	07/18/12 - IL # 0290		IYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R	2		PAGE 1 SHP SENIOR HI BILL WEEK ENI	EALTH	1 PARTNERS 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202060 202061 202062 202063 202064 202065 202066 202067 202068 202069 202070 202071 202072 202073 202074 202075 202076	7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12	000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082	SENIOR HEALTH PARTNERS	BANKS, ANASTAZJ BROOKS, NATALIE CARRILLO, MARIA COLON, RAYMUNDA GRAFSTEIN, LILL HARIDIN, KHAMAT HARIDIN, RAMDIA HERNANDEZ, FRAN LEPORE, CLAIRE MOROCHO, MANUEL RODRIGUEZ, MARI SIERRA, MIRIAM SIMON, LUPE TORRESCAMPOS, J VASQUEZ, CORNEL VIDOT-LINARES, WOO, LUZ	22.00 14.00 35.00 7.00 33.00 135.00 35.00 6.00 76.00 20.00 25.00 8.00 40.00 12.00 30.00		498.75 1,400.00 470.25 1,923.75 498.75 85.50 1,083.00 285.00 356.25 114.00 570.00 171.00		
202077	7/13/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	4.00		57.00 	I 	
				CUSTOMER	541.00	0.00	9,009.50		
				CATEGORY	541.00	0.00	9,009.50		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITY	WIDE DE	G NY NY			PAGE 1 VCP CHOICE L	- HCG7	2
BALLS OIGN	1L # 0250	100 001	BOWNIBIDE CITT	S A L I		3		BILL WEEK EN		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202078	7/13/12	000008	VISITING NURSE	SERVICE	ABINANTI, IRENE	56.00		816.48	I	
202079	7/13/12	800000	VISITING NURSE	SERVICE	ABREU, ANA	12.00		174.96	I	
202080	7/13/12	800000	VISITING NURSE	SERVICE	ACOSTA, ALBERTO	34.25		499.37	I	
202081	7/13/12	000008	VISITING NURSE	SERVICE	ADAMES, OLGA	10.00		145.80	I	
202082	7/13/12	000008	VISITING NURSE	SERVICE	ADAMES, RICARDO	30.00		437.40	I	
202083	7/13/12	000008	VISITING NURSE	SERVICE	ADAMS, MYRIAM	70.00		1,020.60	I	
202084	7/13/12	800000	VISITING NURSE	SERVICE	ADUN, JEANETTE	56.00		816.48	I	
					CUSTOMER	268.25	0.00	3,911.09		
					CATEGORY	268.25	0.00	3,911.09		

		07/18/12 · L # 0290	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	3 7/20/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	2085	7/13/12	800000	VISITING NURSE SERVICE	AGUILAR, RAFAEL	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

RUN DATE	07/18/12 -	- SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	4
SALES JR	NL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202086	7/13/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE 07/3 SALES JRNL #	18/12 - SUP SUNI 0290 LOC 001		REG NY NY			PAGE 1 - VCP CHOICE LHCSA	5 A
			ALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202087 7/3	13/12 000008	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

	07/18/12 - L # 0290		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING	- 6 HOMEW/O WALLS (LT DING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202088	7/13/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	25.00		364.50	I
				CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	7/20/12
			•	Naicibay Cadac			DIDD WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202089 202090	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	30.00 4.00		437.40 I 58.32 I	
				CUSTOMER	34.00	0.00	495.72	
				CATEGORY	34.00	0.00	495.72	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	8
DILLED OIGN	L 0250	100 001		SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202091	7/13/12	800000	VISITING NURSE SERVICE	ALTSITZER, HARO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE					_	9	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE BILL WEEK E	_		
									, -,	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
202092	7/13/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	47.25		688.91	I		
				CATEGORY	47.25	0.00	688.91			

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 1	0
SALES UKN	L # 0290	LOC 001		ALES REGISTER	_		BILL WEEK ENI		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202093	7/13/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	25.50		371.79	I	
202094	7/13/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	20.00		291.60	I	
202095	7/13/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	84.00		1,224.72	I	
202096	7/06/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	8.00		116.64	I	
202097	7/13/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I	
202098	7/13/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	24.00		349.92	I	
				CUSTOMER	217.50	0.00	3,171.15		
				CATEGORY	217.50	0.00	3,171.15		

