RUN DATE 10/31/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0305 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 11/02/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
COLON, RAYMUNDA
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
GRAFSTEIN, LILL
SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
SENIOR HEALTH PARTNERS
SEN 214101 10/26/12 000082 57.00 I 214102 10/26/12 000082 57.00 I 10/26/12 570.00 I 214103 000082 10/26/12 214104 000082 256.50 214105 10/26/12 000082 356.25 399.00 214106 10/26/12 000082 214107 10/26/12 000082 456.00 214108 10/26/12 000082 800.00 214109 10/26/12 000082 470.25 214110 10/26/12 000082 1,923.75 214111 10/26/12 000082 327.75 214112 10/26/12 000082 800.00 214113 10/26/12 000082 1,083.00 214114 10/26/12 000082 285.00 214115 10/26/12 000082 199.50 214116 10/26/12 356.25 000082 214117 10/26/12 114.00 000082 570.00 214118 10/26/12 000082 214119 10/26/12 171.00 I 000082 214120 10/26/12 000082 57.00 I \_\_\_\_\_\_ \_\_\_\_\_ CUSTOMER 549.00 0.00 9,309.25

CATEGORY

549.00 0.00

9,309.25

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/ 12
LUS

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 3 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214127 10/26/12	000008 VISITING NURSE SERVICE	AGUILAR, ZORAID	21.00	306.18 I
		CATEGORY	21.00 0.00	306.18

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	4
DILLE CIUV	11 (1 0 0 0 0 0	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
_	10/26/12	800000	VISITING NURSE SERVICE		42.00		612.36 I	
214129	10/26/12	000008	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60 I	
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

RUN DATE 10	0/31/12 -	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	5
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDIN	G 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214130 10	0/26/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	29.75		433.76 I	
				CATEGORY	29.75	0.00	433.76	

RUN DATE 10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	_	6
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA	
		5	SALES REGISTER			BILL WEEK END	ING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP	SURPLUS
INVOICE# DATE	CUSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAX AMI	AMOUN1 .	IIP	SURPLUS
214131 10/26/12	000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	29.25		426.47	т	
214132 10/26/12	000008	VISITING NURSE SERVICE	ALMANZAR, REMIG	4.00		58.32	Ī	
214133 10/26/12	800000	VISITING NURSE SERVICE	ALVARADO, DORA	5.00		72.90	I	
			CUSTOMER	38.25	0.00	557.69		
			CATEGORY	38.25	0.00	557.69		

F	RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - '	7
5	SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	11/02/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	214134	10/26/12	800000	VISITING NURSE SERVICE	ALVARADO, EUFEM	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	8
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK E	NDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214135	10/26/12	800000	VISITING NURSE SERVICE	ALVAREZ, DALILA	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE 10/31/12 -	SUP SUNNYSIDE CITY	WIDE				PAGE 1	_	9
SALES JRNL # 0305	LOC 001 SUNNYSII	DE CITYWIDE REG	NY NY			HOA HOSPICE	ADULT	
		SALE	S REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214136 10/26/12	000008 VISITING	NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48	I	
			CATEGORY	56.00	0.00	816.48		

	10/31/12 NL # 0305		YSIDE CITYWIDE	DEC MY MY			11102 1		10
SALES URI	NL # U3U5	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE BILL WEEK EN		11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214137	10/26/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	20.00		291.60	I	
214138	10/26/12	000008	VISITING NURSE SERVICE	ANDINO, ESTEBAN	16.00		233.28	I	
214139	10/26/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	83.50		1,217.44	I	
214140	10/26/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I	
214141	10/26/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24	I	
				CUSTOMER	203.50	0.00	2,967.04		
				CATEGORY	203.50	0.00	2,967.04		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 11 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214142 10/26/12 214143 10/26/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	20.00 53.00	291.60 I 772.74 I
		CUSTOMER	73.00 0.00	1,064.34
		CATEGORY	73.00 0.00	1,064.34

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214144 10/26/12 214145 10/26/12 214146 10/26/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ARGENTINA, CESS	24.00 8.00 46.00		349.92 116.64 670.68	I I
			CUSTOMER	78.00	0.00	1,137.24	
			CATEGORY	78.00	0.00	1,137.24	

			YSIDE CITYWIDE				PAGE 1 -	13
SALES JR	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	TC 11/02/12
				ALES REGISIER			BILL WEEK ENDIR	NG 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214147	10/26/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	20.00		291.60 I	Į.
				CATEGORY	20.00	0.00	291.60	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 14 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214148 10/26/12 214149 10/26/12	000008 VISITING NURSE SERVICE OUT OUT OF THE PROPERTY OF THE P		40.00 16.50	583.20 I 240.58 I
		CUSTOMER	56.50 0.00	823.78
		CATEGORY	56.50 0.00	823.78

RUN DATE 10/31/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 -	15
SALES JRNL # 0305	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
	\$	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214150 10/26/12	000008 VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96 I	
		CATEGORY	12.00	0.00	174.96	

RUN DATE 10/31/12	- SUP SUN	TYSIDE CITYWIDE				PAGE 1	- 16
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK END	ING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214151 10/26/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I
214152 10/26/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48	I
214153 10/26/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	50.00		729.00	I
214154 10/26/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	1.00		14.58	I
214155 10/26/12	000008	VISITING NURSE SERVICE	BATTLE, JEANETT	22.25		324.41	I
			CUSTOMER	159.25	0.00	2,321.87	
			CATEGORY	159.25	0.00	2,321.87	

RUN DATE 10/31/12 - S SALES JRNL # 0305 L	SUP SUNNYSIDE CITYWIDE	REG NY NY		PAGE 1 – 17 ADU ADULT
SALES URNL # USUS L		SALES REGISTER		BILL WEEK ENDING 11/02/12
INVOICE# DATE C	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
	000008 VISITING NURSE SERVICE	BAZAN, VICTORIA BECERRA, FELIPE	35.00 32.00	510.30 I 466.56 I
21413/ 10/20/12 0	JOUUUG VISIIING NORSE SERVICE	,		
		CUSTOMER	67.00 0.00	976.86
		CATEGORY	67.00 0.00	976.86

RUN DATE 10 SALES JRNL	)/31/12 - SUP SUNN # 0305 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		18
		S	ALES REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	0/26/12 000008	VISITING NURSE SERVICE	BECERRA, FELIPE	24.00		349.92	I	
	0/26/12 000008	VISITING NURSE SERVICE	BELLOROFONTE, M	146.00		2,128.68	I	
214160 10	0/26/12 000008	VISITING NURSE SERVICE	BERENBLIT, SARA	6.00		87.48	I	
			CUSTOMER	176.00	0.00	2,566.08		
			CATEGORY	176.00	0.00	2,566.08		

ı	RUN DATE 1	.0/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	19
ı	SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	11/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	214161 1	.0/26/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	21.00		306.18 I	
ı									
ı									
ı					CATEGORY	21.00	0.00	306.18	

RUN DATE 10/31/12 - SALES JRNL # 0305		NYSIDE CITYWIDE REG	NY NY S REGISTER			PAGE VCP CHOICE BILL WEEK E	LHCSA	20
INVOICE# DATE	CUST NO CUST	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT		SURPLUS
214162 10/26/12	000008 VISI	TING NURSE SERVICE	BHATT, JYOTI	42.00		612.36	I	
			CATEGORY	42.00	0.00	612.36		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 21 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214163 10/26/12	000008 VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00	437.40 I
		CATEGORY	30.00 0.00	437.40

RUN DATE 10/31/12 - SALES JRNL # 0305	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 22 ADU ADULT	
SALES ORNE # 0303	100 001		SALES REGISTER				1/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214164 10/26/12 214165 10/26/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		40.00		583.20 I 291.60 I	
			CUSTOMER	60.00	0.00	874.80	
			CATEGORY	60.00	0.00	 874.80	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (	LT
			SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
111,010111	0001 1.0	000101111111111111111111111111111111111	TELL ETTELLOE	1100110		11100111 111 20111 202	
214166 10/26/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	38.00		554.04 I	
			CATEGORY	38.00	0.00	554.04	

RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
SALES JR	NL # 0305	LOC 001		REG NY NY			VCP CHOICE LHCS	
			2	SALES REGISTER			BILL WEEK ENDIN	IG 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214167	10/26/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

			YSIDE CITYWIDE				11101	- :	25
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	ING	11/02/12
INVOICE#	שמעע	CIICT NO	CUSTOMER NAME	REFERENCE	HOURS	TAY AMT	AMOUNT '	TVD	SURPLUS
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNI	ΓΥΡ	SURPLUS
214168 1	0/26/12	800000	VISITING NURSE SERVICE	BOCANEGRA, GLAD	21.00		306.18	I	
	0/19/12	800000	VISITING NURSE SERVICE	,	5.00		72.90	I	
214170 1	.0/26/12	000008	VISITING NURSE SERVICE	BOCANEGREA, MAR	14.50		211.41	I	
				CUSTOMER	40.50	0.00	590.49		
				CATEGORY	40.50	0.00	590.49		

RUN DATE 10/31/12		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	26
STEED STATE II 0505	200 001		SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214171 10/26/12	800000	VISITING NURSE SERVICE	BOJORQUEZDECHA,	36.00		524.88 I	
			CATEGORY	36.00	0.00		

RUN DATE 10/31/12 - SUP SUI SALES JRNL # 0305 LOC 00	1 SUNNYSIDE CITYWIDE REG			PAGE 1 – 27 ADU ADULT
INVOICE# DATE CUST N		S REGISTER REFERENCE	HOURS TAX A	BILL WEEK ENDING 11/02/12  AMOUNT TYP SURPLUS
214172 10/26/12 000008		BONILLA, ESPERA	35.00	510.30 I
20,20,12	VISITING NONDE BENVIOL			
		CATEGORY	35.00 0.0	510.30

RUN DATE 10/31/12 - SALES JRNL # 0305		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	28
		S	ALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214173 10/26/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
1			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/31/	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	29
SALES JRNL # 03	05 LOC 001		REG NY NY			LTC NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
IIIVOICE    BIIIE	0001 110	CODIONER WINE	REI ERENCE	1100115	11111 11111	11100111 111	BOILT HOD
214174 10/26/	12 000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE				PAGE 1		30
SALES JR	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK ENI	DING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214175	10/19/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	4.00		58.32	I	
214176	10/26/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96	I	
					16.00				
				CUSTOMER	16.00	0.00	233.28		
				CATEGORY	16.00	0.00	233.28		

RUN DATE 10/31/12 -	- SUP SUNN	NYSIDE CITYWIDE					- 32	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H		
		i	SALES REGISTER			BILL WEEK END	DING :	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214177 10/26/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	6.00		87.48	I	
			CATEGORY	6.00	0.00	87.48		

RUN DATE 10/31/12 - SALES JRNL # 0305	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	32
		S	ALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214178 10/26/12 214179 10/26/12 214180 10/26/12 214181 10/26/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BOYLAN, FRANK BRACERO, HELEN BURGOS, RAFAELA BURNS, MARGARET	67.50 84.00 9.00 48.00		984.16 I 1,224.72 I 131.22 I 699.84 I	
			CUSTOMER	208.50	0.00	3,039.94	
			CATEGORY	208.50	0.00	3,039.94	

RUN DATE 10/31/12 -	- SUP SUNNYSIDE CI	TYWIDE				PAGE 1 -	- 33
SALES JRNL # 0305	LOC 001 SUNNYS		G NY NY				OME W/O WALLS LT
		SAL	ES REGISTER			BILL WEEK END	ING 11/02/12
INVOICE# DATE	CUST NO CUSTOME	R NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
214182 10/26/12	000008 VISITING	G NURSE SERVICE	BUSCARELLO, JOH	56.00		816.48	I
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/31/12 -	- SUP SUNNYSIDE CITYWIDE			I	PAGE 1 -	34
SALES JRNL # 0305	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
	S	ALES REGISTER		I	BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS I	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE# DATE	CODI NO CODIONER NAME	KET EKENCE	1100105	IAZ ANI	AMOUNT TIT	DOKT HOD
214183 10/26/12	000008 VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
		CATEGORY	10.00	0.00	145.80	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001		REG NY NY			PAGE 1 - ADU ADULT	35
BALLS CRUE # 0505	100 001		SALES REGISTER			BILL WEEK ENDIN	IG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214184 10/26/12 214185 10/26/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · · · · · · · · · · · · · · · · ·	25.00 69.75		364.50 I 1,016.96 I	
			CUSTOMER	94.75	0.00	1,381.46	
			CATEGORY	94.75	0.00	1,381.46	

			YSIDE CITYWIDE				PAGE 1		36
SALES JRI	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	ALES REGISTER			BILL WEEK END	ING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	ΓΥΡ	SURPLUS
214186	10/26/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	40.00		583.20	I	
214187	10/26/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48	I	
				CUSTOMER	96.00	0.00	1,399.68		
				CATEGORY	96.00	0.00	1,399.68		

ı	RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	37
ı	SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	11/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	214188	10/26/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I	
ı									
ı									
ı					CATEGORY	42.00	0.00	612.36	

:	RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	38
Н	SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
				S	SALES REGISTE	R		BILL WEEK ENDIN	IG 11/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	214189	10/26/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	82.00		1,195.56 I	-
					<del>_</del> -				
1					CATEGORY	82.00	0.00	1,195.56	

ı	RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
ı	SALES JRN	rL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	3 11/02/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
ı									
ı	214190	10/26/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	29.00		422.82 I	
ı									
ı									
ı					CATEGORY	29.00	0.00	422.82	

	/31/12 - SUP SUNN					PAGE 1 -	10
SALES JRNL ‡	# 0305 LOC 001		REG NY NY			VCP CHOICE LHC	
		S	SALES REGISTER			BILL WEEK ENDI	NG 11/02/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214191 10/	/26/12 000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	80.00		1,166.40	I
214192 10/	/26/12 000008	VISITING NURSE SERVICE	CARDOZA, ANAIDA	12.00		174.96	I
214193 10/	/26/12 000008	VISITING NURSE SERVICE	CARELA-REYES, M	24.25		353.57	I
						1 604 00	
			CUSTOMER	116.25	0.00	1,694.93	
			CATEGORY	116.25	0.00	1,694.93	

RUN DATE 10/31/12 -		IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	41
STEED STATE    CS CS	200 001		A L E S R E G I S T E R			BILL WEEK ENDING	G 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214194 10/26/12	800000	VISITING NURSE SERVICE	CARLOS, JULIA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/31/12 -		YSIDE CITYWIDE				PAGE 1 - 42	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214195 10/26/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	41.75		608.72 I	
			CATEGORY	41.75	0.00	608.72	

