RUN DATE 01/11/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0263 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 1/13/12 CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT INVOICE# DATE CUSTOMER NAME

REFERENCE

REFERENCE

SENIOR HEALTH PARTNERS
CARRILLO, MARIA
CARYLLO
SENIOR HEALTH PARTNERS
COLON, RAYMUNDA
COLON
SENIOR HEALTH PARTNERS
DABU, JUANITA
COLON
SENIOR HEALTH PARTNERS
HARIDIN, KHAMAT
SENIOR HEALTH PARTNERS
HARIDIN, RAMDIA
COLO
SENIOR HEALTH PARTNERS
SENIOR AMOUNT TYP SURPLUS 179300 1/06/12 000082 52.40 I 179301 12/30/11 000082 52.40 I 1/06/12 311.13 I 179302 000082 179303 1/06/12 000082 356.99 524.00 179304 1/06/12 000082 179305 209.60 1/06/12 000082 179306 1/06/12 000082 52.40 179307 1/06/12 000082 13.10 179308 1/06/12 000082 65.50 179309 1/06/12 000082 406.10 179310 1/06/12 000082 225.98 179311 1/06/12 000082 327.50 179312 1/06/12 000082 52.40 179313 1/06/12 000082 327.50 179314 1/06/12 000082 262.00 1,319.83 179315 1/06/12 000082 179316 1/06/12 209.60 000082 179317 1/06/12 000082 68.78 179318 157.20 1/06/12 000082 179319 838.40 1/06/12 000082 179320 1/06/12 000082 94.98 179321 1/06/12 000082 576.40 179322 1/06/12 000082 327.50 179323 1/06/12 000082 524.00 179324 1/06/12 000082 104.80 179325 1/06/12 000082 524.00 179326 1/06/12 000082 157.20 1/06/12 179327 000082 52.40 I \_\_\_\_\_ \_\_\_\_\_ 625.50 0.00 CUSTOMER 8,194.09

CATEGORY 625.50 0.00

8,194.09

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END:		2 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	ΓΥΡ	SURPLUS
179328	1/06/12	800000	VISITING NURSE SERVICE	ABBOTT, FAY	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
			5	SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179329	1/06/12	000008	VISITING NURSE SERVICE	•	8.00			I
179330	1/06/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	40.00		583.20	I
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

			YSIDE CITYWIDE				PAGE 1 -	-
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179331	1/06/12	000008	VISITING NURSE SERVICE	ACUNA, JOSE	29.00		422.82	I
				CATEGORY	29.00	0.00	422.82	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	•
DILLEG GIGN	12    0203	100 001		LES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
179332	1/06/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	15.00		218.70	I
179333	1/06/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	5.00		72.90	I
179334	1/06/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	24.75		360.86	I
179335	1/06/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	10.00		145.80	I
179336	1/06/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	50.00		729.00	I
179337	1/06/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	4.00		58.32	I
179338	1/06/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	12.00		174.96	I
179339	1/06/12	800000	VISITING NURSE SERVICE	AFZAL, AMIR	1.00		14.58	I
				CUSTOMER	121.75	0.00	1,775.12	
				CATEGORY	121.75	0.00	1,775.12	

RUN DATE 01/11/12 SALES JRNL # 0263	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING 1 BILL WEEK EN		6 /O WALLS (LT 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179340 12/23/11 179341 1/06/12 179342 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	AGUILAR, ZORAID AGUILAR, ZORAID AGUILAR, ZORAID	5.00 5.00 35.00		72.90 72.90 510.30	I I I	
			CUSTOMER	45.00	0.00	656.10		
			CATEGORY	45.00	0.00	656.10		

			YSIDE CITYWIDE				PAGE 1		7
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	ALES REGISTER	_		BILL WEEK END	ING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
179343	1/06/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	16.00		233.28	I	
179344	12/30/11	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	4.00		58.32	I	
179345	1/06/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	13.00		189.54	I	
179346	1/06/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	20.00		291.60	I	
179347	1/06/12	000008	VISITING NURSE SERVICE	ALMANZAR, REMIG	4.00		58.32	I	
179348	1/06/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	8.00		116.64	Т	
179349	1/06/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	48.00		699.84	T	
179350	1/06/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	8.00		116.64	Ť	
179351	1/06/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	36.50		532.17	T	
177331	1/00/12	000000	VIBITING NORSE SERVICE	ANDREWS, COMMI	30.30		332.17		
				CUSTOMER	157.50	0.00	2,296.35		
				COBTONER	137.30	0.00	2,270.33		
				CATEGORY	157.50	0.00	2,296.35		
				CATEGORI	137.30	0.00	2,200.55		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END		8 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179352	1/06/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	8.00		116.65	I	
				CATEGORY	8.00	0.00	116.65		

RUN DATE 01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 9
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
		:	SALES REGISTE	R		BILL WEEK END	ING 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179353 12/30/11	000008	VISITING NURSE SERVICE	ANGULO, ELCY	4.00		58.32	I
179354 1/06/12	000008	VISITING NURSE SERVICE	ANUT, ALICE	8.00		116.64	I
179355 1/06/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	44.00		641.52	I
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	10
			S	ALES REGISTER			BILL WEEK ENDING	1/13/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179356	1/06/12	800000	VISITING NURSE SERVICE	ANZALONE, LAWRE	1.75		25.52 I	
				CATEGORY	1.75	0.00		

RUN DATE SALES JRN		LOC 001		REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
179357	1/06/12	800000	VISITING NURSE SERVICE	AOUN, ODETTE	8.00		116.64	I
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179358	1/06/12	800000	VISITING NURSE SERVICE	ARIAS, CARLOTA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS. BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179359 179360	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ARIAS, MAGDALEN ARIAS, MAGDALEN	6.00 8.00		87.48 I 116.64 I	
				CUSTOMER	14.00	0.00	204.12	
				CATEGORY	14.00	0.00	204.12	

RUN DATE 01/1 SALES JRNL #		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	14
SALES UNIT #	3203 LOC 001		SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE# DA'	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	5/12 000008 5/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 14.75		116.64 I 215.06 I	
			CUSTOMER	22.75	0.00	331.70	
			CATEGORY	22.75	0.00	331.70	

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 15 VCP CHOICE LHCSA
SALES URIVE # UZUS	LOC UUI SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK ENDING 1/13/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179363 12/30/11 179364 1/06/12	000008 VISITING NURSE SERVI	•	4.00		58.32 I 58.32 I
		CUSTOMER	8.00	0.00	116.64
		CATEGORY	8.00	0.00	116.64

	01/11/12 - L # 0263		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	16
			5	SALES REGISTER	2		BILL WEEK ENDING	G 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179365	1/06/12	800000	VISITING NURSE SERVICE	ASH, MARIE	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	L7
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179366	1/06/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	7.00		102.06	I	
179367	1/06/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	35.00		510.30	I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/13/12
TATTOTOTOT	DAME	CITCE NO	CHOMOMED NAME	DEFEDENCE	HOHDG	max and	AMOTTATE EXT	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179368	1/06/12	800000	VISITING NURSE SERVICE	AVILA, ENIDIA	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 01/11/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 1	.9
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
		5	SALES R	EGISTEF	₹		BILL WEEK EN	DING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179369 12/30/11	800000	VISITING NURSE SERVICE	AZAD,	ABUL	20.00		291.60	I	
179370 1/06/12	800000	VISITING NURSE SERVICE	AZAD,	ABUL	16.00		233.28	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	20
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGIST	E R		BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179371	1/06/12	000008	VISITING NURSE SERVI	CE BAEZ, JUAN	28.00		408.24 I	
				~				
				CATEGORY	28.00	0.00	408.24	

RUN DATE ( SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 LTC NURSING BILL WEEK EN	HOMEW	21 /O WALLS (LT 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179372 179373 179374 179375 179376 179377 179378 179379	1/06/12 1/06/12 1/06/12 1/06/12 1/06/12 1/06/12 1/06/12	000008 000008 000008 000008 000008 000008	VISITING NURSE SERVICE	BALLAS, VIOLA BALLAS, VIOLA BAQUERIZO, ANNA BAQUERIZO, ANNA BARDEANU, VICTO BARDEANU, VICTO BATTLE, JEANETT BATTLE, JEANETT	5.00 20.00 8.00 40.00 4.00 40.00 7.00 28.00		72.90 291.60 116.64 583.20 58.32 583.20 102.06 408.24	I I I I I	
	, ,			CUSTOMER	152.00	0.00	2,216.16		
				CATEGORY	152.00	0.00	2,216.16		

ı	RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	2
ı	SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
ı				5	SALES REGISTER			BILL WEEK ENDING	1/13/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	179380	1/06/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	35.00		510.30 I	
ı					CATEGORY	35.00	0.00	510.30	

RUN DATE 01/11/12 - SALES JRNL # 0263	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	23 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179381 12/30/11 179382 1/06/12 179383 1/06/12 179384 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BEGUM, IQBAL BEGUM, IQBAL BELLOROFONTE, M BELLOROFONTE, M	4.00 4.00 20.00 107.00		58.32 I 58.32 I 291.60 I 1,560.06 I	
			CUSTOMER	135.00	0.00	1,968.30	
			CATEGORY	135.00	0.00	1,968.30	

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	24
SALES UKNI	ц # 0203	TOC 001		SALES REGISTER			BILL WEEK ENDIN	G 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179385 179386	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00		43.74 I 29.16 I	
				CUSTOMER	5.00	0.00	72.90	
				CATEGORY	5.00	0.00	72.90	

RUN DATE 01	./11/12 - SUP	SUNNYSIDE (	CITYWIDE							PAGE 1	- 2	5
SALES JRNL	# 0263 LOC	001 SUNN	SIDE CITY		REG NY	NY				LTC NURSING		,
				S	SALES	REGIS	TER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE CUST	NO CUSTO	MER NAME		F	REFERENCE		HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179387 1	./06/12 0000	008 VISIT	ING NURSE	SERVICE	BE	THUNE, HARE	RYD	15.00		218.70	I	
179388 1	./06/12 0000	008 VISIT	ING NURSE	SERVICE	BH	HAWNANI, BIS	SHU	24.00		349.92	I	
						CUSTOME	 P	39.00	0.00	568.62		
						COBTON	310	33.00	0.00	300.02		
						CATEGOR	Y9	39.00	0.00	568.62		

			YSIDE CITYWIDE				PAGE 1	- 20	6
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	ALES REGISTER			BILL WEEK ENI	ING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179389	12/23/11	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	6.00		87.48	I	
179390	12/30/11	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	6.00		87.48	I	
179391	1/06/12	800000	VISITING NURSE SERVICE	BHULLA, JIWAN	30.00		437.40	I	
179392	12/02/11	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	4.00		58.32	I	
179393	12/30/11	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	4.00		58.32	I	
179394	1/06/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	16.00		233.28	I	
				CUSTOMER	66.00	0.00	962.28		
				CATEGORY	66.00	0.00	962.28		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179395	1/06/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

	01/11/12 - L # 0263		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179396	1/06/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 01/11/12 -						PAGE 1 - 29
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		2	SALES REGISTER			BILL WEEK ENDING 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179397 1/06/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60 I
179398 12/30/11	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	7.00		102.06 I
179399 1/06/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	7.00		102.06 I
179400 1/06/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	34.50		503.01 I
			CUSTOMER	68.50	0.00	998.73
			CATEGORY	68.50	0.00	998.73

RUN DATE 01/13 SALES JRNL # 0			REG NY NY			PAGE 1 - LTC NURSING HO	•
		S	SALES REGISTER			BILL WEEK ENDII	NG 1/13/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179401 1/06	/12 000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50	I
			CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN	- , ,	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	~ -	
			:	SALES REGISTER			BILL WEEK END	ING 1/13/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
179402	1/06/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96	I	
				CATEGORY	12.00	0.00	174.96		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				MEW/O WALLS (LT NG 1/13/12
			•	SALES REGISIER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
170400	1 /05 /10						T0 00	_
179403 179404	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	5.00		72.90 437.40	<u>+</u>
1/9404	1/06/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	30.00		437.40	1
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				PAGE 1 - 33	
SALES JRN	ı∟ # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1 /12 /10
			2	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179405	1/06/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	9.00		131.22 I	
179406	1/06/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	51.00		743.58 I	
				CUSTOMER	60.00	0.00	874.80	
				CATEGORY	60.00	0.00	874.80	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 ADU ADULT	34
			2	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179407	1/06/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	35
SALES JRN	IL # 0263	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179408	1/06/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	24.00		349.92 I	
				CATEGORY	24.00	0.00	 349.92	

RUN DATE 01 SALES JRNL	/11/12 - SUP SUN # 0263 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LAD NURSING 1 BILL WEEK EN	HOME V	36 W/O WALLS LT 1/13/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	./06/12 000008 ./06/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 39.75		116.64 579.56	I I	
			CUSTOMER	47.75	0.00	696.20		
			CATEGORY	47.75	0.00	696.20		

RUN DATE	- , ,		YSIDE CITYWIDE	DDG 1991			11102 1	- 3'	7
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		1 /12 /10
			S	ALES REGISTER			BILL WEEK END	ING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179411	1/06/12	800000	VISITING NURSE SERVICE	CABA, PURA	8.00		116.64	I	
179412	1/06/12	000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	8.00		116.64	I	
179413	1/06/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	8.00		116.64	I	
179414	1/06/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	34.00		495.73	I	
179415	1/06/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	6.00		87.48	I	
179416	1/06/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	24.00		349.92	I	
				CUSTOMER	88.00	0.00	1,283.05		
				CATEGORY	88.00	0.00	1,283.05		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - HOA HOSPICE ADUL' BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179417 179418	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CALKOSZ, JOSEFI CALKOSZ, JOSEFI	9.00 54.00		131.22 I 787.32 I	
				CUSTOMER	63.00	0.00	918.54	
				 CATEGORY	63.00	0.00	918.54	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TY TYUOMA	P SURPLUS
179419	1/06/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	8.00		116.64	Ι
179420	1/06/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	48.00		699.84	Ε
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 4	10
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES R	EGISTI	E R		BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179421	1/06/12	000008	VISITING NURSE SERVICE	CANO,	ADELINA	6.00		87.48	I	
179422	1/06/12	800000	VISITING NURSE SERVICE	CANO,	ADELINA	29.50		430.12	I	
					-					
					CUSTOMER	35.50	0.00	517.60		
					_					
					CATEGORY	35.50	0.00	517.60		

RUN DATE 01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	41
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179423 12/30/11	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	12.00		174.96 I	
179424 1/06/12	000008	VISITING NURSE SERVICE	CAPORASO, VINCE	12.00		174.96 I	
179425 1/06/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	72.00		1,049.76 I	
			CUSTOMER	96.00	0.00	1,399.68	
			CATEGORY	96.00	0.00	1,399.68	

			YSIDE CITYWIDE						42
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING F		
				SALES REGISTER			BILL WEEK ENI	JING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179426	1/06/12	000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	5.00		72.90	I	
179427	1/06/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	30.00		437.40	I	
				CUSTOMER	35.00	0.00	510.30		
				CATEGORY	35.00	0.00	510.30		