RUN DATE 0	7/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	.1
SALES JRNL	# 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
				SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202099	7/13/12	800000	VISITING NURSE SERVICE	ANGULO, ELCY	21.00		306.18	I	
202100	7/13/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	60.75		885.74	I	
				CUSTOMER	81.75	0.00	1,191.92		
				CATEGORY	81.75	0.00	1,191.92		

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTE	R		PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	Ä
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202101	7/13/12	800000	VISITING NURSE SERVICE	AOUN, ODETTE	30.00		437.40	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202102	7/13/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	14
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202103	7/13/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- :	15
SALES UKN	IL # 0290	TOC 001		SALES REGISTER			BILL WEEK EN		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202104 202105	7/13/12 7/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 45.75		58.32 667.04	I	
				CUSTOMER	49.75	0.00	725.36		
				CATEGORY	49.75	0.00	725.36		

RUN DATE 07/18/12 - SALES JRNL # 0290	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYW	IDE REG NY NY SALES REGIST	E R	PAGE ADU ADULT BILL WEEK I	1 - 16 ENDING 7/20/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT AMOUNT	T TYP SURPLUS
202106 7/06/12 202107 7/13/12 202108 7/13/12 202109 7/13/12	000008 VISITING NURSE S 000008 VISITING NURSE S 000008 VISITING NURSE S 000008 VISITING NURSE S	ERVICE ASADOURIAN, COR ERVICE ASADOURIAN, COR	17.00	72.9(247.8(29.1(174.9(5 I
		CUSTOMER	36.00	0.00 524.88	3
		CATEGORY	36.00	0.00 524.88	3

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
202110	6/29/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	7.00		102.06 I
202111	7/06/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	7.00		102.06 I
202112	7/13/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	49.00		714.42 I
				CUSTOMER	63.00	0.00	918.54
				CATEGORY	63.00	0.00	918.54

			YSIDE CITYWIDE				PAGE 1 -	18
SALES JRN	L # 0290	LOC 001		REG NY NY			ADU ADULT	7/00/10
			2	SALES REGISTER			BILL WEEK ENDING	3 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202113	7/13/12	800000	VISITING NURSE SERVICE	AVILES, MERCEDE	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
000114	7/12/12	000000	TITATETHA NEED A CERTIFICA	AGAD ADIII	01 50		212 45 +	
202114	7/13/12	000008	VISITING NURSE SERVICE	AZAD, ABUL	21.50		313.47 I	
				CATEGORY	21.50	0.00	313.47	

			YSIDE CITYWIDE				-	20
SALES JRN	L # 0290	LOC 001		REG NY NY			VCP CHOICE LHCSA	F (00 (10
			2	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202115	7/13/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	8.00		116.64 I	
202116	7/13/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30 I	
				CUSTOMER	43.00	0.00	626.94	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HOMEW/O WALLS (LT
			2	SALES REGISTER			BILL WEEK ENI	DING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202117	7/13/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I
202118	7/13/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48	I
202119	7/13/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I
202120	7/13/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	41.75		608.72	I
				CUSTOMER	172.75	0.00	2,518.70	
				CATEGORY	 172.75	0.00	2,518.70	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		22
			S	SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202121	7/13/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	20.00		291.60	I	
202122 202123	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BELLOROFONTE, M BERENBLIT, SARA	141.00 4.00		2,055.78 58.32	I	
202125	7/15/12	000000	VIBILING NORDE BERVICE	DERENDETT, DARK					
				CUSTOMER	165.00	0.00	2,405.70		
				CATEGORY	165.00	0.00	2,405.70		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202124	7/13/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, .,
202125	7/13/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE	DDG 199			PAGE 1 - 25	
SALES JRN	L # U29U	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOMEW/O N BILL WEEK ENDING 7,	/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
202126	7/13/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	31.00		451.98 I	
							451.00	
				CATEGORY	31.00	0.00	451.98	