		NYSIDE CITYWIDE					43
SALES JRNL #	0305 LOC 001		REGNY NY SALES REGISTER			LAD NURSING HOM BILL WEEK ENDIN	
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214196 10/2	26/12 000008	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001		REG NY NY			PAGE 1 - ADU ADULT	44
SALES URNL # 0303	LOC 001		SALES REGISTER			BILL WEEK ENDING	G 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
214197 10/26/12 214198 10/26/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 5.75		174.96 I 83.84 I	
			CUSTOMER	17.75	0.00	258.80	
			CATEGORY	17.75	0.00	258.80	

RUN DATE 10/31/12						PAGE 1 - 4	5
SALES JRNL # 0305	LOC 001		REG NY NY			VCP CHOICE LHCSA	11 (00 (10
		2	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214199 10/26/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	28.00		408.24 I	
214200 10/26/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	30.00		437.40 I	
			CUSTOMER	58.00	0.00	845.64	
			CATEGORY	58.00	0.00	845.64	

LT

RUN DATE 10/31/12		YSIDE CITYWIDE				PAGE 1 -	- 47
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			SALES REGISTER			BILL WEEK END	ING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
214202 10/26/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40	I
214203 10/26/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	70.00		1,020.60	I
			CUSTOMER	100.00	0.00	1,458.00	
			CATEGORY	100.00	0.00	1,458.00	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 48	
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	Γ
			:	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214204	10/26/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	28.00		408.24 I	
							400.04	
				CATEGORY	28.00	0.00	408.24	

RUN DATE 10/31/ SALES JRNL # 03		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI		49
DIEZO GIZIZ II GE	200 001		SALES REGISTER			BILL WEEK EN		11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214205 10/26/	12 000008	VISITING NURSE SERVICE	CHINGA, ALBA	24.00		349.92	I	
214206 10/26/	12 000008	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I	
214207 10/26/	12 000008	VISITING NURSE SERVICE	CHUCK, ENA	34.50		503.02	I	
			CUSTOMER	98.50	0.00	1,436.14		
			CATEGORY	98.50	0.00	1,436.14		

RUN DATE 10/31/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMI BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214208 10/26/	12 000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	47.75		696.20 I	
			CATEGORY	47.75	0.00	696.20	

RUN DATE 10/31/12	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	51
SALES JRNL # 0305	5 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	3 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
01.4000 10.405.41						05 40 -	
214209 10/26/12	2 000008	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 10/31/1:	2 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1	- 52
SALES JRNL # 030	5 LOC 001		REG NY NY				HOMEW/O WALLS (LT
		i	SALES REGISTE	R		BILL WEEK EN	DING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214210 10/26/12	2 000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I
214211 10/26/12	2 000008	VISITING NURSE SERVICE	COLLER, JOSE	20.00		291.60	I
214212 10/26/13	2 000008	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I
			CUSTOMER	82.00	0.00	1,195.56	
			CATEGORY	82.00	0.00	1,195.56	

RUN DATE 10	/31/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 53	
SALES JRNL	# 0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
		S	ALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214213 10	/26/12 000008	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
			CATEGORY	168.00	0.00	2,449.44	

RUN DATE 10/31/12 -			DEC NV NV			PAGE 1 - 54	
SALES JRNL # 0305	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WALLS (L BILL WEEK ENDING 11/02/12	Т
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214214 10/26/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/31/1 SALES JRNL # 030			REG NY NY			PAGE 1 - ADU ADULT	_	55
BALLES GIGNE # 050	J 100 001		SALES REGISTER			BILL WEEK END	ING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ГҮР	SURPLUS
214215 10/26/1	2 000008	VISITING NURSE SERVICE	CORTES, MERCEDE	4.00		58.32	I	
			CATEGORY	4.00	0.00	58.32		

RUN DATE 10/31/12 - SUP SUNNYSIDE CITYWIDE				PAGE 1 -	56
SALES JRNL # 0305 LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
	SALES REGISTER			BILL WEEK ENDIN	G 11/02/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
014016 10/06/10 000000 11707777777 17707 077177		00 00		001 60 -	
214216 10/26/12 000008 VISITING NURSE SERVICE	E COSTA, ANTOINET	20.00		291.60 I	
	CATEGORY	20.00	0.00	291.60	
	CAILGORI	20.00	0.00	291.00	

RUN DATE 10/31/12 -							57
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEV	
		2	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214217 10/26/12	000008	VISITING NURSE SERVICE	COSTA, ARSENE	46.00		670.68 I	
			CATEGORY	46.00	0.00	670.68	

RUN DATE 10,	/31/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	58
SALES JRNL #	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	3 11/02/12
INVOICE# I	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214218 10,	/26/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	20.50		298.90 I	
				CATEGORY	20.50	0.00	298.90	

RUN DATE 10/31/	12 - SUP SUNI	NYSIDE CITYWIDE			P	PAGE 1 –	59
SALES JRNL # 03	05 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY		H	IOA HOSPICE ADUI	T
		S	SALES REGISTER		В	BILL WEEK ENDING	3 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
214219 10/26/	12 000008	VISITING NURSE SERVICE	COX, PETRA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE :			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LE	ICSA	60	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	-	REGISTER EFERENCE	HOURS	TAX AMT	BILL WEEK ENI	TYP	SURPLUS	
	10/26/12		VISITING NURSE SERVICE		AWFORD, CARME	60.75	IAX ANI	885.74	I	SORFIOS	
					CATEGORY	60.75	0.00	885.74			

RUN DATE 10/31/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 61	
SALES JRNL # 0305 LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			LAD NURSING HOME W/O WALLS LT	
	SALE	S REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS '	TAX AMT	AMOUNT TYP SURPLUS	
214221 10/26/12 000008	VISITING NURSE SERVICE	CRUZ, HECTOR	28.75		419.18 I	
		CATEGORY	28.75	0.00	419.18	

JN DATE 10/31/12 - SUP SUNNYSIDE CITYWIDE				PAGE 1 -	62
ALES JRNL # 0305 LOC 001 SUNNYSIDE CITYWID:	E REG NY NY			VCP CHOICE LHCS	A
	SALES REGISTER	2		BILL WEEK ENDIN	G 11/02/12
WOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
14000 10/06/10 000000 1170777777		00 00		001 60 -	
14222 10/26/12 000008 VISITING NURSE SER	VICE CRUZ, JUANA	20.00		291.60 I	
	CAMEGODY.	20 00	0.00	201 60	
	CATEGORY	20.00	0.00	291.60	

RUN DATE 10/31/12			DDG 1997			PAGE 1 - 63	3
SALES JRNL # 0305	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 1	1/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214223 10/26/12	000008	VISITING NURSE SERVICE	CRUZ, LIDIA	22.75		331.70 I	
			CATEGORY	22.75	0.00	331.70	

RUN DATE 10/31/12 -						PAGE 1 -	64
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				ME W/O WALLS LT
			SALES REGISTER			BILL WEEK ENDI	NG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
214224 10/26/12	000008	VISITING NURSE SERVICE	CURCIO, ANTONIA	4.00		58.32	
			CATEGORY	4.00	0.00	58.32	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 65 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214225 10/26/12 214226 10/26/12	000008 VISITING NURSE SERVIC 000008 VISITING NURSE SERVIC	•	25.00 56.00	364.50 I 816.48 I
		CUSTOMER	81.00 0.00	1,180.98
		CATEGORY	81.00 0.00	1,180.98

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	66
SALES JRN	rL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE	LHCSA	
			S	SALES REGISTER			BILL WEEK E	NDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214227	10/26/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	30.00		437.40	I	
				CATEGORY	30.00	0.00	437.40	-	

RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
SALES JRN	rL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAI	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214228	10/26/12	800000	VISITING NURSE SERVICE	DE LA HOZ, RUTH	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUI	N DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	68	
SAI	LES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA		
					SALES REGISTER			BILL WEEK EN	DING	11/02/12	
INV	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
214	4229	10/26/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	25.00		364.50	I		
					CATEGORY	25.00	0.00	364.50			

RUN DATE 10/31/1	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 - 6	59
SALES JRNL # 030	5 LOC 001		REG NY NY			LTC NURSING HOMEW/	,
			SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214230 10/26/1	2 000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	34.00		495.72 I	
				24.00		405 50	
			CATEGORY	34.00	0.00	495.72	

RUN DATE 10/31/12 - SALES JRNL # 0305	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 7 VCP CHOICE LHCSA BILL WEEK ENDING	-
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214231 10/26/12 214232 10/26/12 214233 10/26/12 214234 10/26/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DELOSSANTOS, MA DELUCA, ANTIONE DEY, KRISHNA DEZUMARAN, REBE	30.00 27.75 4.75 35.75		437.40 I 404.60 I 69.26 I 521.24 I	
			CUSTOMER	98.25	0.00	1,432.50	
			CATEGORY	98.25	0.00	1,432.50	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HO BILL WEEK ENDI	71 ME W/O WALLS LT NG 11/02/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214235	10/26/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	42.00		612.36	I
				CATEGORY	42.00	0.00	612.36	

RUN DATE 10/31/12		YSIDE CITYWIDE					PAGE 1	-	72
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE L		
			SALES R	EGIST	E R		BILL WEEK EN	DING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214236 10/26/12	000008	VISITING NURSE SERVICE	DIAZ,	MARIA	35.00		510.30	I	
214237 10/26/12	000008	VISITING NURSE SERVICE	DIAZ,	OLGA	52.00		758.16	I	
214238 10/26/12	800000	VISITING NURSE SERVICE	DIAZ,	ROSA	36.00		524.88	I	
				CUSTOMER	123.00	0.00	1,793.34		
				CATEGORY	123.00	0.00	1,793.34		

RUN DATE 10/31/12 - SUP S SALES JRNL # 0305 LOC 0		G NY NY			PAGE 1 ADU ADULT	-	73
	_	ES REGISTER			BILL WEEK EN		
INVOICE# DATE CUST		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214239 10/26/12 00000	08 VISITING NURSE SERVICE	DICKINSON, ELSA	2.00		29.16	I 	
		CATEGORY	2.00	0.00	29.16		

RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	74
SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	DING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214240	10/26/12	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	70.00		1,020.60	I	
214241	10/26/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	36.00		524.88	I	
214242	10/26/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
				CUSTOMER	126.00	0.00	1,837.08		
				CATEGORY	126.00	0.00	1,837.08		

RUN DATE 10/31/12 -	SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	75
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214243 10/26/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN I	DATE 10/31/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 76	
SALE	S JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGR	MAS
			Ş	SALES REGISTER			BILL WEEK ENDING 11/02/1	L2
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
2142	10/26/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 10/31/1	2 - SUP SUNI	YSIDE CITYWIDE				PAGE 1 -	77
SALES JRNL # 030	5 LOC 001		REG NY NY			VCP CHOICE LHCS	
		:	SALES REGISTER			BILL WEEK ENDIN	G 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214245 10/26/1	2 000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	22.00		320.76 I	
			CATEGORY	22.00	0.00	320.76	

RUN DATE 10/31/12 - SUP SUNNYSIDE CITYWIDE			PAGE 1 -	78
SALES JRNL # 0305 LOC 001 SUNNYSIDE CITYWIDE REG NY NY			ADU ADULT	
SALES REGISTE	E R		BILL WEEK ENDIN	G 11/02/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214246 10/26/12 000008 VISITING NURSE SERVICE EDELMAN, MILDRE	15.00		218.70 I	
-				
CATEGORY	15.00	0.00	218.70	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	
214247 10/26/12	7 800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
			CATEGORY	4.00	0.00	58.32	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 80	
SALES JRN	1L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAI	
			S	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214248	10/26/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	81
SALES JR	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214249	10/26/12	000008	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40 I	
214250	10/26/12	800000	VISITING NURSE SERVICE	ESPINAL, JOSE	15.00		218.70 I	
				CUSTOMER	45.00	0.00	656.10	
				COSTOMER	45.00	0.00	050.10	
				CATEGORY	45.00	0.00	656.10	

- 1		10/31/12 - NL # 0305		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 ADU ADULT	_	82	
	SALES UKI	иш # 0303	LOC UUI		-	REGISTE	R		BILL WEEK EN	DING	11/02/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
	214251	10/26/12	000008	VISITING NURSE SERVICE	ETT	IN, RUTH	8.00		116.64	I		
						CATEGORY	8.00	0.00	116.64			

RUN DATE 10	0/31/12 - SUP SU	NNYSIDE CITYWIDE				PAGE 1 -	83
SALES JRNL	# 0305 LOC 00		REG NY NY			VCP CHOICE LHCS	
		\$	SALES REGISTER			BILL WEEK ENDIN	IG 11/02/12
INVOICE#	DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214252 10	0/26/12 000008	VISITING NURSE SERVICE	EVERETT, SHIRLE	21.00		306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 10/31/12 - SUP SUNN					PAGE 1 -	84
SALES JRNL # 0305 LOC 001		NY NY S REGISTER			ADU ADULT BILL WEEK ENDI	NG 11/02/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
214253 10/26/12 000008	VISITING NURSE SERVICE	FADEN, ROBIN	54.75		798.26	I
		CATEGORY	54.75	0.00	798.26	

	10/31/12 - JL # 0305		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 VCP CHOICE LE		85	
DALLS OICH	1L # 0303	100 001		-	EGISTER			BILL WEEK ENI		11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
214254	10/26/12	000008	VISITING NURSE SERVICE	FAMB	IATOU, PARA	4.00		58.32	I		
					CATEGORY	4.00	0.00	58.32			

RUN DATE 10/31/12 - SUP SUNNY	SIDE CITYWIDE			PAGE 1 -	86
SALES JRNL # 0305 LOC 001	SUNNYSIDE CITYWIDE REG N	Y NY		HOA HOSPICE ADU	JLT
	SALES	REGISTER		BILL WEEK ENDIN	NG 11/02/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TY	P SURPLUS
214255 10/26/12 000008	VISITING NURSE SERVICE	FARO, JOSEPH	20.50	298.89 1	Ι
		CATEGORY	20.50 0.00	298.89	