_	01/11/12 NL # 0263	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITY	מדוס סודוש	EG NY NY				PAGE 1 VCP CHOICE L		43
SALES UK	IVL # 0203	TOC 001	SUNNISIDE CITI	S A L		ISTER			BILL WEEK EN		1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENC	E	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179428	1/06/12	000008	VISITING NURSE S	SERVICE	CARDONA, I	MARIA	30.00		437.40	I	
179429	12/23/11	000008	VISITING NURSE S	SERVICE	CARDOSO, (	ORLAND	8.00		116.64	I	
179430	1/06/12	800000	VISITING NURSE S	SERVICE	CARDOSO, (	ORLAND	8.00		116.64	I	
179431	1/06/12	800000	VISITING NURSE S	SERVICE	CARDOSO, (	ORLAND	33.00		481.14	I	
179432	12/30/11	800000	VISITING NURSE S	SERVICE	CARELA-RE	YES, M	25.00		364.50	I	
179433	1/06/12	800000	VISITING NURSE S	SERVICE	CARELA-RE	YES, M	25.00		364.50	I	
179434	1/06/12	800000	VISITING NURSE S	SERVICE	CARRALERO	, ROSA	30.00		437.40	I	
					CUS	TOMER	159.00	0.00	2,318.22		
					CAT	EGORY	159.00	0.00	2,318.22		

			YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	G 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
179435	1/06/12	800000	VISITING NURSE SERVICE	CARTAFALSA, NEL	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	45 A
			:	SALES REGISTER			BILL WEEK ENDING	3 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179436	1/06/12	000008	VISITING NURSE SERVICE	CARTAFALSA, NEL	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	•
		·	SALES REGISTER			BILL WEEK ENI	DING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179437 12/30/11	000008	VISITING NURSE SERVICE	- · · · · · · · · · · · · · · · · · · ·	16.00		233.28	I	
179438 1/06/12 179439 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		7.75 39.75		113.00 579.56	I	
			CUSTOMER	63.50	0.00	925.84		
			COSTOMER	03.30	0.00	925.64		
			CATEGORY	63.50	0.00	925.84		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	47
DILLES CITY	11 11 0203	100 001		SALES REGISTER			BILL WEEK ENDIN	IG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179440	1/06/12	800000	VISITING NURSE SERVICE	CASTANO, MARIA	3.00		43.74	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179441	1/06/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 4	19
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179442	1/06/12	000008	VISITING NURSE SERVICE	CEBOLLERO, JOHN	4.00		58.32	I	
179443	1/06/12	800000	VISITING NURSE SERVICE	CELIO, MARION	3.00		43.74	I	
							100.06		
				CUSTOMER	7.00	0.00	102.06		
				CATEGORY	7.00	0.00	102.06		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 50
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA
				SALES REGISTER			BILL WEEK EN	DING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179444	1/06/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	5.25		76.55	I
179445	1/06/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	11.75		171.32	I
				CUSTOMER	17.00	0.00	247.87	
				CATEGORY	17.00	0.00	247.87	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JRN	L # 0263	LOC 001		REG NY NY			LTC NURSING HOMEW	•
			S	ALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179446	1/06/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	3.75		54.68 I	
				CATEGORY	3.75	0.00	54.68	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 -	52
SALES JRN	L # U263	TOC 001	SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
179447	1/06/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	29.50		430.11 I	
				CATEGORY	29.50	0.00	430.11	

RUN DATE 01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	IE W/O WALLS LT
		i	SALES REGISTER			BILL WEEK ENDIN	IG 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS
179448 12/23/11	000008	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
179449 12/30/11	800000	VISITING NURSE SERVICE	•	20.00		291.60 I	
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	54
SALES JRN	L # 0263	LOC 001		REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	IG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179450	1/06/12	000008	VISITING NURSE SERVICE	CHAUCA, PEDRO	8.00		116.64	- -
179451	1/06/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	40.00		583.20 I	<del>.</del> -
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE (	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 55
SALES JRNI	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
				SALES REGISTER			BILL WEEK ENDING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
150450	1 /06 /10	000000		an autila 11 Di	10.00		145.00 -
179452	1/06/12	000008	VISITING NURSE SERVIO	CE CHINGA, ALBA	10.00		145.80 I
				CATEGORY	10.00	0.00	145.80
				CAILGORI	10.00	0.00	145.00

RUN DATE 01/11/12		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	56
SALES JRNL # 0263	LOC 001		REGNY NY SALES REGISTER			BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179453 12/23/11 179454 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	3.00 6.00		43.74 I 87.48 I	
1/00/12	000000	VISITING NORSE SERVICE			0.00		
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 57	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK END	ING 1/13/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS	
179455	1/06/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

	01/11/12 -	- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	30
SALES UKI	NL # UZ03	TOC 001		ALES REGISTER	•		BILL WEEK END	
			-		•		5122 W221 2115	1,10,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
179456	1/06/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	7.00		102.06	т
179457	1/06/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	28.00		408.24	
179458	1/06/12	000008	VISITING NURSE SERVICE	CHU, MOLLY	32.00		466.56	T T
179459	12/30/11	000008	VISITING NURSE SERVICE	CHUCK, ENA	4.00		58.32	Ī
179460	1/06/12	000008	VISITING NURSE SERVICE	CHUCK, ENA	5.00		72.90	Ī
179461	1/06/12	000008	VISITING NURSE SERVICE	CHUCK, ENA	24.25		353.57	I
				CUSTOMER	100.25	0.00	1,461.65	
				CATEGORY	100.25	0.00	1,461.65	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	19
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179462	1/06/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	7.25		105.71	I	
179463	1/06/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	46.50		677.97	I	
				CUSTOMER	53.75	0.00	783.68		
				CATEGORY	53.75	0.00	783.68		

RUN DATE 01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	60
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
		5	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179464 12/30/11	000008	VISITING NURSE SERVICE	COLBERG, ALUIS	8.75		127.58	I	
179465 1/06/12	000008	VISITING NURSE SERVICE	COLBERG, ALUIS	3.00		43.74	I	
179466 1/06/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	2.00		29.16	I	
			CUSTOMER	13.75	0.00	200.48		
			CATEGORY	13.75	0.00	200.48		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6	51
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	ALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179467	1/06/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	16.00		233.28	Т	
179468	1/06/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	12.00		174.96	Ī	
179469	1/06/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	18.00		262.45	I	
179470	1/06/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	12.00		174.96	I	
				CUSTOMER	58.00	0.00	845.65		
				CATEGORY	58.00	0.00	845.65		

			YSIDE CITYWIDE	DEC MY MY			PAGE 1		52
SALES JRN	IL # UZ03	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			CCL CONGREGAT BILL WEEK ENI		RE PROGRAM 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179471 179472	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CORDERO, NELLY CORDERO, NELLY	24.00 132.00		349.92 1,924.56	I I	
				CUSTOMER	156.00	0.00	2,274.48		
				CATEGORY	 156.00	0.00	2,274.48		

RUN DATE SALES JRN			NYSIDE 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	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179473	1/06/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	IG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179474	1/06/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60	<u>.                                    </u>
				CATEGORY	20.00	0.00	291.60	

RUN DATE 01	1/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 65	
SALES JRNL	# 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK END	ING 1/13/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS	
179475 1	1/06/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	30.00		437.40	I	
				CATEGORY	30.00	0.00	437.40		

-	01/11/12 - L # 0263		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 TYPE	SURPLUS
179476	1/06/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 HOA HOSPICE	- 6 ADULT	57
			S	SALES R	EGISTE	R		BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179477	1/06/12	800000	VISITING NURSE SERVICE		PETRA	4.00		58.32	I	
179478	1/06/12	000008	VISITING NURSE SERVICE	COX,	PETRA	14.75 		215.06		
					CUSTOMER	18.75	0.00	273.38		
					-					
					CATEGORY	18.75	0.00	273.38		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6	58
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING	HOME V	W/O WALLS LT
			5	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179479	1/06/12	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	7.00		102.06	I	
179480	1/06/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	21.75		317.12	I	
				CUSTOMER	28.75	0.00	419.18		
				CATEGORY	28.75	0.00	419.18		

			YSIDE CITYWIDE				PAGE 1 - 69	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 1/2	13/12
				SALES KEGISIEK			BILL WEEK ENDING 1/	13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
170401	1/06/12	000008	VICIATING MIDGE CEDVICE	CDIIZ TIIANA	16.00		233.28 I	
179481 179482	1/06/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	14.50		233.28 I 211.41 I	
	_,,							
				CUSTOMER	30.50	0.00	444.69	
				CATEGORY	30.50	0.00	444.69	

RUN DATE 01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 70	
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT	
		S	ALES REGISTER			BILL WEEK END	ING 1/13/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
179483 1/06/12	800000	VISITING NURSE SERVICE	DAMICO, ANGELA	20.00		291.60	I	
179484 12/30/11	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	7.75		113.00	I	
179485 1/06/12	000008	VISITING NURSE SERVICE	DANNY, RAMDULAR	7.75		113.00	I	
179486 1/06/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	39.75		579.56	I	
			CUSTOMER	75.25	0.00	1,097.16		
			CATEGORY	75.25	0.00	1,097.16		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	· <del>-</del>	
				SALES REGISTER			BILL WEEK ENDI	ING 1/13/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
179487	1/06/12	000008	VISITING NURSE SERVICE		6.00		87.48	Ī	
179488	1/06/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	36.00		524.88	1	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE SALES JRN		LOC 001		REGNY NY SALES REGISTER			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179489	1/06/12	800000	VISITING NURSE SERVICE	DEL CARPIO, FEL	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	73
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	
				SALES REGISTER			BILL WEEK ENDING	G 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
179490	1/06/12	000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	30.00		437.40 I	
179491	1/06/12	000008	VISITING NURSE SERVICE	DELAROSA, CORAL	5.00		72.90 I	
179492	1/06/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	30.00		437.40 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE 01/11/12 SALES JRNL # 0263	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK END		/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPI	LUS
179493 1/06/12 179494 12/23/11 179495 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DELOSSANTOS, MA DELPOZO, MIGUEL DELPOZO, MIGUEL	18.00 3.00 4.00		262.44 43.74 58.32	I I I	
			CUSTOMER	25.00	0.00	364.50		
			CATEGORY	25.00	0.00	364.50		

			YSIDE CITYWIDE				PAGE 1 -	75
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDII	NG 1/13/12
				-				
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179496	1/06/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	4.00		58.32	I
179497	1/06/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	24.00		349.92	I
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	'6
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179498	1/06/12	000008	VISITING NURSE SERVICE	DELVALLE, JESUS	5.00		72.90	I	
179499	1/06/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	30.00		437.40	I	
				CUSTOMER	35.00	0.00	510.30		
				0001011111		0.00	310.30		
				CATEGORY	35.00	0.00	510.30		

RUN DATE 01/11/12 -						PAGE 1 -	77
SALES JRNL # 0263	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	1/13/12
		•	SALES REGISIER			BILL MEEK ENDING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
150500 10/02/11	000000		2505111 5252	0 50		26.45	
179500 12/23/11 179501 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·- ,	2.50 6.00		36.45 I 87.48 I	
1/00/12	000000	VIBITING NORDE BERVICE					
			CUSTOMER	8.50	0.00	123.93	
			CATEGORY	8.50	0.00	123.93	

RUN DATE SALES JRN	- , ,		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	· •
			S	ALES REGISTER			BILL WEEK ENDIN	G 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179502	1/06/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	34.75		506.67 I	
				CATEGORY	34.75	0.00	506.67	

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 79	)
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179503	1/06/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	16.25		236.93 I	
				CATEGORY	16.25	0.00	236.93	

RUN DATE	01/11/12 -		YSIDE CITYWIDE				PAGE 1	-	80
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179504	1/06/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	28.00		408.24	I	
179505	12/30/11	000008	VISITING NURSE SERVICE	DIAZ, OLGA	6.00		87.48	I	
179506	1/06/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	6.00		87.48	I	
179507	1/06/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	36.00		524.88	I	
179508	1/06/12	000008	VISITING NURSE SERVICE	DIAZ, ROSA	6.00		87.48	I	
179509	12/30/11	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	20.00		291.60	I	
179510	1/06/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	10.00		145.80	I	
179511	1/06/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	50.00		729.00	I	
179512	1/06/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	29.75		433.76	I	
				CUSTOMER	191.75	0.00	2,795.72		
				CATEGORY	 191.75	0.00	2,795.72		

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	81
BIEED CHAE II 0203		SALES REGISTER			BILL WEEK ENDIN	G 1/13/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179513 12/30/11	000008 VISITING NURSE SERVICE	DOMINGUEZ-REIN,	2.00		29.16 I	
		CATEGORY	2.00	0.00	 29.16	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82
SALES JRN	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
				SALES REGISTER			BILL WEEK ENDIN	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179514	1/06/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	12.00		174.96	Ī.
				CATEGORY	12.00	0.00	174.96	

RUN DATE 01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 83
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		S	SALES REGISTE	R		BILL WEEK ENDING 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179515 11/04/11	800000	VISITING NURSE SERVICE	DOMINICK, GINA	8.00		116.64 I
179516 12/23/11	800000	VISITING NURSE SERVICE	DOMINICK, GINA	8.00		116.64 I
179517 12/30/11	000008	VISITING NURSE SERVICE	DOMINICK, GINA	8.00		116.64 I
179518 1/06/12	000008	VISITING NURSE SERVICE	DOMINICK, GINA	8.00		116.64 I
179519 1/06/12	800000	VISITING NURSE SERVICE	DOMINICK, GINA	24.00		349.92 I
			CUSTOMER	56.00	0.00	816.48
			CATEGORY	56.00	0.00	816.48

RUN DATE SALES JRN		SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS.	84 A
				ALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179520	1/06/12	800000	VISITING NURSE SERVICE	DUGLUS, MAY RUT	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN	- , ,	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
179521	1/06/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	36
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179522	1/06/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1	- 8	7
SALES JRNL	# 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK ENI	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179523	1/06/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	33.75		492.08	I	
179524 1	2/30/11	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	1.00		14.58	I	
				CUSTOMER	34.75	0.00	506.66		
				COSTOMER	34.75	0.00	500.00		
				CATEGORY	34.75	0.00	506.66		

			NYSIDE CITYWIDE				PAGE 1 - 88	
SALES	JRNL # 0263	LOC 001		REG NY NY			CCL CONGREGATE CARE PROG	
				SALES REGISTER			BILL WEEK ENDING 1/13/	12
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
179525	1/06/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 89 ADU ADULT	
SALES UNION # UZUS	100 001		SALES REGISTER				/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
179526 12/30/11 179527 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · - · ·	6.00 18.00		87.48 I 262.44 I	
			CUSTOMER	24.00	0.00	349.92	
			CATEGORY	24.00	0.00	349.92	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 9	0
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			S	ALES REGISTER			BILL WEEK END	ING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
179528	1/06/12	000008	VISITING NURSE SERVICE	ESPINOSA, CLORI	4.00		58.32	I	
179529	1/06/12	800000	VISITING NURSE SERVICE	ESPINOSA, CLORI	12.00		174.96	I	
179530	1/06/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	4.00		58.32	I	
179531	1/06/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	19.00		277.02	I	
				CUSTOMER	39.00	0.00	568.62		
				CATEGORY	39.00	0.00	568.62		

