	I	
192584	4/20/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
192585	4/20/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	I	
192586	4/20/12	000130	METROPLUS HEALTH	BRACERO, HELEN	56.00		960.40	I	
192587	4/20/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	84.00		1,440.60	I	
192588	4/20/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	18.00		308.70	I	
192589	4/20/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50	I	
192590	4/20/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	133.00		2,280.95	I	
192591	4/20/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00	I	
192592	4/20/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	4.00		68.60	I	
192593	4/20/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
192594	4/20/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
192595	4/20/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I	
192596	4/20/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	I	
192597	4/20/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	24.00		411.60	I	
192598	4/13/12	000130	METROPLUS HEALTH	RYALS, CHARLES	12.00		205.80	I	
192599	4/13/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	78.00		1,337.70	I	
192600	4/20/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU	28.00		480.20	I	
192601	4/20/12	000130	METROPLUS HEALTH	VALLE, BLASINA	24.00		411.60	I	
192602	4/13/12	000130	METROPLUS HEALTH	VICEDO, FREDELI	6.00		102.90	I	
				CUSTOMER	988.00	0.00	16,944.20		
				 CATEGORY	988.00	0.00	16.944.20		
1				3.1.2.531(1	- 00.00	0.00	10,711.20		

RUN DATE 04/2 SALES JRNL #	25/12 - SUP SUNN 0278 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE C BILL WEEK END		2 4/27/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192604 4/2	20/12 000124 20/12 000124 20/12 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GENAO, DANIELA MARTINEZ, MARIA RAMIREZ, ALIDA	55.00 42.00 62.75		946.00 722.40 1,079.30	I I I	
				CUSTOMER	159.75	0.00	2,747.70		
				CATEGORY	159.75	0.00	2,747.70		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	323
SALES JRN	rL # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG N				NPS NY PRESBYTE	-
				SALES	REGISTER			BILL WEEK ENDIN	G 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
192606	4/20/12	000134	NY-PRESBYTERIAN SYSTEM	1 SELECT	KARASSAVIDIS, A	35.00		600.60 I	
					CATEGORY	35.00	0.00	600.60	

-	- , - ,		YSIDE CITYWIDE	DEC MY MY			11102	- 32	24
SALES JRN	L # UZ/8	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			AMG AMERIGROU BILL WEEK ENI		4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192607	4/20/12	000132	AMERIGROUP	FERNANDEZ, NORK	42.00		708.54	I	
192608	4/20/12	000132	AMERIGROUP	GUERRA, LORRAIN	70.00		1,180.90	I	
192609	4/20/12	000132	AMERIGROUP	HAWKINS S, MA	69.00		1,164.03	I	
192610	4/06/12	000132	AMERIGROUP	LINARES, NANCY	34.00		573.58	I	
192611	4/20/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04	I	
				CUSTOMER	223.00	0.00	3,762.09		
				CATEGORY	223.00	0.00	3,762.09		

	04/25/12 - IL # 0278		YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NTV NTV			PAGE 1 PAR PRIVATE	- 32	25
SALES URN	ш # 0276	TOC 001	S A L E	NY NY S REGISTER	ર		BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192612 192613 192614 192615 192616 192617	4/20/12 4/20/12 4/20/12 4/20/12 4/20/12 4/20/12	000002 000002 000002 000002 000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE MARINOS, IRENE MORA, MARIA MORA, PAULA ROJO, MANUEL TUCCI, DOROTHY	6.00 1.00 4.00 4.00 8.00 4.00		87.00 14.50 58.00 58.00 108.00 58.00	I I I I I	
				CUSTOMER	27.00	0.00	383.50		
192618	4/20/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
192619 192620	4/20/12 4/20/12	000049 000049	ELIZABETH SETON PEDIATRIC CTR ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE MORSHELINA, NAS			344.75 206.85	I I	
				CUSTOMER	40.00	0.00	551.60		
192621	4/20/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
192622	4/20/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	102.00	0.00	2,707.10		

RUN DATE 04 SALES JRNL			REG NY NY A L E S R E G I S T E R			PAGE 1 - CAS CHILDREN'S A BILL WEEK ENDING	ID SOCIETY
INVOICE#	DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192624 4 192625 4	1/20/12 000088 1/20/12 000088 1/20/12 000088 1/20/12 000088	8 CHILDREN'S AID SOCIETY 8 CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI SALAS, HELENA	15.00 6.00 4.00 28.00		232.50 I 93.00 I 62.00 I 434.00 I	
			CUSTOMER	53.00	0.00	821.50	
			CATEGORY	53.00	0.00	821.50	