1:	RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 87	
Н	SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROG	RAM
				S	SALES REGISTER			BILL WEEK ENDING 11/02/	12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
	214256	10/26/12	800000	VISITING NURSE SERVICE	FARO, VIRGINIA	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE 10/31/12 - SUP SUNNYSIDE CITYWIDE PA	AGE 1 - 88
	DU ADULT
SALES REGISTER BI	ILL WEEK ENDING 11/02/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	AMOINT TVD GIDDIIIG
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	AMOUNT TYP SURPLUS
214257 10/26/12 000008 VISITING NURSE SERVICE FAY, JULIA 25.00	364.50 I
CATEGORY 25.00 0.00	364.50

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	1 -	89
SALES JRN	1L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE		
			5	SALES REGISTER			BILL WEEK E	NDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214258	10/26/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	52.00		758.16	I	
				CATEGORY	52.00	0.00	758.16	_	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 91	0
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	E CAR	E PROGRAM
			S	SALES	REGISTER			BILL WEEK END	ING :	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
01.4050	10/06/10	000000			D	15 00		010 50	_	
214259	10/26/12	800000	VISITING NURSE SERVICE	F.E.	RNANDEZ, JORG	15.00		218.70	1	
					CATEGORY	15.00	0.00	218.70		
					CAILGORI	13.00	0.00	210.70		

RUN DATE 10/31/	12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	91
SALES JRNL # 03	05 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			SALES REGISTER			BILL WEEK ENDIN	NG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214260 10/26/	12 000008	VISITING NURSE SERVICE	FERREIRO, JOSEP	21.00		306.18	<u> </u>
			CATEGORY	21.00	0.00	306.18	

RUN DATE 1	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	92
SALES JRNI	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			2	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214261 1	10/26/12	000008	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
214201 1	10/20/12	000008	VISITING NORSE SERVICE	FERRER, MARIE	12.00		1/4.90 1	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 1	0/31/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214262 1	0/26/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.00		758.16 I	
				CATEGORY	52.00	0.00	758.16	

RUN DATE 10/3	1/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	94
SALES JRNL #	0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214263 10/2	6/12 000008	VISITING NURSE SERVICE	FLEITMAN, KLARA	15.00		218.70 I	
			CATEGORY	15.00	0.00		

RUN DATE 10/31/12 SALES JRNL # 0305			REG NY NY			PAGE 1 - VCP CHOICE LHC	
			SALES REGISTER			BILL WEEK ENDI	NG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214264 10/26/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	34.25		499.38	I
214265 10/26/12		VISITING NURSE SERVICE	,	12.00		174.96	I
214266 10/26/12	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	35.00		510.30	I
			CUSTOMER	81.25	0.00	1,184.64	
			CATEGORY	81.25	0.00	1,184.64	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 96
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
		5	SALES REGISTER			BILL WEEK END	ING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214267 10/26/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48	I
214268 10/26/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	38.00		554.04	I
214269 10/26/12	000008	VISITING NURSE SERVICE	FUNES, GEORGINA	21.00		306.18	I
			CUSTOMER	115.00	0.00	1,676.70	
			CATEGORY	115.00	0.00	1,676.70	

RU	N DATE	10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SA	LES JRN	NL # 0305	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				2	SALES REGISTER			BILL WEEK ENDING	11/02/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21	4270	10/26/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE 10/31/12 SALES JRNL # 0305			REG NY NY				- 98 HOMEW/O WALLS (LT
		\$	SALES REGISTER			BILL WEEK EN	DING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214271 10/26/12	000008	VISITING NURSE SERVICE	•	38.75		564.98	I
214272 10/26/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	20.00		291.60	I
214273 10/26/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40	I
			CUSTOMER	88.75	0.00	1,293.98	
			CATEGORY	88.75	0.00	1,293.98	

RUN DATE 10/31/12 SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	99 11/02/12
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214274 10/26/12	000008 VI	ISITING NURSE SERVICE	GARCIA, URANIA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DA'	TE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 100	)
SALES	JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 1	L1/02/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214275	10/26/12	800000	VISITING NURSE SERVICE	GARCIA-VARGAS,	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 101	L
SALES JRI	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 1	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
01.4056	10/05/10						0.7.40	
214276	10/26/12	000008	VISITING NURSE SERVICE	E GARY, MIKE	6.00		87.48 I	
				CAMEGODY	6 00	0.00	07.40	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 1	.0/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	102
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214277 1	.0/26/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	23.75		346.28 I	
				CATEGORY	23.75	0.00	346.28	

RUN DATE 10 SALES JRNL	/31/12 - SUP SUNN # 0305 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 END	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
214278 10	/26/12 000008	VISITING NURSE SERVICE	GENAO MOSQUE, A	8.75		127.58	I
			CATEGORY	8.75	0.00	127.58	

RUN DATE 10/31/12 - SUP S' SALES JRNL # 0305 LOC 0		G NY NY		PAGE 1 - VCP CHOICE LHCS	104
SALES URNE # 0305 LOC 0		ES REGISTER		BILL WEEK ENDIN	
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TY	P SURPLUS
214279 10/26/12 00000	8 VISITING NURSE SERVICE	GEORGE, MERCEDE	43.00	626.94 I	
		CATEGORY	43.00 0.	00 626.94	

RUN DATE 10/31/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	105
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
014000 10406410	000000		GTODGTO HITLIA	40.05		E02 40 T	
214280 10/26/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	48.25		703.49 I	
			CATEGORY	48.25	0.00	703.49	

RUN DATE 10/3	L/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 106	
SALES JRNL # (	0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING 1	1/02/12
INVOICE# DAT	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE# DA.	LE COST NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNT TYP	SURPLUS
214281 10/26	5/12 000008	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

	/31/12 - SUP SUNN # 0305 LOC 001		REG NY NY			PAGE 1 - VCP CHOICE LHC	107 SA
			LES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214282 10	/26/12 000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50	I
			CATEGORY	25.00	0.00	364.50	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 108
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK EN	DING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214283 10/26/12	800000	VISITING NURSE SERVICE	GOMEZ, ROSANA	35.00		510.30	I
214284 10/26/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	32.50		473.85	I
			CUSTOMER	67.50	0.00	984.15	
			CATEGORY	67.50	0.00	984.15	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 109	
SALES JRNI	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214285	10/26/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 110 ADU ADULT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214286 10/05/12 214287 10/12/12 214288 10/19/12 214289 10/26/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, CARLO GONZALEZ, CARLO	6.00 9.00 9.00 9.00		87.48 I 131.22 I 131.22 I 131.22 I
			CUSTOMER	33.00	0.00	481.14
			CATEGORY	33.00	0.00	481.14

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 13	L1	
SALES JRN	1L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LH			
			S	ALES	REGISTER			BILL WEEK END	ING	11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	D	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
INVOICE#	DATE	COST NO	COSTONER NAME	IC.	EFERENCE	1100105	IAA AHI	AMOUNT	III	SORFIOS	
214290	10/26/12	800000	VISITING NURSE SERVICE	GO <sup>°</sup>	NZALEZ, DOLOR	34.00		495.72	I		
					CATEGORY	34.00	0.00	495.72			

RUN DATE 10/	/31/12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 - 1	.12
SALES JRNL ‡	# 0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
014001 10	106/10 000000		G01753 1 F5 F5 F5 F5	0.4 0.5		252 55 7	
214291 10/	/26/12 000008	VISITING NURSE SERVICE	GONZALEZ, ELBA	24.25		353.57 I	
			CATEGORY	24.25	0.00	353.57	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY L E S R E G I S T E R			PAGE 1 - 113 ADU ADULT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214292 10/26/12	800000	VISITING NURSE SERVICE	GONZALEZ, EVA	42.00		612.36 I
			CATEGORY	42.00	0.00	612.36

RUN DATE 10/31/12						PAGE 1 - 114	
SALES JRNL # 0305	LOC 001		REG NY NY			LTC NURSING HOMEW/O	•
			SALES REGISTER			BILL WEEK ENDING 11	./02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
214293 10/26/12	000008	VISITING NURSE SERVICE	GOVERDOVSKIY, N	21.00		306.18 I	
			CATEGORY	21.00	0.00	306.18	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	115
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214294	10/26/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	39.75		579.56 I	
				CATEGORY	39.75	0.00	579.56	

RUN DATE 10/3	31/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	116
SALES JRNL #	0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		5	SALES REGISTER			BILL WEEK ENDIN	G 11/02/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214295 10/2	26/12 000008	VISITING NURSE SERVICE	CDEENDALIM MACA	36.50		532.18 I	
214295 10/2	26/12 000008	VISITING NURSE SERVICE	GREENBAUM, MASA	30.50		532.18 1	
			CATEGORY	36.50	0.00	532.18	
			0111200111	50.50	0.00	332.10	

RUN DATE 10	)/31/12 -	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	117
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AID	S ADULT POPUL
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214296 10	)/26/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE 10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	18
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			SALES REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214297 10/26/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I	
214298 10/26/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	84.00		1,224.72	I	
			CUSTOMER	168.00	0.00	2,449.44		
			CATEGORY	168.00	0.00	2,449.44		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 119 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214299 10/26/12	000008 VISITING NURSE SERVICE	GUTIERREZ, JOSE	48.00	699.84 I
		CATEGORY	48.00 0.00	699.84

RUN DATE 10/31/12 - SALES JRNL # 0305	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK ENI		1/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT		SURPLUS
214300 10/26/12 214301 10/26/12 214302 10/26/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HARRISON, GLORI HENAO, VICTORIA HENDY, BERNICE	41.50 16.00 29.00		605.07 233.28 422.82	I I I	
			CUSTOMER	86.50	0.00	1,261.17		
			CATEGORY	86.50	0.00	1,261.17		

RUN DATE 10/31/12 - SUP SUNNYSI					PAGE 1 -	- 121
SALES JRNL # 0305 LOC 001 S					ADU ADULT	
	SALES	REGISTER		E	BILL WEEK END	ING 11/02/12
INVOICE# DATE CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
214303 10/26/12 000008 VI	ISITING NURSE SERVICE	HENRIQUEZ, MARI	55.75		812.84	I
		CATEGORY	55.75	0.00	812.84	

RUN DATE 10/31/1:	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 - 1	22
SALES JRNL # 030	5 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		5	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214304 10/26/1	2 000008	VISITING NURSE SERVICE	HERNANDEZ, JUAN	24.00		349.92 I	
			CATEGORY	24.00	0.00	349.92	

RUN DATE 10/31/12 SALES JRNL # 0305			REG NY NY			PAGE 1 - 123 ADU ADULT	
DALLO UIIVI # 0303	100 001		SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214305 10/26/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	43.50		634.23 I	
			CATEGORY	43.50	0.00	634.23	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 124 VCP CHOICE LHCSA BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214306 10/26/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 10/31/12 - SALES JRNL # 0305		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			-	· 125 MEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDI	NG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	YP SURPLUS
214307 10/26/12	800000	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40	I
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L26
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
		S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214308 10/26/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 127 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214309 10/26/12 214310 10/26/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	56.00 40.00		816.48 I 583.20 I
			CUSTOMER	96.00	0.00	1,399.68
			CATEGORY	96.00	0.00	1,399.68

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 128 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214311 10/26/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

F	RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.29
5	SALES JRN	rL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	ADULT POPUL
				i	SALES REGISTER			BILL WEEK ENDING	11/02/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١.									
2	214312	10/26/12	000008	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10 I	
						45.00			
					CATEGORY	45.00	0.00	656.10	

RUN DATE 1	L0/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	130
SALES JRNI	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	L
			i	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214313 1	10/26/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 10/31/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY 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
214314 10/26/ 214315 10/26/		VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 13.25		87.48 193.19	I I
			CUSTOMER	19.25	0.00	280.67	
			CATEGORY	19.25	0.00	280.67	

RUN DATE 10	)/31/12 -	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	132
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
014016 10					4.5.00		650 60	_
214316 10	)/26/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68	I
				CAMPRODY	46.00	0.00	670 60	
				CATEGORY	46.00	0.00	670.68	

RUN DATE 10/31	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1	- 1	33
SALES JRNL # 0	305 LOC 001		REG NY NY			VCP CHOICE LE		
		\$	SALES REGISTER			BILL WEEK ENI	DING	11/02/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214317 10/26	/12 000008	VISITING NURSE SERVICE	JAMES, DAVINA	29.50		430.11	I	
214318 10/26	/12 000008	VISITING NURSE SERVICE	JAMISON, BESSIE	8.00		116.64	I	
			CUSTOMER	37.50	0.00	546.75		
			CATEGORY	37.50	0.00	546.75		

RUN DATE 10/31/12 SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	134 NG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214319 10/26/12	800000	VISITING NURSE SERVICE	JENSEN, HELGA	15.00		218.70	I
			CATEGORY	15.00	0.00	218.70	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	35
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			SALES REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214320 10/26/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	77.00		1,122.66	I	
214321 10/26/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	23.50		342.63	I	
			CUSTOMER	100.50	0.00	1,465.29		
			CATEGORY	100.50	0.00	1,465.29		

RUN DATE 10/31/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADUL BILL WEEK ENDING	T
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	
214322 10/26/	12 000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE 10,	/31/12 - SU	P SUNNYS	SIDE CITY	WIDE					PAGE 1	- 13	37
SALES JRNL	# 0305 LO	C 001	SUNNYSID	E CITYWIDE	REG NY	NY			LTC NURSING	HOMEW,	O WALLS (LT
				5	BALES	REGISTE	R		BILL WEEK EN	DING	11/02/12
INVOICE# I	DATE CU	ST NO (	CUSTOMER 1	NAME	]	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214323 10,	/26/12 00	7 8000	VISITING 1	NURSE SERVICE	J:	IMENEZ, ALTAGR	28.00		408.24	I	
						CATEGORY	28.00	0.00	408.24		
						CALEGORY	∠0.00	0.00	408.24		

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	
		S	ALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214324 10/26/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 10/31/12 - SUP SUN SALES JRNL # 0305 LOC 001		REG NY NY			PAGE 1 - 139 ADU ADULT	
STEED CHAVE II 0303 FOC 001		ALES REGISTER			BILL WEEK ENDING 11/02/1	2
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
214325 10/19/12 000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	8.00		116.64 I	
						_
		CATEGORY	8.00	0.00	116.64	

RUN DATE 10/	/31/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	140
SALES JRNL #	# 0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214326 10/	/26/12 000008	VISITING NURSE SERVICE	JORRIN, HORTENS	35.25		513.95 I	
			CATEGORY	35.25	0.00	 513.95	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER		PAGE 1 - 141 ADU ADULT BILL WEEK ENDING 11/02/12
INVOICE# DATE (	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214327 10/26/12	000008 VISITING NURSE SERVICE	KAKOULLIS, FAY	15.00	218.70 I
		CATEGORY	15.00 0.00	218.70