			YSIDE CITYWIDE				-	91
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179532	1/06/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	7.75		113.00 I	
179533	1/06/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	48.75		710.78 I	
				CUSTOMER	56.50	0.00	823.78	
				COSTOMER	30.30	0.00	023.70	
				CATEGORY	56.50	0.00	823.78	

RUN DATE SALES JRN		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
179534	1/06/12	800000	VISITING NURSE SERVICE	FAMBIATOS, PARA	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	₹		PAGE 1 - CCL CONGREGATE C BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179535 179536 179537	1/06/12 1/06/12 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	15.00 3.00 3.00		218.70 I 43.74 I 43.74 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	94
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			Ş	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179538	1/06/12	000008	VISITING NURSE SERVICE	FAY, JULIA	5.00		72.90 I	
179539	1/06/12	800000	VISITING NURSE SERVICE	FAY, JULIA	15.00		218.70 I	
179540	1/06/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	8.25		120.29 I	
179541	1/06/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	17.00		247.86 I	
				CUSTOMER	45.25	0.00	659.75	
				CATEGORY	45.25	0.00	659.75	

R	UN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95	
S.	ALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA	
					SALES REGISTER			BILL WEEK ENDI	NG 1/13/12	
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
1	79542	1/06/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	18.00		262.44	I	
					CATEGORY	18.00	0.00	262.44		

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	96
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			:	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179543	1/06/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				11101	- 97
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179544	1/06/12	000008	VISITING NURSE SERVICE	FERNANDEZ, MATI	7.75		113.00	I
179545	1/06/12	800000	VISITING NURSE SERVICE	FERNANDEZ, MATI	32.00		466.56	I
				CUSTOMER	39.75	0.00	579.56	
				CATEGORY	39.75	0.00	579.56	

RUN DATE 01/11/12 -						PAGE 1 - 98	
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 1/13/12	
						BIBE WEEK ENDING 1/13/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
179546 12/30/11	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	3.50		51.03 I	
179547 1/06/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00		218.70 I	
			CUSTOMER	18.50	0.00	269.73	
			CATEGORY	18.50	0.00	269.73	

RUN DATE 01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 9	9
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
		;	SALES REGISTE	R		BILL WEEK ENI	DING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179548 12/16/11	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	6.00		87.48	I	
179549 1/06/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	6.00		87.48	I	
179550 1/06/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	30.25		441.05	I	
			CUSTOMER	42.25	0.00	616.01		
			CATEGORY	42.25	0.00	616.01		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	0
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179551	1/06/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE			F	PAGE 1 -	101
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY		Λ	CP CHOICE LHC	SA
			:	SALES REGISTER		E	BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179552	1/06/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	28.00		408.24	I
				CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDI	CARE PROGRAM
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179553	1/06/12	800000	VISITING NURSE SERVICE	FONSECA, EUGENI	7.00		102.06	I
				CATEGORY	7.00	0.00	102.06	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 10	)3
	,, ,_,,			SALES REGISTER			BILL WEEK EN		1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179554	1/06/12	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	5.00		72.90	I	
179555	1/06/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	20.00		291.60	I	
179556	1/06/12	800000	VISITING NURSE SERVICE	FRAGALE, CONCET	6.00		87.48	I	
				CUSTOMER	31.00	0.00	451.98		
				CATEGORY	31.00	0.00	451.98		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	104
	_ "			ALES REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179557	1/06/12	800000	VISITING NURSE SERVICE	FRANKEL, LISA	3.00		43.74	I
				CATEGORY	3.00	0.00	43.74	

RUN DATE 01/11/12 - SALES JRNL # 0263		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R				105 MEW/O WALLS (LT NG 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179558 12/23/11 179559 1/06/12 179560 1/06/12 179561 12/30/11 179562 1/06/12 179563 1/06/12 179564 1/06/12	000008 000008 000008 000008 000008 000008	VISITING NURSE SERVICE	FRED, EULALIA FRED, EULALIA FRED, EULALIA FREIJOSO, ROSA FREIJOSO, ROSA FUNES, GEORGINA FUNES, GEORGINA	8.00 8.00 40.00 8.00 6.00 5.00 25.00		116.64 116.64 583.20 116.64 87.48 72.90 364.50	
			CUSTOMER	100.00	0.00	1,458.00	
			CATEGORY	100.00	0.00	1,458.00	

			YSIDE CITYWIDE				-	106
SALES JRNI	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 1/13/12
			5	ALES REGISIER		I	SILL MEEK ENDIN	G 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179565	12/30/11	800000	VISITING NURSE SERVICE	FUOCO, ROSALIND	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 107	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 1/13/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
179566	1/06/12	000008	VISITING NURSE SERVICE	GAID, ASILA	5.00		72.90 I	
179567	1/06/12	000008	VISITING NURSE SERVICE	GAID, ASILA	30.00		437.40 I	
179568	1/06/12	000008	VISITING NURSE SERVICE	GALLARDO, ZOILA	12.00		174.96 I	
179569	1/06/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	3.00		43.74 I	
				CUSTOMER	50.00	0.00	729.00	· <b>-</b>
				CATEGORY	50.00	0.00	729.00	_

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	8
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179570	1/06/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	16.00		233.28	I	
179571	12/16/11	800000	VISITING NURSE SERVICE	GARAY, ANGELES	4.00		58.32	I	
				CUSTOMER	20.00	0.00	291.60		
				CODIONER	20.00	0.00	201.00		
				CATEGORY	20.00	0.00	291.60		

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	9
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179572	1/06/12	000008	VISITING NURSE SERVICE	GARCIA, ADRIANO	5.00		72.90	I	
				CATEGORY	5.00	0.00	72.90		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 11	.0
DILLEG GIGN	12    0203	100 001		SALES REGISTER			BILL WEEK END		1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179573	1/06/12	000008	VISITING NURSE SERVICE	GARCIA, ADRIANO	30.00		437.40	I	
179574 179575	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 45.00		116.64 656.10	I T	
1,73,73	1/00/12	000000	VIBILING NORDE BERVICE						
				CUSTOMER	83.00	0.00	1,210.14		
				CATEGORY	83.00	0.00	1,210.14		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 111
SALES JRN	rL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179576	1/06/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40	I
179577	1/06/12	800000	VISITING NURSE SERVICE	GARY, MIKE	34.75		506.66	I
179578	1/06/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	40.00		583.20	I
				CUSTOMER	104.75	0.00	1,527.26	
				CATEGORY	104.75	0.00	1,527.26	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	2
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179579	1/06/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	7.00		102.06	I	
179580	1/06/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36	I	
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	113
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179581	1/06/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	5.00		72.90 I	
179582	1/06/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	28.00		408.24 I	
				CUSTOMER	33.00	0.00	481.14	
				CATEGORY	33.00	0.00	481.14	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	114
DILLEO OTAN	L    0203	100 001		SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179583	1/06/12	000008	VISITING NURSE SERVICE	GIUNTA, MADELIN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE ( SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 115 CCL CONGREGATE CARE BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179584 179585	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 48.00		116.64 I 699.84 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	 816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179586	1/06/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	6.00		87.48	I
				CATEGORY	6.00	0.00	 87.48	

RUN DATE ( SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179587 179588 179589	1/06/12 1/06/12 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOMEZ, ROSANA GOMEZ, VICTORIA GOMEZ, VICTORIA	35.00 3.00 28.50		510.30 43.74 415.53	I I
				CUSTOMER	66.50	0.00	969.57	
				CATEGORY	66.50	0.00	969.57	

	01/11/12 - L # 0263		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCS: BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179590	1/06/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

			JYSIDE CITYWIDE SUNNYSIDE CITYWIDE S 2	REGNY NY ALES REGISTER			PAGE 1 - 119 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/13/12
INVOICE#	DATE	CUST NO	-	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179591	1/06/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELSA	24.00		349.92 I
				CATEGORY	24.00	0.00	 349.92

RUN DATE 01/11/12 - SALES JRNL # 0263		SUNNYSIDE CITYWIDE	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	
INVOICE# DATE	COST NO	COSTOMER NAME	REFERENCE	поока	IAX AMI	AMOUNT II	P SURPLUS
179592 12/23/11	800000	VISITING NURSE SERVICE	· · ·	3.00		43.74 I	
179593 1/06/12	000008	VISITING NURSE SERVICE	· · ·	4.00		58.32 I	
179594 1/06/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	32.00		466.56 I	
			CUSTOMER	39.00	0.00	568.62	
			CATEGORY	39.00	0.00	568.62	

RUN DATE 01/11/12 - SALES JRNL # 0263	RUN DATE 01/11/12 - SUP SUNNYSIDE CITYWIDE  SALES JRNL # 0263 LOC 001 SUNNYSIDE CITYWIDE REG NY NY  SALES REGISTER  BILL WEEK ENDING 1/13/12										
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS				
179595 11/25/11 179596 12/23/11 179597 1/06/12 179598 1/06/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GRESSINE, ARNOL GRESSINE, ARNOL GRESSINE, ARNOL GRESSINE, ARNOL	7.00 7.00 7.00 30.25		102.06 I 102.06 I 102.06 I 441.05 I					
			CUSTOMER	51.25	0.00	747.23					
			CATEGORY	51.25	0.00	747.23					

	ATE 01/11/12 - JRNL # 0263		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 12 ADU ADULT	12
511225	01412    0200	200 001		SALES REGISTER				1/13/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179599	9 1/06/12	800000	VISITING NURSE SERVICE	GUERRERO, SUSAN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 01/11/1 SALES JRNL # 026		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN	
INVOICE# DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179600 1/06/1 179601 1/06/1 179602 1/06/1	2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GUEVARA, ELENA GUEVARA, ELENA GUTIERREZ, ANGE	12.00 36.00 31.00		174.96 524.88 451.98	I I I
			CUSTOMER	79.00	0.00	1,151.82	
			CATEGORY	79.00	0.00	1,151.82	

RUN DATE 01/11/12 - SALES JRNL # 0263		DE CITYWIDE SUNNYSIDE CITYWIDE REG N SALES			PAGE 1 - 124 ADU ADULT BILL WEEK ENDING 1/	/13/12
INVOICE# DATE	CUST NO CUS	JSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TYP SU	JRPLUS
179603 1/06/12 179604 1/06/12 179605 12/30/11 179606 1/06/12	000008 VIS	SITING NURSE SERVICE	GUTIERREZ, JOSE GUTIERREZ, JOSE HALPERN, SIDNEY HENAO, BEATRIZ	4.00 20.00 1.00 16.00	58.32 I 291.60 I 14.58 I 233.28 I	
			CUSTOMER	41.00 0.	597.78	
			CATEGORY	41.00 0.	 00	

ı	RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 125	
ı	SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	1/13/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	179607	1/06/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	15.00		218.70 I	
					CATEGORY	15.00	0.00	218.70	

		01/11/12 - L # 0263	- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	126
					SALES REGISTER			BILL WEEK ENDIN	G 1/13/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	79608 79609	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE	~ - ,	8.00 48.00		116.64 I 699.84 I	
	79610	1/06/12	000008	VISITING NURSE SERVICE	~ - ,	8.00		116.64 I	
					CUSTOMER	64.00	0.00	933.12	
					CATEGORY	64.00	0.00	933.12	

RUN DATE	- , ,		YSIDE CITYWIDE						- 12	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWII		NY			LTC NURSING	,	
				SALES R	EGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179611	1/06/12	000008	VISITING NURSE SEF	RVICE HERRI	ERA, ANGELA	24.00		349.92	I	
179612	1/06/12	800000	VISITING NURSE SEF	RVICE HERRI	ERA, HORACI	6.00		87.48	I	
179613	1/06/12	800000	VISITING NURSE SEF	RVICE HERRI	ERA, HORACI	30.00		437.40	I	
179614	1/06/12	800000	VISITING NURSE SEF	RVICE HUNG	RIA, SABINA	4.75		69.26	I	
179615	1/06/12	800000	VISITING NURSE SER	RVICE HUNG	RIA, SABINA	35.00		510.30	I	
					CUSTOMER	 99.75	0.00	1,454.36		
					CUSTOMER	99.75	0.00	1,454.30		
					CATEGORY	99.75	0.00	1,454.36		

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 128	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	BALES REGISTER			BILL WEEK ENDING 1	/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
179616	1/06/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUI	N DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	129
SA	LES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AID	S ADULT POPUL
				S	SALES REGISTER			BILL WEEK ENDING	1/13/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179	9617	1/06/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	21.00		306.18 I	
					CATEGORY	21.00	0.00	306.18	

RUN DATE 01/11/12 -	- SUP SUNNYSIDE CITYWI	DE				PAGE 1	- 13	0
SALES JRNL # 0263	LOC 001 SUNNYSIDE	CITYWIDE REG N	IY NY			ADU ADULT		
		SALES	S REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE# DATE	CUST NO CUSTOMER NA	ME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179618 12/30/11	000008 VISITING NU	RSE SERVICE	INSERRA, CATHER	7.00		102.06	I	
179619 1/06/12	000008 VISITING NU	RSE SERVICE	INSERRA, CATHER	7.00		102.06	I	
179620 1/06/12	000008 VISITING NU	RSE SERVICE	INSERRA, CATHER	33.75		492.08	I	
			CUSTOMER	47.75	0.00	696.20		
			CATEGORY	47.75	0.00	696.20		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	31
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			:	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179621	1/06/12	800000	VISITING NURSE SERVICE	IRUSTA, MARIA	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 01/11/12 - SALES JRNL # 0263		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 13 ADU ADULT BILL WEEK ENDING	2 1/13/12
INVOICE# DATE	CUST NO (	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE# DATE	COST NO	COSTOPIER NAME	REF ERENCE	поокъ	IAA AMI	AMOUNT TIP	SURPLUS
179622 1/06/12 179623 12/30/11		VISITING NURSE SERVICE VISITING NURSE SERVICE	ISKENDERIAN, KA JAFFAI, ABDUL	30.00 2.00		437.40 I 29.16 I	
			CUSTOMER	32.00	0.00	466.56	
			CATEGORY	32.00	0.00	466.56	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 133
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	OMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
179624	1/06/12	000008	VISITING NURSE SERVICE	JAGDE, MARIA	30.00		437.40	I
179625	1/06/12	000008	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	6.00		87.48	I
179626	1/06/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	32.00		466.56	I
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	CSA .	
			2	SALES REGISTER			BILL WEEK END	ING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179627 179628 179629	1/06/12 1/06/12 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JARA, DELIA JHAVERI, RAMESH JHAVERI, RAMESH	10.00 4.00 16.00		145.80 58.32 233.28	I I I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADUL BILL WEEK ENDING	Г
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179630 179631	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	JIANNARAS, ANNA JIANNARAS, ANNA	10.00		145.80 I 583.20 I	
				CUSTOMER	50.00	0.00	729.00	
				CATEGORY	50.00	0.00	729.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 136	
DALLO OIGV	L # 0205	HOC 001		SALES REGISTER			BILL WEEK EN	DING 1/13/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
179632 179633	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		16.00 10.00		233.28 145.80	I I	
				CUSTOMER	26.00	0.00	379.08		
				CATEGORY	26.00	0.00	379.08		