	04/25/12 · NL # 0278		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 327 PAR PRIVATE BILL WEEK ENDING 4/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
192627	4/20/12	000098	MILDRED PANSE	PANSE, MILDRED	19.00		294.50 I	
				 CATEGORY		0.00	294.50	

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	28 LTH 4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
192628 192629	4/20/12 4/20/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 17.00		356.25 I 242.25 I	
				CUSTOMER	42.00	0.00	598.50	
				CATEGORY	42.00	0.00	 598.50	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - PAR PRIVATE BILL WEEK ENDI		!
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	;
192630	4/20/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	20.00		317.50	I	
192631	4/20/12	000145	LARRY EISENBERG	BERGER, TESS	52.00		831.50	I	
				CATEGORY	72.00	0.00	1,149.00		

RUN DATE	04/25/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 33	30
SALES JRN	ъ # 0278	LOC 001	SUNNYSIDE CITYWIDE	REG				CCM COMPREHE	NSIVE	-
				SALE	S REGISTER			BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192632	4/20/12	000150	COMPREHENSIVE CARE MA	ANAGEMENT	BONES, ANA	20.00		282.00	I	
192633	4/20/12	000150	COMPREHENSIVE CARE MA	ANAGEMENT	ROSARIO, CELEST	35.75		504.08	I	
					CUSTOMER	 55.75	0.00	786.08		
					222201111		0.00	, 55.55		
					CATEGORY	55.75	0.00	786.08		

			YSIDE CITYWIDE	NTSZ NTSZ				- 33	31
SALES JRN	L # UZ/8	LOC 001	SUNNYSIDE CITYWIDE REG S A L E				PAR PRIVATE BILL WEEK ENI	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192634	4/20/12	000153	PATRICIA RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
192635	4/20/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	149.50		2,389.25	I	
192636	4/20/12	000159	ALZHEIMER'S ASSOCIATION	TUCCI, DOROTHY	2.00		32.50	I	
192637 192638	2/17/12 4/20/12	002215 002215	KEITH SALMON KEITH SALMON	LAWRANCE, LILLA LAWRANCE, LILLA	4.00		62.00 322.00	I	
				CUSTOMER	24.00	0.00	384.00		
192639	4/20/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
192640	4/20/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
192641	4/20/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
192642	4/20/12	006337	STEPHEN EDEL	EDEL, CANDACE	80.00		1,263.25	I	
192643	4/20/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	5.00		85.00	I	
192644	4/20/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	7.50		121.88	I	
192645	4/20/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
192646	4/20/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
192647	4/20/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
192648	4/20/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	20.00		310.00	I	
192649	4/20/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
192650	4/20/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
192651	4/20/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
192652 192653	4/13/12 4/20/12	009854 009854	HELEN TAYLOR HELEN TAYLOR	HERNANDEZ, FRAN HERNANDEZ, FRAN	2.00		31.00 62.00	I I	
				CUSTOMER	6.00	0.00	93.00		
192654	4/20/12	009932	JOSEPH SCANDARIATO	SCANDARIATOR, J	3.00		46.50	I	
192655	4/20/12	010008	LOUIS TUCCI	TUCCI, LOUIS	2.00		32.50	I	
192656	4/20/12	010195	ROBERT MURAYAMA-GREENBAUN	GREENBAUN, MASA	3.00		46.50	I	
192657	4/20/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 2 PAR PRIVATE	- 33	32
511225 014.	.2 02/0	200 001		LES REGISTI	E R		BILL WEEK EN	DING	4/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
192658	4/20/12	010284	MILDRED EDELMAN	EDELMAN, MILDRE	8.00		124.00	I	
192659	4/20/12	010290	ALZHEIMER'S ASSOCIATION	URRAYA, PIEDAD	11.00		176.50	I	
				-					
				CATEGORY	459.00	0.00	7,253.88		
				LOCATION	22,211.34	0.00	343,481.84		
				COMPANY	22,211.34	0.00	343,481.84		

RUN DATE 04/25/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 333 PAR PRIVATE

SALES JRNL # 0278 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER BILL WEEK ENDING 4/27/12

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

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