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	142
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY I	NΥ			VCP CHOICE LHCS	SA
		S	SALES RI	EGISTI	E R		BILL WEEK ENDI	NG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFEI	RENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214328 10/26/12	000008	VISITING NURSE SERVICE	KAUR,	SARD	7.75		113.00	Ι
214329 10/26/12	800000	VISITING NURSE SERVICE	KAUR,	SHARAN	53.00		772.74	[
				CUSTOMER	60.75	0.00	885.74	
				CATEGORY	60.75	0.00	885.74	

RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.43
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214330	10/26/12	800000	VISITING NURSE SERVICE	KERNAN, DONALD	7.25		105.71 I	
				CATEGORY	7.25	0.00	105.71	

			YSIDE CITYWIDE				PAGE 1 - 1	
SALES JRN	ъ # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			2	SALES REGISTER	_		BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214331	10/26/12	000008	VISITING NURSE SERVICE	KHAN, MARGARET	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 145	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		:	SALES REGISTER			BILL WEEK ENDING 11	/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
214332 10/26/12	000008	VISITING NURSE SERVICE	KHOSTIKIAN, MAR	20.00		291.60 I	
214333 10/26/12	800000	VISITING NURSE SERVICE	KNOWLES, ANAMAR	40.00		583.20 I	
			CUSTOMER	60.00	0.00	874.80	
			0001011111	00.00	0.00	371.33	
						074.00	
			CATEGORY	60.00	0.00	874.80	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 146 VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214334 10/26/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48 I	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/31/12 SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIR	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214335 10/26/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	6.00		87.48	[
			CATEGORY	6.00	0.00	87.48	

RUN DATE 10/31/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 148
SALES JRNL # 0305	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHCSA
		SALES REGISTER		BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214336 10/26/12	000008 VISITING NURSE SERVICE	LARA-MORA, BELE	48.00	699.84 I
		CATEGORY	48.00 0.00	699.84

RUN DATE 10/31/12 -	SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 1	49
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING	11/02/12
	GTTGT 170	GUGEONED MANE	2552253			AMOUNTE THE	G11D D1 11G
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214337 10/26/12	000008	VISITING NURSE SERVICE	LASAK, MICHAEL	6.00		87.48 I	
214337 10/20/12	000008	VISITING NORSE SERVICE	DASAK, MICHAEL	0.00		07.40 1	
			CATEGORY	6.00	0.00	87.48	
			***************************************				

RUN DATE 10/31/12 SALES JRNL # 0305	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 150 LTC NURSING HOMEW/O WALLS (L BILL WEEK ENDING 11/02/12	ıΤ
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214338 10/26/12 214339 10/26/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	33.00 7.50		481.14 I 109.35 I	
			CUSTOMER	40.50	0.00	590.49	
			CATEGORY	40.50	0.00	 590.49	

RUN DATE 10/31/12 -	SUP SUNNYSIDE CITYWIDE				PAGE 1 - 151
SALES JRNL # 0305	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
	S A	ALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214340 10/26/12	000008 VISITING NURSE SERVICE	LENDOIRO, JUAN	8.00		116.64 I
		CATEGORY	8.00	0.00	116.64

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	2
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		\$	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214341 10/26/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48 I	
214342 10/26/12	800000	VISITING NURSE SERVICE	LIGARDO, SOL M	16.00		233.28 I	
214343 10/26/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00		1,020.60 I	
214344 10/26/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	24.00		349.92 I	
			CUSTOMER	166.00	0.00	2,420.28	
			CATEGORY	166.00	0.00	2,420.28	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			L - 153 HOME W/O WALLS LT NDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT	TYP SURPLUS
214345 10/19/12 214346 10/26/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	<b>,</b>	11.00 32.50	160.38 473.85	I
		CUSTOMER	43.50	0.00 634.23	
		CATEGORY	43.50	0.00 634.23	

RUN DATE 10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	54
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		
		\$	SALES REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214347 10/26/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	32.00		466.56	I	
214348 10/26/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I	
						1 050 00		
			CUSTOMER	74.00	0.00	1,078.92		
			CATEGORY	74.00	0.00	1,078.92		

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			PAGE 1 - 155 VCP CHOICE LHCSA BILL WEEK ENDING 11/02/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
214349 10/26/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	50.00		729.00 I	
			CATEGORY	50.00	0.00	729.00	

RUN DATE 10/31/12 -	- SUP SUN	YSIDE CITYWIDE				PAGE 1 -	156
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
		\$	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214350 10/26/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	157
SALES J	RNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214351	10/26/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	29.25		426.47 I	
				CATEGORY	29.25	0.00	426.47	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 158 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214352 10/26/12 214353 10/26/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		16.00 44.00		233.28 I 641.52 I
			CUSTOMER	60.00	0.00	874.80
			CATEGORY	60.00	0.00	874.80

			YSIDE CITYWIDE				PAGE 1 -	159
SALES JRN	ı∟ # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
		~~						
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
01.405.4	10/06/10				05 55		501 04 -	
214354	10/26/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	35.75		521.24 I	
				CATEGORY	35.75	0.00	521.24	

RUN DATE 10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 160	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	OGRAM
		S	SALES REGISTER			BILL WEEK ENDING 11/0	2/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
214355 10/26/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	18.00		262.44 I	
			CATEGORY	18.00	0.00	262.44	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		61 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	10/26/12 10/26/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MAGNANI, VINCEN MALDONADO, DOMI	82.75 27.00		1,206.50 393.66	I	
				CUSTOMER	109.75	0.00	1,600.16		
				CATEGORY	109.75	0.00	1,600.16		

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	162
SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214358	10/26/12	800000	VISITING NURSE SERVICE	MALDONADO, MARI	5.25		76.55 I	
				CATEGORY	5.25	0.00	76.55	

RUN DATE 10/ SALES JRNL ‡	/31/12 - SUP SUNN # 0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		63 11/02/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	/26/12 000008 /26/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MANGAN, JOHN MANNINO, FRANCE	19.75 6.00		287.96 1,049.76	I I	
			CUSTOMER	25.75	0.00	1,337.72		
			CATEGORY	25.75	0.00	1,337.72		

RUN DATE 10/31/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 164
SALES JRNL # 0305	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
		SALES REGISTER		BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214361 10/26/12	000008 VISITING NURSE SERVICE	MANOS, VASILIKE	42.00	612.36 I
		CATEGORY	42.00 0.00	612.36

RUN D	ATE 10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 165	
SALES	JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE 1	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 11,	/02/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	JRPLUS
21436	2 10/26/12	800000	VISITING NURSE SERVICE	MARINO, ANN	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 10/31/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 166	
SALES JRNL # 0305 LOC 001					VCP CHOICE LHCSA	
	SALE	S REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214363 10/26/12 000008	VISITING NURSE SERVICE	MARMOL ESPINAL,	10.00		145.80 I	
		CATEGORY	10.00	0.00	145.80	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOM	EW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDIN	IG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214364 10/26/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
			CATEGORY	43.00	0.00	626.94	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 168	3
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 1	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214365 10/26/12	000008	VISITING NURSE SERVICE	MARTE, JOSE	8.00		116.64 I	
214366 10/26/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	12.00		174.96 I	
			CUSTOMER	20.00	0.00	291.60	
			0021011210	20.00	0.00	2,2.00	
			CATEGORY	20.00	0.00	291.60	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	9
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	
			\$	SALES REGISTE	R		BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214367	10/26/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	69.25		1,009.67 I	
				- CATEGORY	69.25	0.00	1,009.67	

RUN DATE 10/31/12 SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
214368 10/26/12 214369 10/26/12 214370 10/26/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARGA MARTINEZ, MARTA MARTINEZ, ROSA	24.00 24.00 39.50		349.92 349.92 1,217.44	I I I
			CUSTOMER	87.50	0.00	1,917.28	
			CATEGORY	87.50	0.00	1,917.28	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 171 LTC NURSING HOMEW/O WALLS (L' BILL WEEK ENDING 11/02/12	Г
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214371 10/26/12	000008 VISITING NURSE SERVICE	MARTINEZ, ROSAL	37.50		546.75 I	
		CATEGORY	37.50	0.00	 546.75	

RUN DATE 10/31/12 SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	7
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214372 10/26/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 173 ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214373 10/26/12 214374 10/26/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MAZZONE, FRANCE MCBRAYER, SYLVI	63.00 168.00		918.54 I 2,449.44 I	
			CUSTOMER	231.00	0.00	3,367.98	
			CATEGORY	231.00	0.00	3,367.98	

RUN DATE 10/	/31/12 - SUP SU	JNNYSIDE CITYWIDE			Pi	AGE 1 -	174
SALES JRNL #	# 0305 LOC 00	)1 SUNNYSIDE CITYWIDE	REG NY NY		Ac	CP CHOICE LHCS	A
			SALES REGISTER		В:	ILL WEEK ENDIN	G 11/02/12
INVOICE# D	DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214375 10/	/26/12 000008	3 VISITING NURSE SERVICE	MCGUIRE, HELEN	48.00		699.84 I	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 10	/31/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	175
SALES JRNL	# 0305 LOC 001		REG NY NY			ADU ADULT	
		S	ALES REGISTER			BILL WEEK ENDING	3 11/02/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYE	SURPLUS
							22 200
214376 10	/26/12 000008	VISITING NURSE SERVICE	MEJIA, CLAUDIO	34.75		506.66 I	
			CATEGORY	34.75	0.00	506.66	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 176	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		5	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214377 10/26/12	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	24.00		349.92 I	
214378 10/26/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	24.00		349.92 I	
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 177 LTC NURSING HOMEW/O WALLS (LTBILL WEEK ENDING 11/02/12	C
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214379 10/26/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	28.75		419.18 I	
			CATEGORY	28.75	0.00	419.18	

RUN DATE 10/31/12						PAGE 1 - 17	'8
SALES JRNL # 0305	, LOC 001		REGNY NY SALES REGISTER			ADU ADULT	11/00/10
		•	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214380 10/26/12	2 000008	VISITING NURSE SERVICE	MENDEZ, ADA	40.75		594.14 I	
			CATEGORY	40.75	0.00	594.14	
INVOICE# DATE 214380 10/26/12		CUSTOMER NAME VISITING NURSE SERVICE	MENDEZ, ADA	40.75		594.14 I	SURPLUS

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R		PAGE 1 - 179 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214381 10/26/12	000008 VISITING NURSE SERVIC	E MENDEZ, NELLY	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

RUN DATE 10/31/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 180
SALES JRNL # 0305		REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	S	SALES REGISTER		BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP SURPLUS
214382 10/26/12	000008 VISITING NURSE SERVICE	MENDOZA, JULIO	21.00	306.18 I
		CATEGORY	21.00 0	.00 306.18

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT		ISTER	,	PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENC	CE HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214383 10/26/12	000008 VISITING NURSE	SERVICE MILEO, MA	ARY 42.00		612.36 I	
		CAT	TEGORY 42.00	0.00	612.36	

RUN DATE 10/31/12 SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 182 ADU ADULT BILL WEEK ENDING 1	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214384 10/26/12	000008	VISITING NURSE SERVICE	MIRANDA, LUIS	12.00		174.96 I	
			CATEGORY	12.00	0.00	 174.96	

RUN DATE 10/31/12 SALES JRNL # 0305		IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
		S	SALES REGISTER			BILL WEEK ENDIN	G 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214385 10/26/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	9.00		131.22 I	
			CATEGORY	9.00	0.00	131.22	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 184
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214386 10/26/12	800000	VISITING NURSE SERVICE	MONTOYA, ROSALB	6.00		87.48 I
214387 10/26/12	000008	VISITING NURSE SERVICE	MOORE, JOSEPH	14.00		204.12 I
			CUSTOMER	20.00	0.00	291.60
			CATEGORY	20.00	0.00	291.60

RUN I	DATE 10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 185	
SALES	S JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING 11/	02/12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
21438	38 10/26/12	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

	1/12 - SUP SUNI 0305 LOC 001		REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	MEW/O WALLS (LT
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214389 10/2	6/12 000008	VISITING NURSE SERVICE	MORALES, ANGELI	43.00		626.94	]
			CATEGORY	43.00	0.00	626.94	

RUN DATE 1	.0/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	187
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	ME W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDIN	NG 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214390 1	.0/26/12	800000	VISITING NURSE SERVICE	MORALES, CARMEN	23.50		342.63	
				CATEGORY	23.50	0.00	342.63	

RUN DATE 10/31/							.88
SALES JRNL # 03	05 LOC 001		REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214391 10/26/	12 000008	VISITING NURSE SERVICE	NAGY, GEORGE	49.00		714.42 I	
			CATEGORY	49.00	0.00	714.42	

RUN DATE	10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 189	
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	1
			S	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214392	10/26/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 10/31/12 -	SUP SUNNYSIDE CITYWIDE				PAGE 1 - 190	
SALES JRNL # 0305	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
	5	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214393 10/26/12	000008 VISITING NURSE SERVICE	NICKELL, JEAN	20.00		291.60 I	
		CATEGORY	20.00	0.00	291.60	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	191
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIL	COSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNT TIP	SURPLUS
214394	10/26/12	000008	VISITING NURSE SERVICE	NIDO, MICHAEL	50.00		729.00 I	
				-,				
				CATEGORY	50.00	0.00	729.00	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 19	2	
SALES JRN	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	E CAR	E PROGRAM	
			S	SALES	REGISTER			BILL WEEK END	ING	11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
									_		
214395	10/26/12	800000	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	54.00		787.32	I		
					CATEGORY	54.00	0.00	787.32			

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 193
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
			SALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214396 10/26/12	000008	VISITING NURSE SERVICE	NIEVES, NANCY	30.00		437.40 I
214397 10/26/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	20.00		291.60 I
			CUSTOMER	50.00	0.00	729.00
			COSTONER	30.00	0.00	725.00
			CATEGORY	50.00	0.00	729.00

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 194 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214398 10/26/12 214399 10/26/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	25.75 28.00		375.44 I 408.24 I
			CUSTOMER	53.75	0.00	783.68
			CATEGORY	53.75	0.00	 783.68