ı	RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	137
ı	SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
ı				i	SALES REGISTER			BILL WEEK ENDING	1/13/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	179634	1/06/12	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	15.00		218.70 I	
ı					CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 138	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	12/12
				SALES REGISTER			BILL WEEK ENDING 1/1	13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
150605	1,05,110				6 05		01 10 -	
179635	1/06/12	800000	VISITING NURSE SERVICE	KALISZ, LORA	6.25		91.13 I	
				CATEGORY	6.25	0.00	91.13	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179637	1/06/12 1/06/12 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KAUR, SHARAN KAUR, SHARAN KEARNEY, LORRAI	5.50 40.00 11.50		80.19 583.20 167.67	I I
				CUSTOMER	57.00	0.00	831.06	
				CATEGORY	57.00	0.00	831.06	

RUN DATE 01/11/12 -	- SUP SUNNY	SIDE CITYWIDE				PAGE 1	- 140
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENI	DING 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179639 12/30/11	800000	VISITING NURSE SERVICE	KONSTANTINAKOS,	9.75		142.16	I
179640 1/06/12	800000	VISITING NURSE SERVICE	KONSTANTINAKOS,	10.00		145.80	I
179641 1/06/12	800000	VISITING NURSE SERVICE	KONSTANTINAKOS,	60.00		874.80	I
			CUSTOMER	79.75	0.00	1,162.76	
			CATEGORY	79.75	0.00	1,162.76	

	01/11/12 IL # 0263		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 14 HCSA	1
				SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179642 179643	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		32.00 8.00		466.56 116.64	I I	
179644	1/06/12	800000	VISITING NURSE SERVICE		39.75 		579.56 	I 	
				CUSTOMER	79.75	0.00	1,162.76		
				CATEGORY	 79.75	0.00	1,162.76		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	142
SALES JRN	L # 0263	LOC 001		REG NY NY			CCL CONGREGATE C	
				SALES REGISTER			BILL WEEK ENDING	3 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179645	1/06/12	800000	VISITING NURSE SERVICE	LEE, HEE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 143
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179646	1/06/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	4.00		58.32	I
179647	1/06/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	16.00		233.28	I
179648	1/06/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	12.00		174.96	I
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	144
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	ALES REGISTER			BILL WEEK ENDING	3 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179649	1/06/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	8.00		116.64 I	
179650	1/06/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	40.00		583.20 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN		LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179651	1/06/12	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	:6
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			\$	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179652	1/06/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	10.00		145.80	I	
179653	1/06/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	59.50		867.51	I	
				CUSTOMER	69.50	0.00	1,013.31		
				COSTOMER	09.50	0.00	1,013.31		
				CATEGORY	69.50	0.00	1,013.31		

RUN DATE 01/	/11/12 - SUP SUNI # 0263 LOC 001		REG NY NY			PAGE 1 LTC NURSING 1	- 14 HOMEW/	
		S A I	LES REGISTER			BILL WEEK EN		1/13/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179654 12/	/09/11 000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	8.00		116.64	I	
179655 1/	/06/12 000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	8.00		116.64	I	
179656 1/	/06/12 000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	32.00		466.56	I	
179657 1/	/06/12 000008	VISITING NURSE SERVICE	LOGAN, ADELE	6.00		87.48	I	
179658 1/	/06/12 000008	VISITING NURSE SERVICE	LOGAN, ADELE	27.75		404.60	I	
			CUSTOMER	81.75	0.00	1,191.92		
			CATEGORY	81.75	0.00	1,191.92		

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	8
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179659	1/06/12	000008	VISITING NURSE SERVIC	E LONDONO, AMIRA	10.00		145.80	I	
179660	1/06/12	800000	VISITING NURSE SERVIC	E LONDONO, AMIRA	50.00		729.00	I	
179661	1/06/12	800000	VISITING NURSE SERVIC	E LOOR, MAURA	12.00		174.96	I	
179662	1/06/12	800000	VISITING NURSE SERVIC	E LOPEZ, ANGELICA	5.00		72.90	I	
179663	1/06/12	800000	VISITING NURSE SERVIC	E LOPEZ, ANGELICA	25.00		364.50	I	
				CUSTOMER	102.00	0.00	1,487.16		
				CATEGORY	102.00	0.00	1,487.16		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 149	9
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/0	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179664	1/06/12	000008	VISITING NURSE SERVICE	LOPEZ, MARIA	6.00		87.48	I	
179665	1/06/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	35.00		510.30	I	
				CUSTOMER	41.00	0.00	597.78		
				CATEGORY	41.00	0.00	597.78		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 150
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179666	1/06/12	000008	VISITING NURSE SERVICE	LORIA, DIANA	18.50		269.73	I
179667	1/06/12	800000	VISITING NURSE SERVICE	LOUKATOS, VIRGI	15.00		218.70	I
				CUSTOMER	33.50	0.00	488.43	
				CATEGORY	33.50	0.00	488.43	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 151	Ĺ
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			i	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179668	1/06/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	20.00		291.60 I	
179669	1/06/12	000008	VISITING NURSE SERVICE	•	30.00		437.40 I	
				CUSTOMER	50.00	0.00	729.00	
				CATEGORY	50.00	0.00	729.00	

			YSIDE CITYWIDE				PAGE 1 - 1	52
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	1 /12 /12
				SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179670	1/06/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE ( SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 15 CCL CONGREGATE CAR BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179671 179672	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MAGILLIGAN, LOR MAGILLIGAN, LOR	5.00 15.00		72.90 I 218.70 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	54
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179673	1/06/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	12.00		174.96	I	
179674	1/06/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	60.00		874.80	I	
179675	1/06/12	800000	VISITING NURSE SERVICE	MANGAN, JOHN	16.00		233.28	I	
179676	1/06/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	11.00		160.38	I	
179677	1/06/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	54.75		798.26	I	
				CUSTOMER	153.75	0.00	2,241.68		
				CATEGORY	153.75	0.00	2,241.68		

RUN DATE 01/ SALES JRNL #	/11/12 - SUP SUNN # 0263 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			-	- 155 HOMEW/O WALLS (LT DING 1/13/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179679 1/ 179680 1/	706/12 000008 706/12 000008 706/12 000008 706/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MANOS, ARCHIE MANOS, ARCHIE MANOS, VASILIKE MANOS, VASILIKE	6.00 30.00 3.00 14.25		87.48 437.40 43.74 207.77	I I I
			CUSTOMER	53.25	0.00	776.39	
			CATEGORY	 53.25	0.00	776.39	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179682	1/06/12	800000	VISITING NURSE SERVICE	MANTILLA, CLEME	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

ı	RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.57
ı	SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
ı				S	SALES REGISTER			BILL WEEK ENDING	1/13/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	179683	1/06/12	000008	VISITING NURSE SERVICE	MARINO, ANN	16.00		233.28 I	
ı					CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 15 VCP CHOICE LHCSA BILL WEEK ENDING	8 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179684	1/06/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179685 179686	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MARMOL, LIDIA MARMOL, LIDIA	4.00 32.25		58.32 470.21	I I	
				CUSTOMER	36.25	0.00	528.53		
				 CATEGORY	36.25	0.00	528.53		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	60
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179687	1/06/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	9.00		131.22 I	
179688	1/06/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	9.00		131.22 I	
				CUSTOMER	18.00	0.00	262.44	
				CATEGORY	18.00	0.00	262.44	

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 CCL CONGREGATE CA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179689 12/23/11 179690 1/06/12 179691 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, ELENA	10.00 10.00 60.00		145.80 I 145.80 I 874.80 I	
			CUSTOMER	80.00	0.00	1,166.40	
			CATEGORY	80.00	0.00	1,166.40	

			YSIDE CITYWIDE	222			-	- 16	52
SALES JRN	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTE:	ח		VCP CHOICE LE		1/13/12
			•	SALES REGISIE	K		DILL MEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179692	1/06/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	24.00		349.92	I	
179693	12/30/11	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	6.00		87.48	I	
179694	1/06/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	5.75		83.84	I	
179695	1/06/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	11.75		171.32	I	
179696	1/06/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	71.75		1,046.12	I	
				CUSTOMER	119.25	0.00	1,738.68		
				CATEGORY	119.25	0.00	1,738.68		
				CHILOCKI	117.23	0.00	1,750.00		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 163 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/13/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179697 12/30/11 179698 1/06/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	6.00 23.75		87.48 I 346.28 I
		CUSTOMER	29.75	0.00	433.76
		CATEGORY		0.00	433.76

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 164	
SALES JRN	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE A	DULT	
			5	SALES REGISTER			BILL WEEK END	ING 1	L/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	SURPLUS
179699	1/06/12	800000	VISITING NURSE SERVICE	MASI, RAFFAELE	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	5
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179700	1/06/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	6.00		87.48 I	
179701	1/06/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	24.00		349.92 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 166
SALES JRN	rL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDI	ING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
179702	1/06/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	9.00		131.22	I
179703	1/06/12	800000	VISITING NURSE SERVICE	MAZZONE, FRANCE	54.00		787.32	I
179704	1/06/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	24.00		349.92	I
179705	1/06/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	108.00		1,574.64	I
				CUSTOMER	195.00	0.00	2,843.10	
				CATEGORY	195.00	0.00	2,843.10	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	167
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			5	SALES REGISTER			BILL WEEK ENDING	3 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179706	1/06/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	168
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	1/13/12
TATIOTORI	DAME	GIIGE NO	GIGHOMED NAME	DEFEDENCE	HOHDG	max amm	AMOTINE ENGL	GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179707	1/06/12	000008	VISITING NURSE SERVICE	MCPARTLAN, CATH	2.00		29.16 I	
	_,,			,				
				CATEGORY	2.00	0.00	29.16	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH	ICSA	1/13/12
			5	SALES REGISIER			BILL WEEK END	TING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179708	1/06/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	11.50		167.68	I	
179709 179710	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MEJIA, MARINA MEJIA, MARINA	4.00 20.00		58.32 291.60	I I	
				, 	25.50				
				CUSTOMER	35.50	0.00	517.60		
				CATEGORY	35.50	0.00	517.60		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	70
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179711	1/06/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	3.50		51.03	I	
179712	1/06/12	800000	VISITING NURSE SERVICE	•	21.25		309.83	I	
				CUSTOMER	24.75	0.00	360.86		
				CATEGORY	24.75	0.00	360.86		

RUN DATE SALES JRN		SUP SUNN LOC 001		REGNY NY BALES REGISTER			PAGE 1 - 171 VCP CHOICE LHCSA BILL WEEK ENDING 1/13/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
179713	1/06/12	800000	VISITING NURSE SERVICE	MELILLO, GRACE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 01/11/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 172
SALES JRNL # 0263		REG NY NY			LTC NURSING HOMEW/O WALLS (LT
	S	BALES REGISTER			BILL WEEK ENDING 1/13/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179714 12/30/11	000008 VISITING NURSE SERVICE	MENDEZ, NELLY	4.00		58.32 I
		CATEGORY	4.00	0.00	58.32

			YSIDE CITYWIDE	222			PAGE 1 - 1	
SALES JRN	L # U263	TOG 001		REGNY NY SALES REGISTER			LAA LOMBARDI AIDS BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179715	1/06/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

RUN DATE SALES JRN		SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 174
				SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
179716 179717	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		7.00 58.00		102.06 845.64	I
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	5
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER	2		BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179718	1/06/12	000008	VISITING NURSE SERVICE	MENDOZA, JULIO	4.00		58.32	I	
179719	1/06/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	35.00		510.30	I	
				CHOMOMED	20.00	0.00			
				CUSTOMER	39.00	0.00	568.62		
				CATEGORY	39.00	0.00	568.62		

			YSIDE CITYWIDE				PAGE 1 - 176
SALES JRN	L # 0263	TOC 001		REG NY NY S A L E S R E G I S T E R			VCP CHOICE LHCSA BILL WEEK ENDING 1/13/12
							, , ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179720	1/06/12	800000	VISITING NURSE SERVICE	MENDOZA, VALENT	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 ADU ADULT	- 17	17
SALES UKI	иш # 0203	TOC 001	SOMMISIDE CITIMIDE	SALES REGISTER	3		BILL WEEK END	ING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179721	1/06/12	000008	VISITING NURSE SERV	CE MENOUTIS, PANAG	3.00		43.74	I	
179722	1/06/12	800000	VISITING NURSE SERV	CE MILEO, MARY	4.00		58.32	I	
179723	1/06/12	800000	VISITING NURSE SERV	CE MILEO, MARY	15.75		229.64	I	
179724	12/23/11	800000	VISITING NURSE SERV	CE MILONE, NILZA	2.00		29.16	I	
179725	1/06/12	800000	VISITING NURSE SERV	CE MILONE, NILZA	4.00		58.32	I	
				CUSTOMER	28.75	0.00	419.18		
				 CATEGORY	28.75	0.00	419.18		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 178	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
				SALES REGISTER			BILL WEEK ENDING 1/13/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
179726	1/06/12	800000	VISITING NURSE SERVICE	MOLINA, ANA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 17 HCSA	79
			S	SALES REGISTER			BILL WEEK ENI	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179727	1/06/12	800000	VISITING NURSE SERVICE	MONTES, MARTA	24.00		349.92	I	
179728	1/06/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	5.00		72.90	I	
179729	1/06/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	30.00		437.40	I	
				CUSTOMER	59.00	0.00	860.22		
				CATEGORY	59.00	0.00	860.22		

RUN DATE 01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 18	30
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
		5	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179730 12/30/11	000008	VISITING NURSE SERVICE	MORALES, ANGELI	6.00		87.48	I	
179731 1/06/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	6.00		87.48	I	
179732 1/06/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	29.00		422.82	I	
			CUSTOMER	41.00	0.00	597.78		
			CATEGORY	41.00	0.00	597.78		

			YSIDE CITYWIDE				PAGE 1 - 181	
SALES JRN	L # U263	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	1/13/12
			'	SADES KEGISIEK			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
170722	1 /06 /10	000000	TITGTETNIC NEIDOR OFFITTOR	MODALEG GENERO	10.00		174.06	
179733 179734	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · · ·	12.00 60.00		174.96 I 874.80 I	
1,3,31	1/00/12	000000	VIBILING NORDE BERVICE					
				CUSTOMER	72.00	0.00	1,049.76	
				CATEGORY	72.00	0.00	1,049.76	

RUN DATE 01	/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	182
SALES JRNL	# 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179735 1	/06/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	6.00		87.48 I	
179736 1	/06/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	30.00		437.40 I	
179737 1	/06/12	800000	VISITING NURSE SERVICE	NARANJO, HENRY	8.00		116.64 I	
179738 1	/06/12	800000	VISITING NURSE SERVICE	NARANJO, HENRY	42.75		623.30 I	
				CUSTOMER	86.75	0.00	1,264.82	
				CATEGORY	86.75	0.00	1,264.82	