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	195
SALES JRNI	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			5	SALES REGISTER			BILL WEEK ENDI	NG 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214400	10/26/12	800000	VISITING NURSE SERVICE	NUZIALE, CONCET	48.50		707.13	I
				CATEGORY	48.50	0.00	707.13	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	6
SALES JRNI	և # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214401	10/26/12	800000	VISITING NURSE SERVICE	O'DONNELL, EVEL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 10/31/12 - SUE	P SUNNYSIDE CITYWIDE		PAGE 1 - 197
SALES JRNL # 0305 LOG	C 001 SUNNYSIDE CITYWIDE REG NY NY		VCP CHOICE LHCSA
	SALES REGI	STER	BILL WEEK ENDING 11/02/12
INVOICE# DATE CUS	ST NO CUSTOMER NAME REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214402 10/26/12 000	0008 VISITING NURSE SERVICE OCHOA, LUIS	39.00	568.62 I
	CATE	GORY 39.00 0.00	568.62

RUN DATE 1	0/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	198
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214403 1	0/26/12	800000	VISITING NURSE SERVICE	OREJUELA, GLORI	8.50		123.93 I	
				CATEGORY	8.50	0.00	123.93	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		S	SALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214404 10/26/12	000008	VISITING NURSE SERVICE	ORNANO, BOLIVAR	20.00		291.60 I
214405 10/26/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	12.00		174.96 I
214406 10/26/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	4.00		58.32 I
214407 10/26/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	21.75		317.12 I
			CUSTOMER	57.75	0.00	842.00
			CATEGORY	57.75	0.00	842.00

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 200 ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214408 10/26/12 214409 10/26/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 15.00		87.48 I 218.70 I	
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214410 10/26/12 214411 10/26/12 214412 10/26/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPAZIAN, MANNI PAPOUTSIS, MARY PARETTI, MARIE	50.00 9.00 55.75		729.00 1 131.22 1 812.84 1	
			CUSTOMER	114.75	0.00	1,673.06	
			CATEGORY	114.75	0.00	1,673.06	

	E 10/31/12 - RNL # 0305		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 2 HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214413	10/26/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	203
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
		\$	SALES REGISTER			BILL WEEK ENDIN	IG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214414 10/26/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	40.50		590.50 I	
214415 10/26/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	20.00		291.60	
214416 10/26/12	000008	VISITING NURSE SERVICE	PEREZ MONSER, C	49.00		714.42	
214417 10/26/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	31.00		451.98	•
			CUSTOMER	140.50	0.00	2,048.50	
			CATEGORY	140.50	0.00	2,048.50	

RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 204
SALES JRN	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
				SALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214418	10/26/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I
							428 40
				CATEGORY	30.00	0.00	437.40

RUN DATE 1	0/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 205
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
			2	SALES REGISTER			BILL WEEK END	ING 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214419 10	0/26/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	56.00		816.48	I
				CATEGORY	56.00	0.00	816.48	

RUN DATE 10/31/12 - SALES JRNL # 0305		IYSIDE CITYWIDE REG	NY NY SREGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	200
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214420 10/26/12	000008 VISIT	ING NURSE SERVICE	PINAL MOREL, NO	18.00		262.44	I
			CATEGORY	18.00	0.00	262.44	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NYSALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214421 10/26/12 214422 10/26/12 214423 10/26/12 214424 10/26/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PIZARRO, BARBAR PLACIDO, GENARO PLACIDO, MERCED POGGI, EMERITA	6.00 30.00 35.00 30.00		87.48 I 437.40 I 510.30 I 437.40 I	
			CUSTOMER	101.00	0.00	1,472.58	
			CATEGORY	101.00	0.00	1,472.58	

RUN DATE 10/31/12 - SALES JRNL # 0305		IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	208
			ALES REGISTER			BILL WEEK ENDI	NG 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214425 10/26/12	800000	VISITING NURSE SERVICE	POLANCO, JUAN	20.00		291.60	I
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/31/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 209	
SALES JRNL # 0305		REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
	5	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214426 10/26/12	000008 VISITING NURSE SERVICE	PONCE, ALICIA	32.00		466.56 I	
		CATEGORY	32.00	0.00	 466.56	

RUN DATE 10/31/1	2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 2:	10
SALES JRNL # 030	5 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214427 10/26/1	2 000008	VISITING NURSE SERVICE	PUISELLO, CIRA	48.00		699.84 I	
			CATEGORY	48.00	0.00	699.84	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 211
DALLD OIL	ш н 0505	100 001		A L E S R E G I	STER		BILL WEEK END	ING 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
214428	10/26/12	800000	VISITING NURSE SERVICE	QUAY, JOSEP	HINE 6.00		87.48	I
				CATEG	ORY 6.00	0.00	87.48	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214429 10/12/12 214430 10/26/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	QUINTERO, INES QUINTERO, INES	6.00 24.00		87.48 I 349.92 I	
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	213
ı	SALES JRN	L # 0305	LOC 001		REG NY NY			LTC NURSING HOME	· ·
ı				\$	SALES REGISTER			BILL WEEK ENDING	11/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	214431	10/26/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	49.00		714.42 I	
					CATEGORY	49.00	0.00	714.42	

RUN DATE 10/31/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 214
SALES JRNL # 0305		REG NY NY		ADU ADULT
	\$	SALES REGISTER		BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214432 10/26/12	000008 VISITING NURSE SERVICE	QUIZHPI, MARIA	24.00	349.92 I
214433 10/26/12	000008 VISITING NURSE SERVICE	RAJA, HANIFA	19.25	280.67 I
		CUSTOMER	43.25 0.00	630.59
		CATEGORY	43.25 0.00	630.59

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 215	
SALES JRNI	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
			5	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
0.7.4.0.4	10/06/10				40.00		500.00 -	
214434	10/26/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1 -	·
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214435	10/26/12	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE 10/31/1	L2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 - 21'	7
SALES JRNL # 030	)5 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W	O WALLS LT
		S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214436 10/26/1	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 218	
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			S	SALES REGISTER			BILL WEEK ENDING 1	1/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214437	10/26/12	800000	VISITING NURSE SERVICE	RAMOS, ISMAEL	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 10/31/12 SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214438 10/26/12 214439 10/26/12 214440 10/26/12 214441 10/26/12 214442 10/26/12	000008 000008 000008 000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA RASMUSSEN, GEOR REINA, JOSE RICCA, MARIE RICE, SYDNEY	20.00 3.00 20.00 20.00 4.00		291.60 I 43.74 I 291.60 I 291.60 I 58.32 I	
			CUSTOMER	67.00	0.00	976.86	
			CATEGORY	67.00	0.00	976.86	

ı	RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 220	
ı	SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING 11	/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
	214443	10/26/12	800000	VISITING NURSE SERVICE	RISCO, GUILEERM	47.00		685.26 I	
					CATEGORY	47.00	0.00	685.26	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	221
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	L
			i	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214444	10/26/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE 10/31/12 - St	UP SUNNYSI	DE CITYWIDE				PAGE 1	- 22	2
SALES JRNL # 0305 LO	OC 001 ST	SUNNYSIDE CITYWIDE REG NY	Y NY			LTC NURSING	HOMEW/	O WALLS (LT
		SALES	REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE# DATE C	UST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
							_	
214445 10/26/12 00	00008 VI	SITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48	I	
					0.00	016 40		
			CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				PAGE 1 -	223
SALES JR	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	3 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214446	10/26/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	30.00		437.40 I	
214447	10/26/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CUSTOMER	50.00	0.00	729.00	
				CATEGORY	50.00	0.00	729.00	

RUN DATE 10/31/12 - SALES JRNL # 0305		REGNY NY SALES REGISTER		PAGE 1 - 224 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214448 10/26/12	000008 VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00	291.60 I
		CATEGORY	20.00 0.00	291.60

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3
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RUN DATE 10/3	31/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	26
SALES JRNL #	0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
		5	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
014450 1046	5 / 1 0 0 0 0 0 0 0			04 55		252 25 -	
214450 10/2	26/12 000008	VISITING NURSE SERVICE	RIVERA, WANDA	24.75		360.86 I	
			CATEGORY	24.75	0.00	360.86	
			CALEGORY	44./5	0.00	200.80	

RUN DATE 10/3	1/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	227
SALES JRNL #	0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
		5	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DA	re cust no	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214451 10/2	5/12 000008	VISITING NURSE SERVICE	ROCCISANO, LOUI	43.25		630.59 I	
			CATEGORY	43.25	0.00	630.59	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
		2	SALES REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214452 10/26/12 214453 10/26/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 35.75		87.48 521.24	I	
			CUSTOMER	41.75	0.00	608.72		
			CATEGORY	41.75	0.00	608.72		

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				- 229 E CARE PROGRAM ING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214454 10/26/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72	I
			CATEGORY	84.00	0.00	1,224.72	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	230
SALES JRN	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				S A L E S R E G I S T E R			BILL WEEK ENDI	NG 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214455	10/26/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARI	10.00		145.80	I
				CATEGORY	10.00	0.00	145.80	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 23 LTC NURSING HOMEW, BILL WEEK ENDING	O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214456 10/26/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	10.00		145.80 I	
			CATEGORY	10.00	0.00	145.80	

RUN DATE 1	0/31/12 - SU	JP SUNNY	SIDE CITYWIDE				PAGE 1 -	232
SALES JRNL	# 0305 LO	OC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S A	LES REGISTER			BILL WEEK ENDING	G 11/02/12
INVOICE#	DATE CU	JST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214457 10	0/26/12 00	80000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 233 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214458 10/26/12 214459 10/26/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		40.00 40.00		583.20 I 583.20 I
			CUSTOMER	80.00	0.00	1,166.40
			CATEGORY	80.00	0.00	1,166.40

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 234	
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 11/02	2/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
214460	10/26/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	55.25		805.55 I	
				CATEGORY	55.25	0.00	805.55	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	-	NY E G I S T 1	∑ R		LTC NURSING	- 235 HOMEW/O WALLS (LT DING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214461 10/26/12 214462 10/26/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,		51.25 40.00		747.23 583.20	I
				CUSTOMER	91.25	0.00	1,330.43	
				CATEGORY	91.25	0.00	1,330.43	

RUN DATE 10/31/	12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 236
SALES JRNL # 030	05 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		i	SALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214462 107267	10 00000	MIDGE GEDWIGE	DOGA THE E	40.00		600 01 +
214463 10/26/3	12 000008	VISITING NURSE SERVICE	ROSA, LUZ E	48.00		699.84 I
			CATEGORY	48.00	0.00	699.84
			CITEGORI	10.00	0.00	0,5,01

RUN DATE 1	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	37
SALES JRNL	4 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214464 1	10/26/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
214465 1	L0/26/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	28.00		408.24	I	
214466 1	10/26/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	16.00		233.28	I	
214467 1	10/26/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	24.00		349.92	I	
214468 1	10/26/12	800000	VISITING NURSE SERVICE	RUEDA, INES	39.00		568.62	I	
				CUSTOMER	123.00	0.00	1,793.34		
				CATEGORY	123.00	0.00	1,793.34		

RUN DATE 10	)/31/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	238
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDIN	G 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214469 10	)/26/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	20.75		302.54 I	
				CATEGORY	20.75	0.00	302.54	

RUN DAT	E 10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	9
SALES J	RNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214470	10/26/12	000008	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				PAGE 1	- 2	40
SALES JR	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			:	SALES REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214471	10/26/12	000008	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70	I	
214472	10/26/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	76.50		1,115.37	I	
				CUSTOMER	91.50	0.00	1,334.07		
				CATEGORY	91.50	0.00	1,334.07		

RUN DATE 10/31/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 241	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214473 10/26/12	800000	VISITING NURSE SERVICE	E SALVATIERRA, TE	36.00		524.88 I	
			CATEGORY	36.00	0.00	524.88	

- 1	RUN DATE 10/31/12						PAGE 1 - 2	42
	SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	11/02/12
	INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	214474 10/26/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE 10/31/12 SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 243 ADU ADULT BILL WEEK ENDING 11/	02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		RPLUS
214475 10/26/12 214476 10/26/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	SAMPOGNA, NICHO SANCHEZ, ADOLFO	11.75 12.00		171.32 I 174.96 I	
			CUSTOMER	23.75	0.00	346.28	
			CATEGORY	23.75	0.00	346.28	

RUN DATE 10/31/12 - SALES JRNL # 0305		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
		S	ALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214477 10/26/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42 I	
			CATEGORY	49.00	0.00		

RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 245	
SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			5	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214478	10/26/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
							407.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	: 10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	246
SALES JR	NL # 0305	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214479	10/26/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 247
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214480 10/26/12	000008	VISITING NURSE SERVICE	SANDOVAL, FANNY	20.00		291.60 I
214481 10/26/12	800000	VISITING NURSE SERVICE	SANTOS, LETY	20.00		291.60 I
			CUSTOMER	40.00	0.00	583.20
			CATEGORY	40.00	0.00	583.20

RUN DATE 10/31/12	- SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 248
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
		2	SALES REGISTER			BILL WEEK END	ING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214482 10/26/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	56.00		816.48	I
214483 10/26/12	000008	VISITING NURSE SERVICE	SCRO, WILLIAM	28.00		408.24	I
214484 10/26/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	35.00		510.30	I
214485 10/26/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	68.75		1,002.38	I
			CUSTOMER	187.75	0.00	2,737.40	
			CATEGORY	187.75	0.00	2,737.40	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 249	
SALES JRNI	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 11/02/	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
214486	10/26/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

RUN DATE 10/31/12 -						PAGE 1	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
		•	SALES REGISTER			BILL WEEK END	OING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214487 10/26/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	19.50		284.31	I
214488 10/26/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	15.00		218.70	I
			CUSTOMER	34.50	0.00	503.01	
			COSTOMER	34.30	0.00	303.01	
			CATEGORY	34.50	0.00	503.01	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	251
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
		S	SALES REGISTER			BILL WEEK ENDING	3 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214489 10/26/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
			CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE	DDG 377			-	52
SALES JR	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	11/02/12
				SALES KEGISIEK			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21.4400	10/26/12	000000	VICINING NUDGE CEDVICE	CINCII DADDEE	20 00		437.40 I	
214490 214491	10/26/12 10/26/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	30.00 15.00		218.70 I	
	10, 20, 12	00000	VIBILING NORDE BERVIOL					
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 25 LTC NURSING HOMEW/ BILL WEEK ENDING	O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214492 10/26/12	000008 VISITING NURSE SERVICE	SOLDATI, RONDA	15.00 		218.70 I	
		CATEGORY	15.00	0.00	218.70	

RUN DATE 10	)/31/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	54
SALES JRNL	# 0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
		S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214493 10	0/26/12 000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 10/31/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 255
SALES JRNL # 0305	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
		SALES REGISTER		BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214494 10/26/12	000008 VISITING NURSE SERVICE	SORIA, ROLANDO	24.00	349.92 I
		CATEGORY	24.00 0.00	349.92