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	83
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179739	1/06/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	84
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIL	COSI NO	COSTOMER NAME	KEPEKENCE	1100105	IAX ANI	AMOUNI IIF	SORFEOS
179740	1/06/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 18	15
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
				SALES R	EGISTE	R		BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179741	1/06/12	800000	VISITING NURSE SERVICE	NIDO,	MICHAEL	7.00		102.06	I	
179742	1/06/12	800000	VISITING NURSE SERVICE	NIDO,	MICHAEL	36.00		524.88	I	
					CUSTOMER	43.00	0.00	626.94		
					CATEGORY	43.00	0.00	626.94		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	186
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	
				SALES REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179743	1/06/12	000008	VISITING NURSE SERVICE	NIETO RAMOS, JO	9.00		131.22	I
179744	1/06/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	54.00		787.32	I
				CUSTOMER	63.00	0.00	918.54	
				CODIONEIC	03.00	0.00	910.91	
				CATEGORY	63.00	0.00	918.54	

RUN DATE 01/11/12 -						PAGE 1 - 187	
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		5	SALES REGISTER			BILL WEEK ENDING 1	/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
179745 12/30/11	000008	VISITING NURSE SERVICE	NIEVES, NANCY	36.00		524.88 I	
179746 1/06/12	800000	VISITING NURSE SERVICE	NIEVES, NANCY	36.00		524.88 I	
			CUSTOMER	72.00	0.00	1,049.76	
			CATEGORY	72.00	0.00	1,049.76	

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RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 – 189	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 1/13	3/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
179748	1/06/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 01/11/12 SALES JRNL # 0263	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 190 LTC NURSING HOMEW/O BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179749 12/30/11 179750 1/06/12 179751 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NOBLIN, ELOISE NOBLIN, ELOISE NOBOADESALAZAR,	5.00 16.00 12.00		72.90 I 233.28 I 174.96 I	
			CUSTOMER	33.00	0.00	481.14	
			CATEGORY	33.00	0.00	481.14	

RUN DATE 01 SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	DEC NV NV			PAGE 1 VCP CHOICE LE	- 19	91
SALES UNIL	# 0203	LOC 001	SUNNISIDE CITIWIDE S	REG NY NY A L E S R E G I S T E R			BILL WEEK ENI		1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179752 12	2/30/11	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	7.00		102.06	I	
	1/06/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET			102.06	Ī	
	1/06/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	21.00		306.18	I	
	2/16/11	000008	VISITING NURSE SERVICE	OCHOA, LUIS			102.06	I	
179756 12	2/30/11	800000	VISITING NURSE SERVICE	OCHOA, LUIS	8.00		116.64	I	
179757	1/06/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	39.00		568.62	I	
179758 12	2/30/11	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS ORTEGA, CARLOS	5.75		83.84	I	
179759	1/06/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	5.00		72.90	I	
179760	1/06/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	10.25		149.45	I	
179761	1/06/12	800000	VISITING NURSE SERVICE	ORTIZ, LILIA	6.00		87.48	I	
179762	1/06/12	800000	VISITING NURSE SERVICE	ORTIZ, LILIA	18.00		262.44	I	
179763	1/06/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	24.00		349.92	I	
179764	1/06/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	40.00		583.20	I	
179765	1/06/12	800000	VISITING NURSE SERVICE	PAPOUTSIS, MARY	6.00		87.48	I	
179766 12	2/02/11	800000	VISITING NURSE SERVICE	PARETTI, MARIE	8.00		116.64	I	
	1/06/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	8.00		116.64	I	
179768	1/06/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	48.00		699.84	I	
				CUSTOMER	268.00	0.00	3,907.45		
				CATEGORY	268.00	0.00	3,907.45		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179769	1/06/12	000008	VISITING NURSE SERVICE	PARK, SUNG	8.00		116.64	I
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	193 3 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179770	1/06/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	194
SALES JRN	ъ # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			:	SALES REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179771	1/06/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	5.75		83.84	I
179772	1/06/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	22.00		320.77	I
179773	1/06/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	20.00		291.60	I
				CUSTOMER	47.75	0.00	696.21	
				CATEGORY	47.75	0.00	696.21	

	UN DATE 01/11/12 - SUP SUNNYSIDE CITYWIDE REG NY NY PAGE 1 - 195 ALES JRNL # 0263 LOC 001 SUNNYSIDE CITYWIDE REG NY NY ADU ADULT										
SALES JRNL # U263	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGIS	TER		BILL WEEK ENDIN	G 1/13/12				
							_, _,				
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS				
179774 12/30/11	000008	VISITING NURSE SERVI	E PEREZ MONSER	, C 7.00		102.06 I					
179775 1/06/12		VISITING NURSE SERVI	E PEREZ MONSER	, C 7.00		102.06 I					
179776 1/06/12	800000	VISITING NURSE SERVI	E PEREZ MONSER	, C 35.00		510.30 I					
			CUSTOM	ER 49.00	0.00	714.42					
			COBTON	19.00	0.00	711.12					
			CATEGO	RY 49.00	0.00	714.42					

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179777 179778	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ, DOMINGA PEREZ, DOMINGA	6.00 24.00		87.48 349.92	I	
				CUSTOMER	30.00	0.00	437.40		
				 CATEGORY	30.00	0.00	437.40		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	197
SALES JRN	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179779	1/06/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1	- 198	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	TNG 1	/12/10
			•	SALES REGISTER			BILL WEEK END	ING I	/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SI	URPLUS
179780	1/06/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	7.00		102.06	I	
179781	1/06/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	42.00		612.36	I	
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

RUN DATE 01/1 SALES JRNL #		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 19	9
STEED STEEL III	200 001		LES REGISTER			BILL WEEK ENI		1/13/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179782 12/3	0/11 000008	VISITING NURSE SERVICE	PHILIPPS, MARY	8.00		116.64	I	
179783 1/0	6/12 000008	VISITING NURSE SERVICE	PHILIPPS, MARY	6.00		87.48	I	
179784 1/0	6/12 000008	VISITING NURSE SERVICE	PHILIPPS, MARY	22.75		331.70	I	
179785 1/0	6/12 000008	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50	I	
179786 1/0	6/12 000008	VISITING NURSE SERVICE	PLACIDO, MERCED	6.00		87.48	I	
179787 1/0	6/12 000008	VISITING NURSE SERVICE	PLACIDO, MERCED	30.00		437.40	I	
179788 1/0	6/12 000008	VISITING NURSE SERVICE	POGGI, EMERITA	6.00		87.48	I	
179789 1/0	6/12 000008	VISITING NURSE SERVICE	POGGI, EMERITA	12.00		174.96	I	
			CUSTOMER	115.75	0.00	1,687.64		
			CATEGORY	 115.75	0.00	1,687.64		

RUN DATE 01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	0
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
		S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179790 12/30/11	000008	VISITING NURSE SERVICE	PONCE, ALICIA	16.00		233.28	I	
179791 1/06/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	24.00		349.92	I	
			CUSTOMER	40.00	0.00	583.20		
			CATEGORY	40.00	0.00	583.20		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	201
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179792	1/06/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	4.00		58.32 I	
179793	1/06/12	000008	VISITING NURSE SERVICE	PUISELLO, CIRA	19.25		280.67 I	
179794	1/06/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	6.00		87.48 I	
179795	1/06/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	24.50		357.21 I	
				CUSTOMER	53.75	0.00	783.68	
				CATEGORY	53.75	0.00	783.68	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	)2
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTE	R		BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179796	1/06/12	000008	VISITING NURSE SERVICE	OUIZHPI, MARIA	6.00		87.48	I	
179797	1/06/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	30.00		437.40	I	
					26.00	0.00			
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE	01/11/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 203	
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
				SALES REGISTER			BILL WEEK ENDING 1/13/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
179798	1/06/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	31.75		462.92 I	
				CATEGORY	31.75	0.00	462.92	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	204
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179799	1/06/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	4.00		58.32 I	
179800	1/06/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	32.00		466.56 I	
179801	1/06/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	10.00		145.80 I	
				CUSTOMER	46.00	0.00	670.68	
				CATEGORY	46.00	0.00	670.68	

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	200
STEED STATE III SESS	200 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179802 12/30/11 179803 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.75 5.00		69.26 72.90	I r
175005 1700/12	000000	VISITING NORSE SERVICE	CUSTOMER	9.75	0.00	142.16	
			COSTOMER	9.75	0.00	142.10	
			CATEGORY	9.75	0.00	142.16	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 AUR ADULT REH BILL WEEK END	_	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179804 179805	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMOS, JENNIFER RAMOS, JENNIFER	5.00 24.00		72.90 349.92	I	
				CUSTOMER	29.00	0.00	422.82		
				CATEGORY	29.00	0.00	422.82		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	207
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	-
				SALES REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179806	1/06/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I
179807	1/06/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	16.00		233.28	I
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 208	8
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL H	EALTH
			S	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179808	1/06/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	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
179809 11/04/11 179810 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	4.00 4.00		58.32 I 58.32 I	
			CUSTOMER	8.00	0.00	116.64	
			CATEGORY	8.00	0.00	 116.64	

RUN DATE 0 SALES JRNL		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 210 LTC NURSING HOMEW/O	
				S A L E S R E G I S T E R			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00 40.00		116.64 I 583.20 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE 01/ SALES JRNL #	11/12 - SUP SUNN 0263 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	- 211 CSA
		S	SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
	30/11 000008	VISITING NURSE SERVICE	RIVERA, CARMEN	10.00		145.80	I
179814 1/	06/12 000008	VISITING NURSE SERVICE	RIVERA, CARMEN	15.00		218.70	
			CUSTOMER	25.00	0.00	364.50	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 0 SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 212 ADU ADULT	2
			5	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#		CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		SURPLUS
179815 1	2/30/11	800000	VISITING NURSE SERVICE	RIVERA, ERESMIN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	13
SALES JRN	IL # 0263	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179816	1/06/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179817	1/06/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 215
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK EN	DING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179818	1/06/12	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	4.00		58.32	I
179819	1/06/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	24.00		349.92	I
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 216
SALES JRI	NL # 0263	LOC 001		REG NY NY				OMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179820	1/06/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	29.75		433.76	I
179821	12/16/11	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	4.00		58.32	I
179822	1/06/12	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	12.00		174.96	I
				CUSTOMER	45.75	0.00	667.04	
				CATEGORY	45.75	0.00	667.04	

RUN DATE 01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 217
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA
		:	SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179823 12/30/11	000008	VISITING NURSE SERVICE	ROBINSON, MARGA	7.00		102.06	I
179824 1/06/12	000008	VISITING NURSE SERVICE	ROBINSON, MARGA	7.00		102.06	I
179825 1/06/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	14.00		204.12	I
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

RUN DATE 01/11/12 - S SALES JRNL # 0263 L		IDE CITYWIDE	REG NY NY LES REGIS	TER		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE# DATE C	CUST NO CUSTOMER	R NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179827 1/06/12 0	00008 VISITING	G NURSE SERVICE G NURSE SERVICE G NURSE SERVICE	ROCCISANO, L ROCCISANO, L ROCCISANO, L	00.8 IUC		116.64 116.64 466.56	I I I	
			CUSTOM	ER 48.00	0.00	699.84		
			CATEGO:	RY 48.00	0.00	699.84		

ı	RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	219
١	SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
١				S	SALES REGISTER			BILL WEEK ENDING	3 1/13/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
	179829	1/06/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	19.75		287.96 I	
					CATEGORY	19.75	0.00	287.96	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	20
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179830	1/06/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	6.00		87.48	I	
179831	1/06/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	35.00		510.31	I	
				CUSTOMER	41.00	0.00	597.79		
				CATEGORY	41.00	0.00	597.79		

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NYSALES REGISTER			PAGE 1 - 2 AUR ADULT REHAB O BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179832 12/30/11 179833 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, ISAB RODRIGUEZ, ISAB	5.00 25.00		72.90 I 364.50 I	
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				11102 1	- 22	
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
			'	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179834	1/06/12	000008	VISITING NURSE SERVICE		11.00		160.38	I	
179835	1/06/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	72.00		1,049.76	I	
				GLIGHOMED		0.00	1,210.14		
				CUSTOMER	83.00	0.00	1,210.14		
				CATEGORY	83.00	0.00	1,210.14		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
SALES OW	IL # 0203	HOC 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179836 179837	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.75 42.00		98.42 612.36	I I
				CUSTOMER	48.75	0.00	710.78	
				CATEGORY	48.75	0.00	710.78	

RUN DATE 01/3 SALES JRNL #	11/12 - SUP SUNN 0263 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	24 /O WALLS (LT 1/13/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
,	06/12 000008 06/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	25.25 31.75		368.15 I 462.92 I	
			CUSTOMER	57.00	0.00	831.07	
			CATEGORY	57.00	0.00	831.07	

RUN DATE	01/11/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	225
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
1	1 105 110				10.00		060 44	_
179840	1/06/12	800000	VISITING NURSE SERVICE	E ROMERO, HERNAN	18.00		262.44	I
				CA EECODY	10.00	0.00	262 44	
				CATEGORY	18.00	0.00	262.44	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 226
BALLS OIG	1L # 0203	100 001		SALES REGISTE:	R		BILL WEEK EN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179841 179842	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 48.00		116.64 699.84	I
				CUSTOMER	56.00	0.00	816.48	
				 CATEGORY	 56.00	0.00	816.48	

	01/11/12 NL # 0263		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179843 179844 179845	1/06/12 1/06/12 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ROMO, FLOR	8.00 48.00 40.00		116.64 699.84 583.20	I I I	
				CUSTOMER	96.00	0.00	1,399.68		
				CATEGORY		0.00	1,399.68		

			YSIDE CITYWIDE				11102	- 228	8
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			:	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179846	1/06/12	000008	VISITING NURSE SERVICE	ROSA, LUZ E	8.00		116.64	I	
179847	1/06/12	000008	VISITING NURSE SERVICE	, -	48.00		699.84	Ī	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179848	1/06/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	4.00		58.32	I
179849	12/30/11	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	6.50		94.77	I
				CUSTOMER	10.50	0.00	153.09	
				CATEGORY	10.50	0.00	153.09	

RUN DATE 01/11/12 - SU SALES JRNL # 0263 LC	OC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 230 ADU ADULT BILL WEEK ENDING 1/13/12
INVOICE# DATE CU	UST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
179851 12/30/11 00	00008 VISITING NURSE SERVICE 00008 VISITING NURSE SERVICE 00008 VISITING NURSE SERVICE	ROSEN, BESSIE RUBIN, EVGENY RUBIN, EVGENY	15.00 15.00 12.00	218.70 I 218.70 I 174.96 I
		CUSTOMER	42.00 0.00	612.36
		CATEGORY	42.00 0.00	612.36