RUN DATE 10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 256
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		5	SALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214495 10/26/12	000008	VISITING NURSE SERVICE	SOTO, MARCELINA	12.00		174.96 I
214496 10/26/12	800000	VISITING NURSE SERVICE	STAFILIAS, EVAN	56.00		816.48 I
			CUSTOMER	68.00	0.00	991.44
			CATECODY	69 00	0.00	001 //
			CATEGORY	68.00	0.00	991.44

RUN DATE 10/31/12 -						PAGE 1 - 257	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		:	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	,
214497 10/26/12	800000	VISITING NURSE SERVICE	STALZER, STEPHA	4.00		58.32 I	
214498 10/26/12	000008	VISITING NURSE SERVICE	•	56.00		816.48 I	
			CUSTOMER	60.00	0.00	874.80	
			CATEGORY	60.00	0.00	874.80	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 2	
SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214499	10/26/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	59
SALES JRN	1L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214500	10/26/12	000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	19.75		287.96	I	
214501	10/26/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	16.00		233.28	I	
214502	10/26/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	24.00		349.92	I	
214503	10/26/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88	I	
214504	10/26/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	28.75		419.18	I	
				CUSTOMER	124.50	0.00	1,815.22		
				CATEGORY	124.50	0.00	1,815.22		

RUN DATE 1 SALES JRNL			SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END		,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SI	URPLUS
214505 1	0/26/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	61
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214506 10/26/12	000008	VISITING NURSE SERVICE	TABOADA, DIMAS	16.00		233.28 I	
214507 10/26/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	48.00		699.84 I	
			CUSTOMER	64.00	0.00	933.12	
			CODICILLO	01.00	0.00	255.12	
			CATEGORY	64.00	0.00	933.12	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTEF	2		PAGE 1 - 262 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214508 10/26/12 214509 10/26/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- •	56.00 12.00		816.48 I 174.96 I
			CUSTOMER	68.00	0.00	991.44
			CATEGORY	68.00	0.00	991.44

RUN DATE 10/31/12 -			DEC MY MY			-	263
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			VCP CHOICE LHC	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214510 10/26/12 214511 10/26/12	000008 000008	VISITING NURSE SERVICE	TAVERAS, BERNAR TEJADA, BALDOME	8.00 20.00		116.64 291.60	I I
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

	10/31/12 - NL # 0305		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - AUR ADULT REHA BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214512	10/26/12	800000	VISITING NURSE SERVICE	TEJADA, MARIALU	4.00		58.32	I
				CATEGORY	4.00	0.00	58.32	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 26 ADU ADULT BILL WEEK ENDING	5 11/02/12
							, - ,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214513 10/26/12	000008	VISITING NURSE SERVICE	,	52.00		758.16 I	
214514 10/26/12	800000	VISITING NURSE SERVICE	THOMPSON, ANNE	2.00		29.16 I	
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	66
SALES JRN	rL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			!	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214515	10/26/12	800000	VISITING NURSE SERVICE	TINOCO, INES	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 267	
SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 11/02/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
214516	10/26/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	-

RUN DATE 10/31/12 - SALES JRNL # 0305	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 26 VCP CHOICE LHCSA BILL WEEK ENDING	8
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214517 10/26/12 214518 10/26/12 214519 10/26/12 214520 10/26/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TORO VEGA, LUZV TORO, PURA TORRES, EMELINA TORRES, LUZ M	24.00 83.75 39.75 84.00		349.92 I 1,221.08 I 579.56 I 1,224.72 I	
			CUSTOMER	231.50	0.00	3,375.28	
			CATEGORY	231.50	0.00	3,375.28	

RUN DATE 10,	/31/12 - SU	JP SUNNYS	SIDE CITYWIDE				PAGE 1 - 2	69
SALES JRNL #	# 0305 LC	C 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S A	LES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# I	DATE CU	JST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214521 10/	/26/12 00	<i>J</i> 80000	VISITING NURSE SERVICE	TORRES, MARGOT	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 10/31/12 - SALES JRNL # 0305			REG NY NY			PAGE 1 - 270 ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214522 10/26/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30 I	
			CATEGORY	35.00	0.00	510.30	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2'	71
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214523 10/26/12	000008	VISITING NURSE SERVICE	TRUONG, TINH	19.75		287.96 I	
214524 10/26/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	45.00		656.10 I	
			CUSTOMER	64.75	0.00	944.06	
			COSTOMER	04.75	0.00	944.00	
			CATEGORY	64.75	0.00	944.06	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 272	
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	Γ
			SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
01.4505 10.406.410	000000		marra T D T110	00 00		001 60 -	
214525 10/26/12	000008	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
			GA EEGODY	20.00	0.00	201 60	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 1 SALES JRNI			REG NY NY ALES REGISTER			PAGE 1 - 273 VCP CHOICE LHCSA BILL WEEK ENDING 11/02/12
INVOICE#	DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214526 1	10/26/12 000008	VISITING NURSE SERVICE	TZOUMAS, EFFIE	50.25		732.65 I
			CATEGORY	50.25	0.00	732.65

RUN DATE 10/31/12 - SUE SALES JRNL # 0305 LOC		G NY NY ES REGISTER		PAGE 1 - 274 ADU ADULT BILL WEEK ENDING 11/02/12
INVOICE# DATE CUS	ET NO CUSTOMER NAME	REFERENCE HO	OURS TAX AMT	AMOUNT TYP SURPLUS
214527 10/26/12 000	0008 VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00	1,224.72 I
		CATEGORY	7.00 0.00	1,224.72

RUN DATE 10/31/1 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	//O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214528 10/26/1	2 000008	VISITING NURSE SERVICE	URBINA, ANA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2'	76
SALES JRN	1L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	
			5	SALES REGISTEI	R		BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214529	10/26/12	800000	VISITING NURSE SERVICE	VALENCIA, BERNA	12.00		174.96 I	
				 CATEGORY	12.00	0.00	174.96	

RUN DATE	10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	77
SALES JR	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214530	10/26/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	13.00		189.54 I	
				CATEGORY	13.00	0.00	 189.54	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 278
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
		5	SALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214531 10/26/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	48.00		699.84 I
			CATEGORY	48.00	0.00	699.84

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	279
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214532	10/26/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	23.00		335.34 I	
				CATEGORY	23.00	0.00	335.34	

RUN DATE 10/31/3	L2 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	280
SALES JRNL # 030	)5 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214533 10/26/3	000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO	41.50		605.07 I	
			CATEGORY	41.50	0.00	605.07	

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 281 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO C	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214534 10/26/12 214535 10/26/12		ISITING NURSE SERVICE	~ ~ ,	32.75 21.00		477.50 I 306.18 I
			CUSTOMER	53.75	0.00	783.68
			CATEGORY	53.75	0.00	783.68

RUN D	ATE 10/31/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	282
SALES	JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB C	NLY
			i	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
21453	6 10/26/12	800000	VISITING NURSE SERVICE	VASQUEZSOTO, AR	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 10/	31/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 283	
SALES JRNL #	0305 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WA	LLS (LT
		S	SALES REGISTER			BILL WEEK ENDING 11/0	2/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
214537 10/	26/12 000008	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	33.75		492.08 I	
			CATEGORY	33.75	0.00	492.08	

	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 284	
SALES JRNL # 0305	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
	:	SALES REGISTER			BILL WEEK ENDING 11/02/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
214538 10/26/12	000008 VISITING NURSE SERVICE	VEGA, BETTY	3.00		43.74 I	
		CATEGORY	3.00	0.00	43.74	

RUN DATE 10	0/31/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 -	285
SALES JRNL	# 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDING	3 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214539 10	0/26/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 1	10/31/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 28	86
SALES JRNI	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214540 1	L0/26/12	000008	VISITING NURSE SERVICE	VENTURA, ROSA	49.00		714.42 I	
					40.00			
				CATEGORY	49.00	0.00	714.42	

RUN DATE 10/31/1 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	87
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214541 10/26/1	2 000008	VISITING NURSE SERVICE	VERA, ROSARIO	4.00		58.32 I	
			CATEGORY	4.00	0.00	 58.32	

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
214542 10/26/12 214543 10/26/12 214544 10/26/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VERA, ROSARIO VERA, VICTOR VERAS, JUANA	8.00 10.50 56.00		116.64 153.09 816.48	I I I
			CUSTOMER	74.50	0.00	1,086.21	
			CATEGORY	74.50	0.00	1,086.21	

				YSIDE CITYWIDE				PAGE 1 - 28	9
- 1	SALES JRN	NL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
				2	SALES REGISTER			BILL WEEK ENDING	11/02/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	214545	10/26/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE 10/31/12 - SALES JRNL # 0305	- 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 ENDIN	290 G 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214546 10/26/12	800000	VISITING NURSE SERVICE	VILLACRES, MARI	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	91
SALES JRNI	L # 0305	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214547	10/26/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 292	2
SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 1	.1/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214548	10/26/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

RUN DATE 10 SALES JRNL				REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214549 10	0/26/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

	10/31/12 - NL # 0305		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	E R HOURS	TAX AMT	BILL WEEK END	ING 11/02/12  TYP SURPLUS
	10/26/12		VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00	11111 1111	1,020.60	I
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 295
SALES JRNL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214551 10/26/12	000008	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I
214552 10/26/12	800000	VISITING NURSE SERVICE	WALSH, MAUREEN	6.00		87.48 I
			CUSTOMER	26.00	0.00	379.08
			CATEGORY	26.00	0.00	379.08

	10/31/12 - JL # 0305		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADUL BILL WEEK ENDING	T
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214553	10/26/12	000008	VISITING NURSE SERVICE	WASHINGTON, JAM	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	97
SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTE	R		BILL WEEK ENDING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214554	10/26/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 29	98	
SALES JRN	IL # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	re cai	RE PROGRAM	
			S	BALES	REGISTER			BILL WEEK EN	DING	11/02/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
214555	10/26/12	000008	VISITING NURSE SERVICE	YE	LLAPAH, DOLLI	12.00		174.96	I		
								174.06			
					CATEGORY	12.00	0.00	174.96			

RUN DATE 10/31/12 - SALES JRNL # 0305		REGNY NY SALES REGISTER		PAGE 1 - 299 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214556 10/26/12	000008 VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00	145.80 I
		CATEGORY	10.00 0.00	145.80

RUN DATE 10/31/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0305 LOC 001 SUNNYSIDE CITYWIDE
SALES JRNL # 0305 LOC 001 SUNNYSIDE CITYWIDE
SALES REGISTER

REG NY NY
SALES REGISTER

BILL WEEK ENDING 11/02/12

INVOICE# DATE
CUST NO CUSTOMER NAME

REFERENCE
HOURS
TAX AMT
AMOUNT TYP SURPLUS

214557 10/26/12 000010 GUILDNET
ACERNO, CLAIRE 22.50
340.20 I
214558 10/26/12 000010 GUILDNET
ALI, AMRUNISSA 27.00
408.24 I

				SALES REGISIER			BILL MEEV EN	DING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE  ACERNO, CLAIRE ALI, AMRUNISSA ALSTON, ZULINE ASH, MARIE BEGUM, JAMILA BERJASHEVIC, LI BUCARO, CONCETT CARSWELL, LUELL CEPEDA, TOMASA COLEMAN, REGINA DELEON, JUANA DIAZ 2, CARMEN DIAZ 2, CARMEN DIAZ, ALICIA DONOSO, MARGARE DURAN, CARMEN EARLINGTON, ALB ECKMAN, LOIS ESPINOZA, MARIA EXPOSITO, ALFON FELICIANO, JOAN FERNANDEZ, ANA FERRARA, ANN FERRO, JOSEPHIN GOMEZ, YOLANDA GREENSPAN, ALIC HENRIQUEZ, TERE HUSTIU, SILVIA IRIMIA, SIMONA JACKSON, PATRIC JIMENEZ, EUGENI JOHNSON, DOROTH MANGRAY, KARMAD MARTIN, RUTH MARTINEZ, EMMA MARTINEZ, EMMA MARTINEZ, EMMA MARTINEZ, GLORI MASSOL, PEDRO A MCQUAIL, MAUREE MICHEL, DOROTHY MONCRIEF, LOIS MORA, PAULA MOSCICKA, JADWI MUSCAT, CARMEN NETTLES, DONNA NEWBOLD, RAMONA NUNEZ, ANGELINA ORLANDO, ANNE ORTIZ, LAURA PAPHITIS, RICHA	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214557	10/26/12	000010	GUILDNET	ACERNO, CLAIRE	22.50		340.20	I	
214558	10/26/12	000010	GUILDNET	ALI, AMRUNISSA	27.00		408.24	I	
214559	10/26/12	000010	GUILDNET	ALSTON, ZULINE	56.00		846.72	I	
214560	10/26/12	000010	GUILDNET	ASH, MARIE	12.00		181.44	I	
214561	10/26/12	000010	GUILDNET	BEGUM, JAMILA	72.00		1,088.64	I	
214562	10/26/12	000010	GUILDNET	BERJASHEVIC, LI	11.75		177.66	I	
214563	10/26/12	000010	GUILDNET	BUCARO, CONCETT	36.00		544.32	I	
214564	10/26/12	000010	GUILDNET	CARSWELL, LUELL	70.00		1,058.40	I	
214565	10/26/12	000010	GUILDNET	CEPEDA, TOMASA	29.00		438.48	I	
214566	10/26/12	000010	GUILDNET	COLAVITTI, JEAN	55.00		831.60	I	
214567	10/19/12	000010	GUILDNET	COLEMAN, REGINA	42.50		642.60	I	
214568	10/26/12	000010	GUILDNET	DELEON, JUANA	6.00		90.72	I	
214569	10/26/12	000010	GUILDNET	DIAZ 2, CARMEN	46.00		695.52	I	
214570	10/26/12	000010	GUILDNET	DIAZ, ALICIA	38.00		574.56	I	
214571	10/26/12	000010	GUILDNET	DONOSO, MARGARE	24.00		362.88	I	
214572	10/26/12	000010	GUILDNET	DURAN, CARMEN	32.50		491.40	I	
214573	10/26/12	000010	GUILDNET	EARLINGTON, ALB	40.00		604.80	I	
214574	10/26/12	000010	GUILDNET	ECKMAN, LOIS	6.00		1,179.36	I	
214575	10/26/12	000010	GUILDNET	ESPINOZA, MARIA	45.00		680.40	I	
214576	10/26/12	000010	GUILDNET	EXPOSITO, ALFON	56.00		846.72	I	
214577	10/26/12	000010	GUILDNET	FELICIANO, JOAN	38.00		574.56	I	
214578	10/26/12	000010	GUILDNET	FERNANDEZ, ANA	24.00		362.88	I	
214579	10/26/12	000010	GUILDNET	FERRARA, ANN	52.00		786.24	I	
214580	10/26/12	000010	GUILDNET	FERRO, JOSEPHIN	70.00		1,058.40	I	
214581	10/26/12	000010	GUILDNET	GOMEZ, YOLANDA	13.00		196.56	I	
214582	10/26/12	000010	GUILDNET	GREENSPAN, ALIC	35.25		532.98	I I	
214583	10/26/12	000010	GUILDNET	HENRIQUEZ, IERE	48.00		125.70	I	
214584 214585	10/26/12	000010 000010	GUILDNET	HUSIIU, SILVIA	0.UU EE 7E		90.72	I	
214586	10/26/12 10/26/12	000010	GUILDNET GUILDNET	TACKCON DATETC	20.75		202 40	I	
214587	10/26/12	000010	GUILDNET	TIMENET FICENT	79 50		1 106 02	I	
214588	10/20/12	000010	GUILDNET	TOUNGON DOPOTH	16.50		241 02	I	
214589	10/15/12	000010	GUILDNET	MANCEAY KARMAD	38 00		574 56	I	
214590	10/26/12	000010	GUILDNET	MADTIN DITT	23 50		374.30	I	
214591	10/26/12	000010	GUILDNET	MARTIN, KOIII	36 00		544 32	I	
214592	10/26/12	000010	GUILDNET	MARTINEZ, GLORI	20.00		302.40	Ī	
214593	10/26/12	000010	GUILDNET	MASSOL, PEDRO A	25.00		378.00	Ī	
214594	10/26/12	000010	GUILDNET	MCOHATI, MAHREE	70.00		1.058.40	Ī	
214595	10/26/12	000010	GUILDNET	MICHEL, DOROTHY	56.00		846.72	Ī	
214596	10/26/12	000010	GUILDNET	MONCRIEF, LOIS	56.00		846.72	Ī	
214597	10/26/12	000010	GUILDNET	MORA, PAULA	4.00		60.48	Ī	
214598	10/26/12	000010	GUILDNET	MOSCICKA, JADWI	24.00		362.88	Ī	
214599	10/26/12	000010	GUILDNET	MUSCAT, CARMEN	25.00		378.00	Ī	
214600	10/26/12	000010	GUILDNET	NETTLES, DONNA	10.00		151.20	Ī	
214601	10/26/12	000010	GUILDNET	NEWBOLD, RAMONA	20.00		302.40	Ī	
214602	10/26/12	000010	GUILDNET	NUNEZ, ANGELINA	20.00		302.40	I	
214603	10/26/12	000010	GUILDNET	ORLANDO, ANNE	23.00		347.76	I	
214604	10/26/12	000010	GUILDNET	ORTIZ, LAURA	63.00		952.56	I	
214605	10/26/12	000010	GUILDNET	PAPHITIS, RICHA	40.00		604.80	I	