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 231 VCP CHOICE LHCSA BILL WEEK ENDING 1/13/12
				SALES KEGISIEK			BILL WEEK ENDING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179853 179854	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 27.75		87.48 I 404.60 I
				CUSTOMER	33.75	0.00	492.08
				 CATEGORY	33.75	0.00	492.08

RUN DATE 01/11/12 - SALES JRNL # 0263	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 232 LTC NURSING HOMEW/C BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179855 12/23/11	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

	ATE 01/11/12 - JRNL # 0263		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	233
SALES	UKNL # 0203	LOC 001		SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179856	1/06/12	000008	VISITING NURSE SERVICE	RUSSO, MONICA	8.50		123.93 I	
				CATEGORY	8.50	0.00	123.93	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 23	34
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179857	1/06/12	000008	VISITING NURSE SERVICE	SAAVEDRA, STELL	4.00		58.32	I	
179858	1/06/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	30.00		437.40	I	
				CUSTOMER	34.00	0.00	495.72		
				COSTOMER	34.00	0.00	493.72		
				CATEGORY	34.00	0.00	495.72		

			YSIDE CITYWIDE				11102 1	- 23	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			CCL CONGREGA BILL WEEK EN		RE PROGRAM 1/13/12
			•	SALES KEGISIEK			DILL MEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
150050	1,05,110						0.7.40	_	
179859 179860	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	6.00 36.00		87.48 524.88		
179800	1/00/12	000008	VISITING NORSE SERVICE	SARELL, CHRISAN			524.00		
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		
				CALEGORY	42.00	0.00	012.30		

-	RUN DATE 01/11/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 236										
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA			
				SALES REGIST	E R		BILL WEEK ENI	DING	1/13/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS		
179861	12/16/11	000008	VISITING NURSE SERVICE	SALADIN, MARIA	11.00		160.38	I			
179862	12/23/11	800000	VISITING NURSE SERVICE	SALADIN, MARIA	14.00		204.12	I			
179863	12/30/11	800000	VISITING NURSE SERVICE	SALADIN, MARIA	27.00		393.66	I			
179864	1/06/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	11.00		160.38	I			
179865	1/06/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	58.00		845.64	I			
				CUSTOMER	121.00	0.00	1,764.18				
				CATEGORY	121.00	0.00	1,764.18				

RUN	I DATE (	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	237
SAI	LES JRNI	և # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				i	SALES REGISTER			BILL WEEK ENDING	1/13/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179	9866	1/06/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	6.00		87.48 I	
					CATEGORY	6.00	0.00		

RUN DATE 01/11/12 - SALES JRNL # 0263	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 238 VCP CHOICE LHCSA BILL WEEK ENDING 1/13/12	2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
179867 1/06/12 179868 12/30/11 179869 1/06/12 179870 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SALVUCCI, YOLAN SAMPOGNA, LUCY SANCHEZ, LIDIA SANCHEZ, LIDIA	4.00 4.00 7.00 35.00		58.32 I 58.32 I 102.06 I 510.30 I	
			CUSTOMER	50.00	0.00	729.00	-
			CATEGORY	50.00	0.00	729.00	-

RUN I	OATE 01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 239	
SALES	3 JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRA	M
			5	SALES REGISTER			BILL WEEK ENDING 1/13/12	
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
17987	12/30/11	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	1.00		14.58 I	
				CATEGORY	1.00	0.00	 14.58	

RUN DATE SALES JRN	- , ,	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI	- 24	10
	2 11 0200	200 001		ALES REGISTER			BILL WEEK EN		1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179872	1/06/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	20.00		291.60	I	
179873	1/06/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	4.00		58.32	I	
179874	1/06/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	20.00		291.60	I	
179875	1/06/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	6.00		87.48	I	
179876	1/06/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	35.50		517.59	I	
				CUSTOMER	85.50	0.00	1,246.59		
				CATEGORY	85.50	0.00	1,246.59		

RUN DATE 01/11/12 -							11102 1	- 24	
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				LTC NURSING		•
			SALES REC	GISTER			BILL WEEK EN	DING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFEREN	NCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179877 12/30/11	800000	VISITING NURSE SERVICE	SEO, INJ	JA	6.00		87.48	I	
179878 1/06/12	800000	VISITING NURSE SERVICE	SEO, INJ	JA	6.00		87.48	I	
179879 1/06/12	800000	VISITING NURSE SERVICE	SEO, INC	JA	25.00		364.50	I	
			27						
			Cl	JSTOMER	37.00	0.00	539.46		
			CA	ATEGORY	37.00	0.00	539.46		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
SALES UKN	L # 0263	TOC 001		ALES REGISTER	2		BILL WEEK ENDI	
								- , -,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179880	1/06/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	8.00		116.64	I
179881	1/06/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	31.75		462.92	Ī
179882	1/06/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	8.00		116.64	I
179883	1/06/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	48.00		699.84	I
179884	1/06/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	7.00		102.06	I
179885	1/06/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	28.00		408.24	I
				CUSTOMER	130.75	0.00	1,906.34	
				CATEGORY	130.75	0.00	1,906.34	

			YSIDE CITYWIDE				PAGE 1 - 2	43
SALES JRN	L # 0263	LOC 001		REG NY NY			LTC NURSING HOMEW	•
			S.	ALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179886	1/06/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
179887	1/06/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S 2	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
179888	1/06/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE 01/11/12 -	SUP SUNNYSIDE CITY	WIDE				PAGE 1	- 246	5
SALES JRNL # 0263	LOC 001 SUNNYSIDE	E CITYWIDE REG NY	Z NY			CCL CONGREGAT	E CARI	E PROGRAM
		SALES	REGISTER			BILL WEEK END	ING	1/13/12
INVOICE# DATE	CUST NO CUSTOMER N	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179889 12/30/11	000008 VISITING N	NURSE SERVICE S	SOPCHEK, SAMUEL	12.00		174.96	I	
			CATEGORY	12.00	0.00	174.96		

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	<b>!</b> 7
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	A L E S R E G I S T E R			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179890	1/06/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	
				CATHOORT	10.00	0.00	202.11	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179891	1/06/12	800000	VISITING NURSE SERVICE	STALZER, STEPHA	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

			YSIDE CITYWIDE				PAGE 1 -	2 1 2
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHC	
				SALES REGISIER			PILL MEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179892	1/06/12	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	8.00		116.64	I
179893	1/06/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	32.00		466.56	I
				CUSTOMER	40.00	0.00	583.20	
				CATECORV	40 00	0.00	583 20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HOA HOSPICE A	– 25	0
	.2    0203	200 001		SALES REGISTER			BILL WEEK END	-	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179894 179895	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	STEIN, STEPHANI	3.00 12.00		43.74 174.96	I	
1/9095	1/06/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	12.00		1/4.90		
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE 01/11/12 SALES JRNL # 0263		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 251 VCP CHOICE LHCSA BILL WEEK ENDING 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179896 12/30/11 179897 1/06/12 179898 1/06/12 179899 1/06/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	STICKELL, BLANC STICKELL, BLANC STROBL, ALFRED STROBL, ALFRED	21.00 14.00 6.00 24.00		306.18 I 204.12 I 87.48 I 349.92 I
			CUSTOMER	65.00	0.00	947.70
			CATEGORY	65.00	0.00	947.70

RUN DATE 01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 252
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179900 11/18/11	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I
179901 12/23/11	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I
179902 12/30/11	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I
179903 1/06/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I
179904 1/06/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I
			CUSTOMER	20.00	0.00	291.60
			CATEGORY	20.00	0.00	291.60

	01/11/12 - IL # 0263		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	233
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179905	1/06/12	800000	VISITING NURSE SERVICE	TABICKMAN, DORO	4.00		58.32	I
				CATEGORY	4.00	0.00	58.32	

RUN DATE 0		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 254 CGD
SALES UNIL	J # 0203	100 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	8.00		116.64 116.64	I
				CUSTOMER	16.00	0.00	233.28	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	255
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179908	12/16/11	800000	VISITING NURSE SERVICE	TACITO, CONSTAN	3.50		51.03 I	
				CATEGORY	3.50	0.00	51.03	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 256	
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HOMEW/O WALLS	•
			i	SALES REGISTER			BILL WEEK ENI	DING 1/13/12	3
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	3
179909	1/06/12	000008	VISITING NURSE SERVICE	TADDEO, LENA	8.00		116.64	I	
179910	1/06/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	24.00		349.92	I	
				CUSTOMER	32.00	0.00	466.56		-
				CATEGORY	32.00	0.00	466.56		-

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	7
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179911	1/06/12	000008	VISITING NURSE SERVICE	TAVANO, SILVIA	8.00		116.64 I	
179912	1/06/12	800000	VISITING NURSE SERVICE	TAVANO, SILVIA	40.00		583.20 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

			NYSIDE CITYWIDE				PAGE 1 -	
SALES	JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
17991	3 1/06/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 01/ SALES JRNL #			E CITYWIDE NNYSIDE CITYWIDE	REG NY	NY			PAGE :	L – 25	9
SALES OIGH	# 0203 LOC	001 50.		_	REGISTER			BILL WEEK EI	NDING	1/13/12
INVOICE# I	DATE CUS	T NO CUS	TOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179914 12/	/30/11 000	008 VIS	ITING NURSE SERVICE	TE	JADA, BALDOME	1.00		14.58	I	
					CATEGORY	1.00	0.00	14.58		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AI BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
179915	1/06/12	800000	VISITING NURSE SERVICE	TEMBELIS, DAPHN	3.00		43.74	I
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	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
179916 179917	1/06/12 1/06/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TERZIAN, ASDGHI TERZIAN, ASDGHI	5.00 25.00		72.90 I 364.50 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	262
DALLO OIUV	ы <sub>т</sub> одоз	100 001		SALES REGISTER			BILL WEEK ENDING	G 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
179918	1/06/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 01/11/12 - SUP SUNNYSIDE CITYWIDE	556 350			-	- 263
SALES JRNL # 0263 LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGIST:	r D		VCP CHOICE LE	
	SALES KEGISI.	E K		DIDD WEEK END	71NG 1/13/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
150010 1 (05/10 000000		10.00		154.06	_
179919 1/06/12 000008 VISITING NURSE SERV	ICE TORO, PURA	12.00		174.96	1
179920 1/06/12 000008 VISITING NURSE SERV	ICE TORO, PURA	24.00		349.92	I
179921 1/06/12 000008 VISITING NURSE SERV	ICE TORRES, EMELINA	15.00		218.70	I
179922 1/06/12 000008 VISITING NURSE SERV	ICE TORRES, LUZ M	10.00		145.80	I
179923 1/06/12 000008 VISITING NURSE SERV	CE TORRES, LUZ M	40.00		583.20	I
	CUSTOMER	101.00	0.00	1,472.58	
	•				
	CATEGORY	101.00	0.00	1,472.58	

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 264	
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	S (LT
			5	SALES REGISTER			BILL WEEK ENDING 1/13/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
179924	1/06/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179925	1/06/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	16.00		233.28	I	
179926	1/06/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	7.75		113.00	I	
179927	1/06/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	39.25		572.28	I	
				CUSTOMER	63.00	0.00	918.56		
				CATEGORY	63.00	0.00	918.56		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
179928	1/06/12	800000	VISITING NURSE SERVICE	TSUAI, PING	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	67
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179929	1/06/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	268
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179930 12/30/11 179931 1/06/12 179932 1/06/12 179933 1/06/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	UGURLUYAN, KARA UGURLUYAN, KARA UGURLUYAN, KARA URENA, MARIA	2.00 1.00 5.00 14.00		349.92 I 174.96 I 874.80 I 204.12 I	
			CUSTOMER	22.00	0.00	1,603.80	
			CATEGORY	22.00	0.00	1,603.80	

RUN DATE 01/11/12 - SALES JRNL # 0263		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 269 VCP CHOICE LHCSA BILL WEEK ENDING	1/13/12
INVOICE# DATE	CUST NO C	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179935 1/06/12	000008 V	ISITING NURSE SERVICE ISITING NURSE SERVICE ISITING NURSE SERVICE	VALENCIANO-ROJ, VALENCIANO-ROJ, VALENCIANO-ROJ,	4.00 4.00 24.50		58.32 I 58.32 I 357.21 I	
			CUSTOMER	32.50	0.00	473.85	
			CATEGORY	32.50	0.00	473.85	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	270
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179937	1/06/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

			NYSIDE CITYWIDE	220			PAGE 1 -	
SALES UR	NL # 0263	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179938	1/06/12	000008	VISITING NURSE SERVICE	VAROL, ELMAS	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 272	}
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179939 12/30/11	000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO	6.50		94.77 I	
179940 1/06/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	14.00		204.12 I	
			CHGEOMED	20 50	0.00	298.89	
			CUSTOMER	20.50	0.00	298.89	
			CATEGORY	20.50	0.00	298.89	

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 273
SALES JRN	JL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	OMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	ING 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
179941	1/06/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	4.00		58.32	I
179942	1/06/12	800000	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	24.00		349.92	I
179943	1/06/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	3.00		43.74	I
179944	1/06/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	12.00		174.96	I
179945	1/06/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	5.00		72.90	I
179946	1/06/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	35.00		510.30	I
				CUSTOMER	83.00	0.00	1,210.14	
				CATEGORY	83.00	0.00	1,210.14	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	274
SALES JRN	IL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179947	1/06/12	000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	4.00		58.32 I	
179948	1/06/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	11.50		167.67 I	
				CUSTOMER	15.50	0.00	225.99	
				CUSTOMER	15.50	0.00	225.99	
				CATEGORY	15.50	0.00	225.99	

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27	75
SALES JF	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		•
			S	SALES REGISTE	R		BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
179949	12/30/11	000008	VISITING NURSE SERVICE	VENTURA, ROSA	7.00		102.06	I	
179950	1/06/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	14.00		204.12	I	
				- CUSTOMER	21.00	0.00	306.18		
				– CATEGORY	21.00	0.00	306.18		

RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	276
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			5	SALES REGISTER			BILL WEEK ENDING	G 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179951	1/06/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	01/11/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	277
SALES JRN	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	3 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
179952	12/30/11	800000	VISITING NURSE SERVICE	VICEDO, FREDELI	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADU BILL WEEK ENDIN	LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
179953 179954	1/06/12 1/06/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		10.00 10.00		145.80 I 145.80 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	 291.60	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 27 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
179955 12/30/11 179956 1/06/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	· - , -	6.00 24.00		87.48 I 349.92 I	
		CUSTOMER	30.00	0.00	437.40	
		CATEGORY	30.00	0.00	437.40	

RUN DATE 01/11/12 SALES JRNL # 0263	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHC: BILL WEEK ENDII	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
179957 1/06/12 179958 1/06/12 179959 1/06/12 179960 1/06/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VIVACQUA, EMMA VIVACQUA, EMMA WEBB, ANA WEBB, ANA	10.00 55.00 6.00 24.00		145.80 801.91 87.48 349.92	
			CUSTOMER	95.00	0.00	1,385.11	
			CATEGORY	95.00	0.00	1,385.11	