			YSIDE CITYWIDE	DDG 1991	R			- 3	01
SALES JR	KNL # 0305	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY	D.		GUI GUILDNET	TNG	11/00/10
				SALES REGISTE	R		BILL WEEK END	ING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE  PAZIOULIS, KLEO PENA, WALESKA PEREZ, MARIA PICHARDO, MARIA PINILLA, VICTOR PROANO, ALICIA PROANO, BRUNO RAMOS, ARGENTIN RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RIVERA, RAMONIT RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOLIS, JUDITH TROISI, DELIA VARGAS, RAMON VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITLEY, MYRNA YIANTSELIS, VIR ZUMAETA, FANNY			AMOUNT	TYP	SURPLUS
214606	10/26/12	000010	GUILDNET	PAZIOULIS, KLEO	55.00		831.60	I	
214607	10/26/12	000010	GUILDNET	PENA, WALESKA	40.00		604.80	I	
214608	10/26/12	000010	GUILDNET	PEREZ, MARIA	30.00		453.60	I	
214609	10/26/12	000010	GUILDNET	PICHARDO, MARIA	63.00		952.56	I	
214610	10/26/12	000010	GUILDNET	PINILLA, VICTOR	29.50		446.04	I	
214611	10/26/12	000010	GUILDNET	PROANO, ALICIA	21.00		338.52	I	
214612	10/26/12	000010	GUILDNET	PROANO, BRUNO	33.00		531.96	I	
214613	10/26/12	000010	GUILDNET	RAMOS, ARGENTIN	16.00		241.92	I	
214614	10/26/12	000010	GUILDNET	RAMOS, ESTHER	17.75		268.38	I	
214615	10/26/12	000010	GUILDNET	RESTULA, VINCEN	20.00		302.40	I	
214616	10/26/12	000010	GUILDNET	RIVAS, GERTRUDI	24.00		362.88	I	
214617	10/26/12	000010	GUILDNET	RIVERA, RAMONIT	20.00		302.40	I	
214618	10/26/12	000010	GUILDNET	RODRIGUEZ, FABI	20.00		302.40	I	
214619	10/26/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		952.56	I	
214620	10/26/12	000010	GUILDNET	ROJAS, ANGEL	15.00		241.80	I	
214621	10/26/12	000010	GUILDNET	ROJAS, HAYDEE	16.00		257.92	I	
214622	10/26/12	000010	GUILDNET	RUBIANO, MARIA	16.00		241.92	I	
214623	10/26/12	000010	GUILDNET	SALJANIN, DILJA	52.00		786.24	I	
214624	10/26/12	000010	GUILDNET	SANCHEZ, ELIZAB	39.00		589.68	I	
214625	10/26/12	000010	GUILDNET	SHELTON, AGUEDA	42.00		635.04	I	
214626	10/26/12	000010	GUILDNET	SOLIS, JUDITH	48.00		725.76	I	
214627	10/26/12	000010	GUILDNET	TROISI, DELIA	48.00		725.76	I	
214628	10/26/12	000010	GUILDNET	VARGAS, RAMON	12.00		181.44	I	
214629	10/12/12	000010	GUILDNET	VLAHOS, MARIE	72.00		1,088.64	I	
214630	10/26/12	000010	GUILDNET	WEISZ, KLARA	8.00		120.96	I	
214631	10/26/12	000010	GUILDNET	WEST, BALDWIN	4.00		60.48	I	
214632	10/26/12	000010	GUILDNET	WHITLEY, MYRNA	16.00		241.92	Ī	
214633	10/26/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1.375.92	I	
214634	10/26/12	000010	GUILDNET	ZUMAETA, FANNY	44.00		665.28	Ī	
211031	10/20/12	000010	COTEDNET						
				CUSTOMER	2,628.50	0.00	42,186.64		
				CATEGORY	2,628.50	0.00	42,186.64		

RIND DATE 10/31/12 - SUP SUNNYSIDE CITYWIDE   SALE S   REG   N   NY   SALE S   REG   STER	
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT  214635 10/26/12 000122 HEALTH FIRST BEGUM, MANWARA 28.00 472.64  214636 10/26/12 000122 HEALTH FIRST BHAIRO, KOWSILI 56.00 945.28  214637 10/26/12 000122 HEALTH FIRST BOCHENEC, JOLAN 40.00 675.20	TYP SURPLUS  I I I I I I I I I I
214635 10/26/12 000122 HEALTH FIRST BEGUM, MANWARA 28.00 472.64 214636 10/26/12 000122 HEALTH FIRST BHAIRO, KOWSILI 56.00 945.28 214637 10/26/12 000122 HEALTH FIRST BOCHENEC, JOLAN 40.00 675.20	I I I I I I
214635 10/26/12 000122 HEALTH FIRST BEGOM, MANWARA 28.00 472.64 214636 10/26/12 000122 HEALTH FIRST BHAIRO, KOWSILI 56.00 945.28 214637 10/26/12 000122 HEALTH FIRST BOCHENEC, JOLAN 40.00 675.20	I I I I I I
214636 10/26/12 000122 HEALTH FIRST BHAIRO, ROWSILI 56.00 945.28 214637 10/26/12 000122 HEALTH FIRST BOCHENEC, JOLAN 40.00 675.20	I I I I I
214637 10/26/12 000122 HEALTH FIRST BOCHENEC, JOLAN 40.00 675.20	I I I I
	I I I I
214638 10/26/12 000122 HEALTH FIRST BOWERS, DIANE 50.00 844.00	I I I
214639 10/26/12 000122 HEALTH FIRST CARMONA, LUZ 40.00 675.20	I I
214640 10/26/12 000122 HEALTH FIRST CARRION, MARIA 48.00 810.24	I I
214641 10/26/12 000122 HEALTH FIRST CEBALLOS, ANA 40.00 675.20	I
214642 10/26/12 000122 HEALTH FIRST CHARITAR, RAMKA 10.00 168.80	
214643 10/26/12 000122 HEALTH FIRST CHARITAR, RAMKA 20.00 337.60	I
214644 10/26/12 000122 HEALTH FIRST DELACRUZ, ANA 70.00 1,181.60	I
214645 10/26/12 000122 HEALTH FIRST ESTEVES, JOSE 42.00 708.96	I
214646 10/26/12 000122 HEALTH FIRST FERRERA, FRANCI 15.00 253.20	I
214647 10/26/12 000122 HEALTH FIRST FONTANES, PEDRO 37.00 624.56	Ī
214648 10/26/12 000122 HEALTH FIRST FRANCISCO, RICH 56.00 945.28	Ī
214649 10/26/12 000122 HEALTH FIRST HENRY, BRENDA 4.00 67.52	I
214650 10/26/12 000122 HEALTH FIRST KAUR, HARBANS 21.00 354.48	I
214651 10/26/12 000122 HEALTH FIRST KAUR, HARBANS 28.00 472.64	I
214652 10/26/12 000122 HEALTH FIRST LARA, TOMASA 48.00 810.24	I
214653 10/26/12 000122 HEALTH FIRST LAZALA, GLADYS 49.00 827.12	±
214053 10/20/12 000122 HEALIH FIRS1 LAZADA, GLADIS 49.00 62/.12	I
214654 10/26/12 000122 HEALTH FIRST LOPEZ-RAMIREZ, 77.00 1,299.76	I I
214655 10/26/12 000122 HEALTH FIRST MACARENA, SAHAR 84.00 1,417.92	<u>+</u>
214656 10/26/12 000122 HEALTH FIRST MARTIN, ARIANA 12.00 202.56	I
214657 10/26/12 000122 HEALTH FIRST PALAZZOLO, FLOR 72.00 1,215.36	I
214658 10/26/12 000122 HEALTH FIRST RODRIGUEZ, MARG 20.00 337.60	I
214659 10/26/12 000122 HEALTH FIRST SALAZAR, LUZ MA 8.00 135.04	I
214660 10/26/12 000122 HEALTH FIRST SALHUANA, YOLAN 40.00 675.20	I
214661 10/26/12 000122 HEALTH FIRST SPIVEY, PATRICI 25.00 422.00	I
214662 10/26/12 000122 HEALTH FIRST SURIEL, GERTRUD 84.00 1,417.92	I
214663 10/26/12 000122 HEALTH FIRST VASOUEZ, OLGA 20.00 337.60	I
214664 10/26/12 000122 HEALTH FIRST VEGA, GLORIA 16.00 270.08	I
CUSTOMER 1,160.00 0.00 19,580.80	
CATEGORY 1,160.00 0.00 19,580.80	

		SUNNYSIDE CITYWIDE		NY NY S REGISTER			PAGE 1	- 3	03
SALES JRNL #	: 0305 LOC	001 SUNNYSIDE CITYWIDE	E REG	NY NY			NHP NEIGHBOR	HOOD .	HEALTH
			SALE	S REGISIER			BILL MEEK EN	DING	11/02/12
INVOICE# D.	ATE CUST	NO CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214665 10/	26/12 0001	NEIGHBORHOOD HEALTE	H PROVIDERS	AHMED, UMARA	48.00		810.24	I	
214666 10/	26/12 0001	20 NEIGHBORHOOD HEALTH	H PROVIDERS	AKHTER, SELINA	45.00		759.60	I	
	26/12 0001	20 NEIGHBORHOOD HEALTH	H PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
	26/12 0001	20 NEIGHBORHOOD HEALTH	H PROVIDERS	DIAZ 1, CARMEN	28.00		472.64	I	
	26/12 0001	20 NEIGHBORHOOD HEALTH	H PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
	26/12 0001	20 NEIGHBORHOOD HEALTH	H PROVIDERS	FLORES, MARITZA	60.00		1,012.80	I	
	26/12 0001	ZU NEIGHBORHOOD HEALIF	H PROVIDERS	HAMPTON, PRISCI JONES, CYNTHIA KHALIL, RASHAN KHAN, FARUQUE	39.00		658.32	I	
	26/12 0001		H PROVIDERS	JONES, CYNTHIA	5.00		84.40	I	
	26/12 0001		H PROVIDERS	KHALIL, RASHAN	29.00		489.52	I	
	26/12 0001		H PROVIDERS	KHAN, FARUQUE	83.00		1,401.04	I	
	26/12 0001		H PROVIDERS	KHAN, FARUQUE KROLL, KATHERIN MOSKOWITZ, RONA RODRIGUEZ, JESS RODRIGUEZ, MARI SHEPPARD, ERMA WELLS, WYNORIA	35.00		590.80	I	
	26/12 0001		H PROVIDERS	MOSKOWITZ, RONA	36.00		607.68	I	
	26/12 0001		H PROVIDERS	RODRIGUEZ, JESS	15.00		253.20	I	
	26/12 0001		H PROVIDERS	RODRIGUEZ, MARI	20.00		337.60	I	
	26/12 0001		H PROVIDERS	SHEPPARD, ERMA	59.00		995.92	I	
	26/12 0001		H PROVIDERS	WELLS, WYNORIA	16.00		270.08	I	
214681 10/	26/12 0001	20 NEIGHBORHOOD HEALTH	H PROVIDERS	WILSON, SHERYL	32.00		540.16	I	
				CUSTOMER	612.00	0.00	10,330.56		
				CATEGORY	612.00	0.00	10,330.56		