	L/11/12 - SUP SUN					PAGE 1 - 28	31
SALES JRNL	# 0263 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	1/13/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	L/06/12 000008 L/06/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		5.00 25.00		72.90 I 364.50 I	
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	01/11/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	2
ı	SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				5	SALES REGISTER			BILL WEEK ENDING	1/13/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	179963	1/06/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE 01/11/12 - SALES JRNL # 0263	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 283 ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
179964 12/23/11	000008	VISITING NURSE SERVICE	YOUSSEFF, NADIA	1.00		14.58 I
179965 1/06/12	800000	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	20.00		291.60 I
179966 1/06/12	000008	VISITING NURSE SERVICE	ZAMBRANO, VICTO	3.00		43.74 I
179967 1/06/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	16.00		233.28 I
			CUSTOMER	40.00	0.00	583.20
			CATEGORY	40.00	0.00	583.20

RUN DATE 01/11/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 284 SALES JRNL # 0263 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 1/13/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 179968 332.00 I 1/06/12 000010 GUILDNET 179969 1/06/12 265.60 I 000010 GUILDNET 179970 1/06/12 000010 GUILDNET 179971 12/30/11 000010 GUILDNET 179972 1/06/12 GUILDNET 000010 179973 GUILDNET 12/30/11 000010 179974 12/16/11 000010 GUILDNET 179975 1/06/12 GUILDNET 000010 179976 1/06/12 000010 GUILDNET 179977 1/06/12 000010 GUILDNET 179978 1/06/12 000010 GUILDNET GUILDNET 179979 1/06/12 000010 179980 1/06/12 000010 GUILDNET 179981 12/30/11 000010 GUILDNET 179982 1/06/12 000010 GUILDNET 179983 1/06/12 000010 GUILDNET 179984 1/06/12 000010 GUILDNET 179985 1/06/12 000010 GUILDNET 179986 1/06/12 000010 GUILDNET 179987 1/06/12 000010 GUILDNET 179988 GUILDNET 1/06/12 000010 179989 GUILDNET 1/06/12 000010 179990 1/06/12 000010 GUILDNET 179991 1/06/12 000010 GUILDNET 179992 1/06/12 000010 GUILDNET 179993 1/06/12 000010 GUILDNET 179994 1/06/12 000010 GUILDNET 179995 1/06/12 000010 GUILDNET 179996 1/06/12 000010 GUILDNET 179997 12/30/11 000010 GUILDNET 179998 1/06/12 000010 GUILDNET 179999 1/06/12 000010 GUILDNET 180000 1/06/12 GUILDNET 000010 1/06/12 180001 000010 GUILDNET 180002 1/06/12 000010 GUILDNET 180003 12/30/11 000010 GUILDNET 180004 1/06/12 000010 GUILDNET 180005 1/06/12 000010 GUILDNET 180006 12/09/11 000010 GUILDNET 180007 12/30/11 000010 GUILDNET 180008 1/06/12 000010 GUILDNET 180009 000010 GUILDNET 1/06/12 180010 1/06/12 000010 GUILDNET 180011 1/06/12 000010 GUILDNET 180012 1/06/12 000010 GUILDNET 180013 12/30/11 000010 GUILDNET 180014 1/06/12 000010 GUILDNET 180015 1/06/12 000010 GUILDNET 180016 1/06/12 000010 GUILDNET

			YSIDE CITYWIDE	222	5			- 28	35
SALES JE	RNL # 0263	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		1 /12 /10
				SALES REGISTER	₹		BILL WEEK END	LING	1/13/12
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ГҮР	SURPLUS
180017	1/06/12	000010	GUILDNET	PROANO, ALICIA	18.00		239.04	I	
180018	1/06/12	000010	GUILDNET	PROANO, BRUNO	4.00		53.12	I	
180019	1/06/12	000010	GUILDNET	PROANO, BRUNO	24.00		318.72	I	
180020	1/06/12	000010	GUILDNET	PRYCE, CLYDIA	8.00		106.24	I	
180021	1/06/12	000010	GUILDNET	RESTULA, VINCEN	20.00		265.60	I	
180022	1/06/12	000010	GUILDNET	RIVAS, GERTRUDI	19.50		258.96	I	
180023	1/06/12	000010	GUILDNET	RODRIGUEZ, HOLG	35.00		464.80	I	
180024	1/06/12	000010	GUILDNET	RODRIGUEZ, HOLG	18.00		239.04	I	
180025	12/30/11	000010	GUILDNET	RODRIGUEZ, HOLG	1.00		85.00	I	
180026	1/06/12	000010	GUILDNET	ROJAS, ANGEL	15.00		199.20	I	
180027	1/06/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		265.60	I	
180028	1/06/12	000010	GUILDNET	RUBIANO, MARIA	16.00		212.48	I	
180029	1/06/12	000010	GUILDNET	SALJANIN, DILJA	53.00		703.84	I	
180030	12/16/11	000010	GUILDNET	SANCHEZ, ELIZAB	55.00		730.40	I	
180031	1/06/12	000010	GUILDNET	SHELTON, AGUEDA	28.00		371.84	I	
180032	12/09/11	000010	GUILDNET	SHIRKES, MIRIAM	1.00		85.00	I	
180033	1/06/12	000010	GUILDNET	SOMRAJ, UMILLA	1.00		13.28	I	
180034	1/06/12	000010	GUILDNET	TOROSSIAN, PARI	4.00		53.12	I	
180035	1/06/12	000010	GUILDNET	TOROSSIAN, PARI	24.00		318.72	I	
180036	1/06/12	000010	GUILDNET	VILLACRES, LUZ	8.00		106.24	I	
180037	1/06/12	000010	GUILDNET	VLAHOS, MARIE	71.00		1,014.60	I	
180038	1/06/12	000010	GUILDNET	WEISZ, KLARA	8.00		106.24	I	
180039	1/06/12	000010	GUILDNET	WEST, BALDWIN	3.50		46.48	I	
180040	12/30/11	000010	GUILDNET	WHITLEY, MYRNA	28.00		371.84	I	
180041	12/30/11	000010	GUILDNET	YI, CARLOS	8.00		106.24	I	
180042	1/06/12	000010	GUILDNET	YI, CARLOS	20.00		265.60	I	
180043	1/06/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,260.00	I	
180044	1/06/12	000010	GUILDNET	ZARE, GLORIA	15.00		199.20	I	
180045	1/06/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		849.92	I	
				REFERENCE  PROANO, ALICIA PROANO, BRUNO PROANO, BRUNO PROANO, BRUNO PRYCE, CLYDIA RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, HOLG RODRIGUEZ, HOLG RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SHIRKES, MIRIAM SOMRAJ, UMILLA TOROSSIAN, PARI TOROSSIAN, PARI VILLACRES, LUZ VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITLEY, MYRNA YI, CARLOS YI, CARLOS YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY  CUSTOMER	2,116.00	0.00	34,842.88		
				CATEGORY			34,842.88		

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	6
SALES JE	RNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FI	RST	
				REG NY NY SALES REGISTEI	R		BILL WEEK END	ING	1/13/12
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180046	1/06/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
180047	1/06/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
180048	1/06/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	41.50		700.52	I	
180049	1/06/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
180050	1/06/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
180051	1/06/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
180052	12/23/11	000122	HEALTH FIRST	CHARITAR, RAMKA	35.00		590.80	I	
180053	12/30/11	000122	HEALTH FIRST	DORNELLAS, STEL	24.00		405.12	I	
180054	10/21/11	000122	HEALTH FIRST	ESPAILLAT, AMPA	4.00		67.52	I	
180055	1/06/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64	I	
180056	1/06/12	000122	HEALTH FIRST	ESTEVES, JOSE	63.00		1,063.44	I	
180057	1/06/12	000122	HEALTH FIRST	FERGERSON, TINA	28.00		472.64	I	
180058	1/06/12	000122	HEALTH FIRST	FERRERA, FRANCI	12.00		202.56	I	
180059	12/30/11	000122	HEALTH FIRST	FONTANES, PEDRO	32.00		540.16	I	
180060	12/16/11	000122	HEALTH FIRST	FRANCISCO, RICH	64.00		1,080.32	I	
180061	1/06/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
180062	1/06/12	000122	HEALTH FIRST	HENRY, BRENDA	8.00		135.04	I	
180063	1/06/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
180064	1/06/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
180065	1/06/12	000122	HEALTH FIRST	LAZALA, GLADYS	84.00		1,417.92	I	
180066	1/06/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	69.50		1,173.16	I	
180067	1/06/12	000122	HEALTH FIRST	MACARENA, SAHAR	63.00		1,063.44	I	
180068	1/06/12	000122	HEALTH FIRST	MARTIN, ARIANA	8.00		135.04	I	
180069	1/06/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
180070	1/06/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	I	
180071	1/06/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
180072	1/06/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96	I	
180073	1/06/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	48.00		810.24	I	
180074	1/06/12	000122	HEALTH FIRST	SALHUANA, YOLAN	20.00		337.60	I	
180075	1/06/12	000122	HEALTH FIRST	SPIVEY, PATRICI	12.00		202.56	I	
180076	12/30/11	000122	HEALTH FIRST	ST ROMAINE, CLA	78.00		1,316.64	I	
180077	1/06/12	000122	HEALTH FIRST	SURIEL, GERTRUD	11.00		185.68	I	
180078	1/06/12	000122	HEALTH FIRST	TEJADA, PAULA	24.00		405.12	I	
180079	1/06/12	000122	HEALTH FIRST	WILLIAMS, RODNE	12.00		202.56	I	
				CUSTOMER	1,149.00	0.00	19,395.12		
				REG NY NY S A L E S R E G I S T E I  REFERENCE  BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA DORNELLAS, STEL ESPAILLAT, AMPA ESPAILLAT, AMPA ESPAILLAT, AMPA ESPAILLAT, AMPA ESPAILLAT, ERGRESON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD TEJADA, PAULA WILLIAMS, RODNE  CUSTOMER	1,149.00	0.00	19,395.12		

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E				PAGE 1	- 28	37
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			NHP NEIGHBORE	HOOD I	HEALTH
			SALE	S REGISTE	R		BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
			NEIGHBORHOOD HEALTH PROVIDERS					_	
180080	12/23/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	AHMED, UMARA	64.00		1,080.32	I	
180081	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AKHTAR, SELINA	40.00		675.20	I	
180082	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	ARDITTO, PATRIC	16.00		270.08	I	
180083	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	BRATHWAITE, DON	4.00		67.52	I	
180084	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	BRATHWAITE, DON	27.00		455.76	I	
180085	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
180086	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
180087	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
180088	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	50.00		844.00	I	
180089	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	9.00		151.92	I	
180090	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHALIL, RASHAN	29.00		489.52	I	
180091	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHAN, FARUQUE	30.00		506.40	I	
180092	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHERIN	29.25		493.74	I	
180093	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES, EDWIN	42.00		708.96	I	
180094	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	30.00		506.40	I	
180095	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	20.00		337.60	I	
180096	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, JESS	12.00		202.56	I	
180097	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I	
180098	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SALVATO, MARY	48.00		810.24	I	
180099	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SANCHEZ, CHRIST	8.00		135.04	I	
180100	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SCOTT, MICHAEL	40.00		675.20	I	
180101	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SHEPPARD, ERMA	65.00		1,097.20	I	
180102	12/30/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	WELLS, WYNORIA	19.75		333.38	I	
180103	1/06/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	34.00		573.92	I	
				·					
				CUSTOMER	711.00	0.00	12,001.68		
				CATEGORY	711.00	0.00	12,001.68		

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	38
SALES JR	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/F	IDELIS
				SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180104	1/06/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	63.00		1,063.44	I	
180104	12/23/11	000126		,	48.00		810.24	I	
			NYS CATHOLIC/FIDELIS	BERGES, MARITZA					
180106	1/06/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.80	Τ_	
180107	1/06/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	20.00		337.60	I	
180108	1/06/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.92	I	
180109	12/30/11	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	18.00		303.84	I	
180110	12/23/11	000126	NYS CATHOLIC/FIDELIS	OLIVAPUIG, CARM	24.00		405.12	I	
180111	1/06/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	9.00		151.92	I	
180112	1/06/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	54.00		911.52	I	
180113	1/06/12	000126	NYS CATHOLIC/FIDELIS	PEREZ, MARIA E	20.00		337.60	Т	
180114	1/06/12	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	40.00		675.20	T	
180115	1/06/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	27.00		455.76	± +	
180115				·	33.00		557.04	I	
	1/06/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY					
180117	12/30/11	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	21.00		354.48	Τ	
					406 00		0 270 40		
				CUSTOMER	496.00	0.00	8,372.48		
				CATEGORY	496.00	0.00	8,372.48		
1									

RUN DATE 01/11/12 - SALES JRNL # 0263		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 UHC UNITED HEALTH	
			SALES REGISTER			BILL WEEK ENDING	1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
180118 1/06/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08 I	
180119 12/30/11	000128	UNITED HEALTH CARE	SAFOS, PATRA	3.00		51.48 I	
180120 12/23/11	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	12.00		205.92 I	
180121 10/14/11	000128	UNITED HEALTH CARE	ZANE, GEORGE	20.00		343.20 I	
			CUSTOMER	73.00	0.00	1,252.68	
			CATEGORY	73.00	0.00	1,252.68	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			EHP EMBLEM HI		
				SALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180122	1/06/12	000114	EMBLEM HEALTH	COPE, WILLIE	68.00		952.00	I	
180123	1/06/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
180124	1/06/12	000114	EMBLEM HEALTH	KEATON, CATHERI	71.00		994.00	I	
180125	1/06/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
180126	1/06/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	237.00	0.00	3,325.50		
				CATEGORY	237.00	0.00	3,325.50		

			YSIDE CITYWIDE					11102	- 29	
SALES JRI	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG				HIP HEALTH I		
				SALE	S REGISTER	ξ		BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180127	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	AHMAD, AMATUL	14.00		236.32	I	
180128	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	BORLAZA, FRANCI	73.00		1,232.24	I	
180129	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	CIPRIAN, JACQUE	8.00		135.04	I	
180130	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	DE JESUS, TIBUR	63.25		1,067.66	I	
180131	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	GOMES, AGUSTINA	55.75		941.06	I	
180132	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	GREGG, DAVID	30.00		506.40	I	
180133	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	ORR, LOUISE	14.00		236.32	I	
180134	12/23/11	000136	HEALTH INSURANCE PLAN	OF NY	SHAH, HANSIKABE	8.00		135.04	I	
180135	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	TOWLES, ADA	16.00		270.08	I	
180136	1/06/12	000136	HEALTH INSURANCE PLAN	OF NY	WILLIAMS, DIANE	20.00		337.60	I	
					CUSTOMER	302.00	0.00	5,097.76		
					CATEGORY	302.00	0.00	5,097.76		