	10/31/12 - NL # 0305		YSIDE CITYWIDE	DEC MY MY			PAGE 1	- 30	
SALES UK	иг # 0305	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			FID NY CATHO	- /	11/02/12
				SALES REGISTER			DILL WEEK EN	DING	11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214682	10/26/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I	
214683	10/26/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49	I	
214684	10/26/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	7.00		118.09	I	
214685	10/26/12	000126	NYS CATHOLIC/FIDELIS	ISKANDER, JACOU	48.00		809.76	I	
214686	10/26/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.00		404.88	I	
214687	10/26/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	12.00		202.44	I	
214688	10/26/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	41.00		691.67	I	
214689	10/26/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	60.00		1,012.20	I	
				CUSTOMER	268.00	0.00	4,521.16		
				CATEGORY	268.00	0.00	4,521.16		

RUN DATE 10/31/12 - SALES JRNL # 0305	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWID	REG NY NY SALES REGISTER			PAGE 1 - 305 UHC UNITED HEALTH BILL WEEK ENDING 11/02/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214690 10/19/12 214691 10/26/12 214692 10/26/12	000128 UNITED HEALTH CARE 000128 UNITED HEALTH CARE 000128 UNITED HEALTH CARE	CALDERON, MIGDA MILLAN, ARMIDA SAFOS, PATRA	120.00 53.00 56.00		2,059.20 I 909.48 I 960.96 I
		CUSTOMER	229.00	0.00	3,929.64
		CATEGORY	229.00	0.00	3,929.64

RUN DATE 10/31/12 SALES JRNL # 0305		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 EHP EMBLEM H BILL WEEK EN		)6 11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214693 10/26/12 214694 10/26/12 214695 10/26/12 214696 10/26/12 214697 10/26/12 214698 10/26/12 214699 10/26/12 214700 10/26/12 214701 10/26/12 214702 10/26/12	000114 000114 000114 000114 000114 000114 000114	EMBLEM HEALTH	CAMPBELL, CAROL COPE, WILLIE COPELAND, ELISE DE JESUS, TIBUR GAFFNEY, FREDER IANNAZZO, ANGEL JACKSON, FRANCE KEATON, CATHERI WEATHERS, VERDE WESTFIELD, BREN	26.00 84.00 49.00 84.00 16.00 63.00 33.00 84.00 84.00		364.00 1,176.00 698.25 1,197.00 224.00 882.00 462.00 1,176.00 1,176.00 784.00	I I I I I I I I	
			CUSTOMER	579.00	0.00	8,139.25		
			CATEGORY	579.00	0.00	8,139.25		

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E				PAGE 1 HIP HEALTH IN BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
214703 10/26/12 214704 10/26/12 214705 10/26/12 214706 10/26/12 214707 10/26/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE ORR, LOUISE SHAH, HANSIKABE WILLIAMS, DIANE	19.00 20.00 35.00 5.00 20.00		320.72 337.60 590.80 84.40 337.60	I I I I
			CUSTOMER	99.00	0.00	1,671.12	
			CATEGORY	99.00	0.00	1,671.12	

RUN DATE 10/31/1	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 3	08
SALES JRNL # 030	5 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLU	S HEA	LTH
			SALES REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214708 10/26/1	2 000130	METROPLUS HEALTH	ANDERSON, BETH	26.00		445.90	I	
214709 10/26/1	2 000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
214710 10/26/1	2 000130	METROPLUS HEALTH	CORDERO, ROSEND	60.00		1,029.00	I	
214711 10/26/1	2 000130	METROPLUS HEALTH	DAVIS, ANGIE	132.00		2,263.80	I	
214712 10/26/1	2 000130	METROPLUS HEALTH	DOBBINS, SANDRA	168.00		2,881.20	I	
214713 10/26/1	2 000130	METROPLUS HEALTH	DURHAM, CYNTHIA	4.00		68.60	I	
214714 10/26/1	2 000130	METROPLUS HEALTH	GALAS, TERESA	30.00		514.50	I	
214715 10/26/1	2 000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
214716 10/26/1	2 000130	METROPLUS HEALTH	OSORIO, ELVIA	15.00		257.25	I	
214717 10/26/1	2 000130	METROPLUS HEALTH	PERSAD, USHA	60.00		1,029.00	I	
214718 10/26/1	2 000130	METROPLUS HEALTH	RAMPERSAID, ALI	16.00		274.40	I	
214719 10/26/1	2 000130	METROPLUS HEALTH	RYALS, CHARLES	5.00		85.75	I	
214720 10/26/1	2 000130	METROPLUS HEALTH	SHUMON, NUK-FNU	28.00		480.20	I	
			CUSTOMER	652.00	0.00	11,181.80		
			CATEGORY	652.00	0.00	11,181.80		

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I S A L E S		2		PAGE 1 WEL WELCARE ( BILL WEEK ENI	
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214721 10/26/12 214722 10/26/12 214723 10/26/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 39.00 62.00		842.80 670.80 1,066.40	I I
				CUSTOMER	150.00	0.00	2,580.00	
				CATEGORY	150.00	0.00	2,580.00	

RUN DATE 10/31 SALES JRNL # 0		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 AMG AMERIGRO BILL WEEK EN	-
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214724 10/26 214725 10/26 214726 10/26 214727 10/26 214728 10/26 214729 10/26 214730 10/26	/12     000132       /12     000132       /12     000132       /12     000132       /12     000132       /12     000132	AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP	DENNISON, KELVI ESPERSON, CLAUD FERNANDEZ, NORK GUERRA, LORRAIN HARDING, EDNA MICHEL, VERULIA PRUITT, JOHNNY	28.00 16.00 42.00 62.00 20.00 24.00 4.00		472.64 270.08 708.96 1,046.56 337.60 405.12 67.52	I I I I I I
			CUSTOMER	196.00	0.00	3,308.48	
			CATEGORY	196.00	0.00	3,308.48	

RUN DATE 10/31/12 - SALES JRNL # 0305		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HCP HEALTHCARE 1 BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214731 10/26/12 214732 10/26/12 214733 10/26/12	000148 000148 000148	HEALTH CARE PARTNERS HEALTH CARE PARTNERS HEALTH CARE PARTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 12.00 12.00		1,063.44 I 202.56 I 202.56 I	
			CUSTOMER	87.00	0.00	1,468.56	
			CATEGORY	87.00	0.00	1,468.56	

RUN DATE 10/31/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 31	2
SALES JRNL # 0305	LOC 001		EG NY NY			ICS INDEPENDENCE C	
		S A L	ES REGISTER			BILL WEEK ENDING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214734 10/26/12	000172	INDEPENDENCE CARE SYSTEMS	MUSHAYEV, BORIS	20.00		318.00 I	
			CATEGORY	20.00	0.00	318.00	

RUN DATE	10/31/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 313
SALES JRN	L # 0305	LOC 001	SUNNYSIDE CITYWIDE	REG N	Y NY			VCS VNSNY CHO	ICE SELECTHEALTH
				SALES	REGISTER			BILL WEEK END	ING 11/02/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
214735	10/26/12	000170	VNSNY CHOICE SELECT	HEALTH	KARASSAVIDES, A	35.00		600.60	I
					CATEGORY	35.00	0.00	600.60	

RUN DATE 10/31/1							PAGE 1	- 3	14
SALES JRNL # 030	5 LOC 001	SUNNYSIDE CITYWIDE	REG I	NY NY			PAR PRIVATE		
			SALES	S REGISTER			BILL WEEK EN	DING	11/02/12
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214736 10/26/1	2 000002	SUNNYSIDE COMMUNITY S	SERVICES	CAGAN, RUMANDO	4.00		58.00	I	
214737 10/26/1	2 000002	SUNNYSIDE COMMUNITY S	SERVICES	ESCOBAR, MARIA	8.00		116.00	I	
214738 10/26/1	2 000002	SUNNYSIDE COMMUNITY S	SERVICES	FREEDMAN, SHIRL	4.00		58.00	I	
214739 10/26/1	2 000002	SUNNYSIDE COMMUNITY S	SERVICES	GENAO, ANTONIO	8.00		116.00	I	
214740 10/19/1	2 000002	SUNNYSIDE COMMUNITY S	SERVICES	RAYZMAN, SOLOMO	4.00		58.00	I	
214741 10/26/1	2 000002	SUNNYSIDE COMMUNITY S	SERVICES	RICKS, WALTER	8.00		116.00	I	
214742 10/26/1	2 000002	SUNNYSIDE COMMUNITY S	SERVICES	RIZZO, SALVATOR	3.50		50.75	I	
				CUSTOMER	39.50	0.00	572.75		
214743 10/26/1	2 000040	DUISIN, CHRISTINE		DUISIN, XENIA	20.00		310.00	I	
214744 10/26/1	2 000078	MCDERMOTT, LOUISE		MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	67.50	0.00	1,006.75		

RUN DATE 10/31/12 - SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CAS CHILDREN'S BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214745 10/26/12 214746 10/26/12 214747 10/26/12	000088 000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN	28.00 13.50 13.50		434.00 209.25 209.25	I I I
			CUSTOMER	55.00	0.00	852.50	
			CATEGORY	55.00	0.00	852.50	

RUN DATE 10/31/12 - SUP	SUNNYSIDE CITYWIDE			PAGE 1 - 316
SALES JRNL # 0305 LOC	001 SUNNYSIDE CITYWIDE REG	NY NY		PAR PRIVATE
	S A L E	S REGISTER		BILL WEEK ENDING 11/02/12
INVOICE# DATE CUST	I NO CUSTOMER NAME	REFERENCE H	OURS TAX AMT	AMOUNT TYP SURPLUS
214748 10/26/12 0000	098 MILDRED PANSE	PANSE, MILDRED 2	0.00	310.00 I
		CATEGORY 2	0.00	310.00

RUN DATE 10/31/12 - SALES JRNL # 0305	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ELD ELDERSERVEHE BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214749 10/26/12 214750 10/26/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 20.00		356.25 I 285.00 I	
			CUSTOMER	45.00	0.00	641.25	
			CATEGORY	45.00	0.00	641.25	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 318 PAR PRIVATE BILL WEEK ENDING 11/02	2/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	PLUS
214751 10/26/12	000143 ETTORE COPPOLA	COPPOLA, ETTORE	20.00		310.00 I	
		CATEGORY	20.00	0.00	310.00	

RUN DATE 10/31/12 SALES JRNL # 0305		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - CCM COMPREHENS BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214752 10/26/12 214753 10/26/12 214754 10/26/12 214755 10/26/12 214756 10/26/12	000150 000150 000150 000150 000150	COMPREHENSIVE CARE MANAGE COMPREHENSIVE CARE MANAGE COMPREHENSIVE CARE MANAGE COMPREHENSIVE CARE MANAGE COMPREHENSIVE CARE MANAGE	EMENT GARCIA, MARIA EMENT MELAMED, ESTER EMENT PULLIAM, WILLIE	16.00 32.00 16.00 20.75 29.75		225.60 451.20 225.60 292.58 419.48	I I I I
			CUSTOMER	114.50	0.00	1,614.46	
			CATEGORY	114.50	0.00	1,614.46	

RUN DATE 10/3 SALES JRNL #			REG NY S A L E S I	NY REGISTER			PAGE 1 PAR PRIVATE BILL WEEK ENI	- 3	20
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REI	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214757 10/2	6/12 000155	ROSEMARY JIBAJA	JIB	AJA, ROSEMAR	168.00		2,676.00	I	
214758 10/2	6/12 000167	AMY L. WELTMAN	LUSI	KIND, FRANCE	7.00		1,338.00	I	
214759 10/2	6/12 000179	DOROTHY TABICKMAN	TAB	ICKMAN, DORT	12.00		186.00	I	
214760 10/2	6/12 000183	STEPHEN EDEL	EDE	L, CANDACE	81.00		1,279.50	I	
				CATEGORY	268.00	0.00	5,479.50		

RUN DAT	E 10/31/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	321
SALES 3	RNL # 0305	LOC 001	SUNNYSIDE CITYWIDE					нин ини номе са	
				SALES	REGISTER			BILL WEEK ENDIN	G 11/02/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214761	10/26/12	000192	HHH LONG TERM HOME	HLTH CARE	TOVAR, ELENA	31.75		476.25 I	
					CATEGORY	31.75	0.00	476.25	

	I 10/31/12 RNL # 0305	- SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY S REGISTE	: R		PAGE 1 PAR PRIVATE BILL WEEK ENI	- 3	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT		SURPLUS
214762	10/26/12	000193	ALZHEIMER'S ASSOCIATION, NYC	ESPINOZA, LUPE	19.00		294.50	I	
214763	10/26/12	000197	KLEA THEOHARIS	THEOHARIS, ARIS	18.00		279.00	I	
214764	10/26/12	000199	NORMA SCHORR	SCHORR, NORMA	6.00		93.00	I	
214765	10/26/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
214766	10/26/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
214767	10/26/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	24.75		334.13	I	
214768	10/26/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
214769	10/26/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
214770	10/26/12	009752	PETER CAPORASO	CAPORASO, VINCE	12.00		204.00	I	
214771	10/26/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	2.00		31.00	I	
214772	10/26/12	010269	ANGELINA MARASA	MARASA, ANGELIN	8.75		135.63	I	
214773	10/26/12	010375	DOMINICA IRAOLA	IRAOLA, LILIAN	6.00		97.50	I	
214774	10/26/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	4.00		65.00	I	
214775	10/26/12	010529	STEPHEN WEISS	WEISS, STELLA	6.00		102.00	I	
214776	10/26/12	010530	DANA SITILDES	ANSELMI, PETER	27.75		441.75	I	
214777	10/26/12	011016	MICHAEL SIANO	SIANO, ANDREW	24.00		324.00	I	
214778	10/26/12	011027	SALVATORE DINARO	DINARO, SALVATO	12.00		186.00	I	
214779	10/26/12	011060	ROBIN WARREN CHARLES	WARREN, CYNTHIA	133.00		2,118.50	I	
214780	10/26/12	011536	CARNEY ELIZABETH	CARNEY, ELIZABE	15.00		232.50	I	
214781	10/26/12	011542	LUCY SAMPOGNA	SAMPOGNA, LUCY	15.00		247.50	I	
214782	10/26/12	011630	JAMES BENZ	CAGAN, RUMANDO	4.00		62.00	I	
214783	10/26/12	011642	ROSA FLORES	FLORES, ROSA	6.00		93.00	I	
				- CATEGORY	398.25	0.00	6,214.51		
				LOCATION	21,481.50		331,972.10		
				COMPANY	21,481.50	0.00	331,972.10		

RUN DATE 10/31/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 323
SALES JRNL # 0305 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 11/02/12

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

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