	01/11/12 · NL # 0263	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HPS HEALTH PLU	S
				SALES REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
180137	12/09/11	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	30.00		510.00	I
180138	12/30/11	000138	HEALTH PLUS PHSP, INC	VAZQUEZ, ARCADI	16.00		272.00	I
180139	1/06/12	000138	HEALTH PLUS PHSP, INC	VEGA, GLORIA	35.00		595.00	I
180140	1/06/12	000138	HEALTH PLUS PHSP, INC	WALTERS, BYRON	25.00		425.00	I
180141	1/06/12	000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	18.00		306.00	I
				CUSTOMER	124.00	0.00	2,108.00	
				CATEGORY	124.00	0.00	2,108.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 AFF AFFINITY BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180142 180143 180144	1/06/12 1/06/12 1/06/12	000142 000142 000142	AFFINITY HEALTH PLUS AFFINITY HEALTH PLUS AFFINITY HEALTH PLUS	HERNANDEZ, ANTO PURNELL, ROSE M VAMVAKAS, SOPHI	40.00 20.00 31.75		960.00 480.00 762.00	I I I	
				CUSTOMER	91.75	0.00	2,202.00		
				CATEGORY	91.75	0.00	2,202.00		

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE	REGNY NY SALES REGISTEI			PAGE 1	- 29	94
SALES JE	RNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLUS	S HEAI	LTH
				SALES REGISTED	R		BILL WEEK ENI	DING	1/13/12
INVOICE#	† DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	'I'AX AM'I'	AMOUNT	J.Ab	SURPLUS
180145	1/06/12	000130	METROPLUS HEALTH	ABBAS. SENOWARA	66.00		1.131.90	т	
180146	1/06/12	000130	METROPLUS HEALTH	ANDERSON. BETH	31.00		531.65	T	
180147	1/06/12	000130	METROPLUS HEALTH	ARTAS, NORA	4.00		68.60	T	
180148	1/06/12	000130	METROPLUS HEALTH	ARTAS, NORA	58.00		994.70	T	
180149	12/16/11	000130	METROPLUS HEALTH	BEDOYA MONICA	21.00		360.15	T	
180150	1/06/12	000130	METROPLUS HEALTH	BESANT, NAOMI	25.00		428.75	T	
180151	12/23/11	000130	METROPLUS HEALTH	BRACERO, HELEN	34.50		591.68	T	
180152	1/06/12	000130	METROPLUS HEALTH	BRACERO, HELEN	48.00		823.20	Ī	
180153	1/06/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	66.00		1,131,90	Ī	
180154	1/06/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I	
180155	1/06/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	60.00		1,029.00	I	
180156	12/30/11	000130	METROPLUS HEALTH	DAVIS, ANGIE	135.00		2,315.25	I	
180157	1/06/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	16.00		274.40	I	
180158	1/06/12	000130	METROPLUS HEALTH	DURAHAM, CYNTHI	12.00		205.80	I	
180159	1/06/12	000130	METROPLUS HEALTH	GALAS, TERESA	37.00		634.55	I	
180160	11/18/11	000130	METROPLUS HEALTH	GONZALEZ, CARLO	24.00		411.60	I	
180161	1/06/12	000130	METROPLUS HEALTH	MANIACI, VINCEN	84.00		1,440.60	I	
180162	1/06/12	000130	METROPLUS HEALTH	MATUTE-CALLE, R	60.00		1,029.00	I	
180163	1/06/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
180164	1/06/12	000130	METROPLUS HEALTH	PERSAD, USHA	70.00		1,200.50	I	
180165	1/06/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	48.00		823.20	I	
180166	12/30/11	000130	METROPLUS HEALTH	RYALS, CHARLES	27.75		475.91	I	
180167	12/09/11	000130	METROPLUS HEALTH	SANTORO, MATTHE	60.00		1,029.00	I	
180168	12/30/11	000130	METROPLUS HEALTH	VALLE, BLASINA	52.00		891.80	I	
					1,094.25	0.00	18,766.39		
				CATEGORY	1,094.25	0.00	18,766.39		

			YSIDE CITYWIDE				PAGE 1		5
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMG AMERIGROU		
				SALES REGISTER			BILL WEEK END	ING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180169	1/06/12	000132	AMERIGROUP	FERNANDEZ, NORK	40.00		674.80	I	
180170	1/06/12	000132	AMERIGROUP	GERGIS, NIMR	2.00		33.74	I	
180171	1/06/12	000132	AMERIGROUP	GIAMBRONE, JOSE	7.00		118.09	I	
180172	1/06/12	000132	AMERIGROUP	GUERRA, LORRAIN	70.00		1,180.90	I	
				CUSTOMER	119.00	0.00	2,007.53		
				CATEGORY	119.00	0.00	2,007.53		

RUN DATE	01/11/12	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 29	6
SALES JRN	L # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			WEL WELCARE	OF NY	
				SALE	SREGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180173	1/06/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	55.00		946.00	I	
180174	1/06/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	42.00		722.40	I	
180175	1/06/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	62.75		1,079.30	I	
180176	1/06/12	000124	WELCARE OF NEW YORK,	INC.	RANJITSINGH, ES	16.00		275.20	I	
					CUSTOMER	175.75	0.00	3,022.90		
					CATEGORY	175.75	0.00	3,022.90		

RUN DATE 01/11/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	297
SALES JRNL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			NPS NY PRESBYT	ERIAN SELECT
			SALES	REGISTER			BILL WEEK ENDI	NG 1/13/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
180177 12/30/11	000134	NY-PRESBYTERIAN SYSTEM	SELECT KAI	RASSAVIDIS, A	49.00		840.84	I
				 CATEGORY	 49.00	0.00	840.84	

			YSIDE CITYWIDE	NT1/ NT1/				- 29	98
SALES JRN	IL # U263	LOC 001	SUNNYSIDE CITYWIDE REG S A L E				PAR PRIVATE BILL WEEK EN	DING	1/13/12
									_,,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180178 180179	1/06/12 1/06/12	000002 000002	SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS MOSCOSO, MARIA	4.00		58.00 58.00	I I	
180180 180181	1/06/12 1/06/12	000002 000002	SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, TIRSO SAK, FIRDEVS	4.00		58.00 58.00	I T	
100101	1/00/12	000002	BONNIBIDE COMMONITI BERVICES						
				CUSTOMER	16.00	0.00	232.00		
180182	1/06/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
180183	1/06/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	25.00		344.75	I	
180184	1/06/12	000049	ELIZABETH SETON PEDIATRIC CTR	MORSHELINA, NAS	12.00		165.48	I	
				CUSTOMER	37.00	0.00	510.23		
180185	1/06/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	1.00		204.00	I	
180186	1/06/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	6.00		1,134.00	I	
				CUSTOMER	7.00	0.00	1,338.00		
180187	1/06/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	88.00	0.00	2,514.23		

-	01/11/12 -		YSIDE CITYWIDE					- 29	
SALES JRN	NL # 0263	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN		
			S 2	ALES REGISTER			BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180188	1/06/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I	
180189	1/06/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	2.00		31.00	I	
180190	1/06/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	2.00		31.00	I	
180191	1/06/12	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	4.00		62.00	I	
180192	1/06/12	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	16.00		248.00	I	
180193	1/06/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	4.00		62.00	I	
180194	1/06/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	16.00		248.00	I	
180195	12/16/11	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	3.00		46.50	I	
180196	1/06/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	4.00		62.00	I	
180197	1/06/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	19.00		294.50	I	
180198	12/30/11	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	4.00		62.00	I	
180199	1/06/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	3.50		54.25	I	
180200	1/06/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	24.00		372.00	I	
				CUSTOMER	126.50	0.00	1,960.75		
				CATEGORY	126.50	0.00	1,960.75		

			YSIDE CITYWIDE					PAGE 1	- 30	
SALES JE	NL # 0263	LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG	NY NY			GHC GIRLING		
				SALE	S REGISTER	-		BILL WEEK EN	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180201	12/02/11	000090	GIRLING HEALTH CARE	OF NY	ALEKSANDROVA, S	12.00		156.00	I	
180202	12/09/11	000090	GIRLING HEALTH CARE	OF NY	ALEKSANDROVA, S	12.00		156.00	I	
180203	12/23/11	000090	GIRLING HEALTH CARE	OF NY	ALEKSANDROVA, S	18.00		234.00	I	
180204	1/06/12	000090	GIRLING HEALTH CARE	OF NY	ALEKSANDROVA, S	6.00		78.00	I	
180205	1/06/12	000090	GIRLING HEALTH CARE	OF NY	ALEKSANDROVA, S ALEKSANDROVA, S ALEKSANDROVA, S ALEKSANDROVA, S ALEKSANDROVA, S	12.00		156.00	I	
180206	1/06/12	000090	GIRLING HEALTH CARE	OF NY	BHATT, JYOTI BHATT, JYOTI	5.00		65.00	I	
180207	1/06/12	000090	GIRLING HEALTH CARE	OF NY	BHATT, JYOTI	34.00		442.00	I	
180208	1/06/12	000090	GIRLING HEALTH CARE	OF NY	DIRADOURIAN, NI	24.00		312.00	I	
180209	1/06/12	000090	GIRLING HEALTH CARE	OF NY	DIRADOURIAN, NI	144.00		1,872.00	I	
180210	1/06/12	000090	GIRLING HEALTH CARE	OF NY	GOVERDOVSKIY, N GOVERDOVSKIY, N JOHNSON, ROBERT	2.00		26.00	I	
180211	1/06/12	000090	GIRLING HEALTH CARE	OF NY	GOVERDOVSKIY, N	4.00		52.00	I	
180212	1/06/12	000090	GIRLING HEALTH CARE	OF NY	JOHNSON, ROBERT	4.00		52.00	I	
180213	1/06/12	000090	GIRLING HEALTH CARE	OF NY	JOHNSON, ROBERT KILIMLIAN, PEPR	15.00		195.00	I	
180214	12/30/11	000090	GIRLING HEALTH CARE	OF NY	KILIMLIAN, PEPR	5.00		65.00	I	
180215	1/06/12	000090	GIRLING HEALTH CARE	OF NY	KILIMLIAN, PEPR SAK, FIRDWS	20.00		260.00	I	
180216	1/06/12	000090	GIRLING HEALTH CARE	OF NY	SAK, FIRDWS	8.00		104.00	I	
180217	1/06/12	000090	GIRLING HEALTH CARE	OF NY	THOMPSON, ORALI	11.50		149.50	I	
180218	1/06/12	000090	GIRLING HEALTH CARE	OF NY	THOMPSON, ORALI THOMPSON, ORALI	71.75		932.75	I	
					CUSTOMER	408.25	0.00	5,307.25		
					CATEGORY	408.25	0.00	5,307.25		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 PAR PRIVATE	- 30	)1
SALES UKN	ш # UZU3	HOC 001	SUNNISIDE CITIWIDE	SALES REGISTER	1		BILL WEEK END	ING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180219 180220	1/06/12 1/06/12	000096 000096	JIBAJA, ROSEMARY JIBAJA, ROSEMARY	JIBAJA, ROSEMAR JIBAJA, ROSEMAR	24.00 144.00		408.00 2,268.00	I I	
				CUSTOMER	168.00	0.00	2,676.00		
180221	1/06/12	000098	MILDRED PANSE	PANSE, MILDRED	16.00		248.00	I	
				 CATEGORY	184.00	0.00	2,924.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY S A L E S	NY REGISTEF	3		PAGE 1 - 3 ELD ELDERSERVEHEA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	1	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
180222	1/06/12	000101	ELDERSERVEHEALTH	В	LACK, DOROTHY	16.00		216.00 I	
					CATEGORY	16.00	0.00	216.00	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 PAR PRIVATE	- 30	13
SALES UKN	111 # 0203	HOC 001	SUMMISIDE CITIWIDE	SALES REGISTER			BILL WEEK ENI	DING	1/13/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
180223 180224	1/06/12 1/06/12	000143 000143	ETTORE COPPOLA ETTORE COPPOLA	COPPOLA, ETTORE COPPOLA, ETTORE	4.00 8.00		68.00 124.00	I I	
				CUSTOMER	12.00	0.00	192.00		
180225 180226	1/06/12 1/06/12	000145 000145	LARRY EISENBERG LARRY EISENBERG	BERGER, TESS BERGER, TESS	9.00 44.00		153.00 695.50	I	
				CUSTOMER	53.00	0.00	848.50		
				CATEGORY	65.00	0.00	1,040.50		

	11/12 - SUP SUNN 0263 LOC 001	SUNNYSIDE CITYWIDE	REG 1 S A L E S				PAGE 1 CCM COMPREHE BILL WEEK EN		
INVOICE# D	ATE CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
,	06/12 000150 06/12 000150	COMPREHENSIVE CARE MAN COMPREHENSIVE CARE MAN		ROSARIO, CELEST ROSARIO, CELEST	6.00 29.50		78.72 387.04	I	
				CUSTOMER	35.50	0.00	465.76		
				 CATEGORY	35.50	0.00	465.76		

RUN DATE 01/11/12 SALES JRNL # 0263		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTEF	2		PAGE 1 PAR PRIVATE BILL WEEK ENI	05 1/13/12	
	D	G11GE 310	anamoved vive						
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT		SURPLUS
180229	1/06/12	000151	MICHAEL SIANO	SIANO, ANDREW	16.00		216.00	I	
180230	1/06/12	000153	PATRICIA RUECKHER	RUECKHER, PATRI	12.00		186.00	I	
180231	1/06/12	002215	KEITH SALMON	LAWRANCE, LILLA	11.00		170.50	I	
180232	1/06/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
180233	1/06/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
180234	1/06/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
180235 180236	1/06/12 1/06/12	006337 006337	STEPHEN EDEL STEPHEN EDEL	EDEL, CANDACE EDEL, CANDACE	8.00 73.00		136.00 1,143.50	I I	
				CUSTOMER	81.00	0.00	1,279.50		
180237 180238	1/06/12 1/06/12	007521 007521	DOROTHY GILBERT DOROTHY GILBERT	GILBERT, DOROTH GILBERT, DOROTH	5.00 30.00		85.00 465.00	I	
				CUSTOMER	35.00	0.00	550.00		
180239	1/06/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
180240	1/06/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
180241	1/06/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	2.00		31.00	I	
180242	1/06/12	008764	PATRICIA PHILION	GAFFNEY, FREDER	12.00		186.00	I	
180243	1/06/12	009036	MR. FERNANDO RIVERA	RIVERA, ALCIRA	8.75		135.63	I	
180244	1/06/12	009263	ALZHEIMER'S ASSOCIATION	ON VALENTIN, EVA	2.00		32.50	I	
180245 180246	1/06/12 1/06/12	009498 009498	LOUIS LE NOACH LOUIS LE NOACH	LENOACH, LOUIS LENOACH, LOUIS	3.00 6.00		51.00 97.50	I I	
				CUSTOMER	9.00	0.00	148.50		
180247	1/06/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	9.00		139.50	I	
180248	1/06/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
180249	1/06/12	997760	MARASA, ANTONIO	MARASA, ANTONIO	9.00		121.50	I	
				CATEGORY	286.75	0.00	4,401.63		
				LOCATION 1	19,425.25		299,765.57		
				COMPANY	19,425.25	0.00	299,765.57		

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SALES JRNL # 0263 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 1/13/12

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

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