			YSIDE CITYWIDE				PAGE 1 - 20	6
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202127	7/06/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	8.00		116.64 I	
202128	6/08/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	4.00		58.32 I	
202129	7/13/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60 I	
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

ı	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	· ·
ı					SALES REGISTER			BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202130	7/13/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
					CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	28
DALLS OW	L # 0250	ПОС 001		SALES REGISTER			BILL WEEK ENDI	NG 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202131 202132	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BOCANEGRA, GLAD BONILLA, ESPERA	20.00 48.75		291.60 710.78	I I
				CUSTOMER	68.75	0.00	1,002.38	
				CATEGORY	68.75	0.00	1,002.38	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	29	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA		
			S	SALES REGISTER			BILL WEEK EN	DING	7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
202133	7/13/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	16.00		233.28	I		
				CATEGORY	16.00	0.00	233.28			

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	LS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING 7/20	/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
ı									
ı	202134	7/13/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
ı									
ı									
ı					CATEGORY	25.00	0.00	364.50	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3:	1
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL H	EALTH
			5	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202135	7/13/12	800000	VISITING NURSE SERVICE	BORSARI, ANTOIN	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE				PAGE 1 -	32
SALES JRN	L # 0290	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202136	7/13/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	33
	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	7/20/12
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	202137	7/13/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	34.75		506.66 I	
ı					CATEGORY	34.75	0.00	506.66	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	34
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			5	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202138	7/13/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	35
			2	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202139	7/13/12	000008	VISITING NURSE SERVICE	BRACERO, HELEN	19.25		280.67 I	
				CATEGORY	19.25	0.00		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 36	5
SALES JRN	rL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202140	7/13/12	800000	VISITING NURSE SERVICE	BROWN, BETTY	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 37
DILLES GIAN	L 0250	100 001		SALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202141	6/29/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	3.00		43.74	I
202142	7/13/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22	I
202143	7/13/12	000008	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48	
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

ı	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	38
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
ı					SALES REGISTER			BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202144	7/13/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	48.00		699.84 I	
					CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN:		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE CHOICE I	_	39
				SALES REGISTER			BILL WEEK EN	NDING	, -,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202145	7/13/12	000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80	I	
				CATEGORY	10.00	0.00	145.80		

	E 07/18/12 · RNL # 0290	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	40
	"			SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202146	7/13/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	41
SALES JRN	L # 0290	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202147	7/13/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	37.75		550.40 I	
				CATEGORY	37.75	0.00	550.40	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 4	12
SALES JRN	rL # 0290	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202148	7/13/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHO BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
202149	7/13/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	48.00		699.84	I
				CATEGORY	48.00	0.00	699.84	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			\$	SALES REGIST	E R		BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202150	7/13/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			i	SALES REGISTER			BILL WEEK ENDING	J 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
000151	E /10 /10				10.00		154 06 -	
202151	7/13/12	000008	VISITING NURSE SERVICE	CANTO, THERESA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN D	DATE 07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	46	
SALES	JRNL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA	
			:	SALES REGISTER			BILL WEEK ENDI	NG 7/20	/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURP	LUS
20215	52 7/13/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72	I	
				CATEGORY	84.00	0.00	1,224.72		

ı	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	47	
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
ı				·	SALES REGISTER			BILL WEEK ENDING	7/20/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	202153	7/13/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I		
					CATEGORY	35.00	0.00	510.30		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	48
SALES UKN	L # 0290	LOC 001		ALES REGISTER			BILL WEEK ENDING	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202154	7/13/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	55.00		801.91 I	
				CATEGORY	55.00	0.00	801.91	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI		49
511225 6141	2 11 0250	200 001		SALES REGISTER			BILL WEEK EN		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202155	7/13/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	56.00		816.48	I	
202156	7/13/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	37.00		539.46	I	
202157	7/13/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	19.25		280.67	I	
				CUSTOMER	112.25	0.00	1,636.61		
				CATEGORY	112.25	0.00	1,636.61		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	50	
SALES JRN	L # 0290	LOC 001		REG NY NY			HOA HOSPICE ADUL		
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
202158	7/13/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	42.00		612.36 I		
				CATEGORY	42.00	0.00	612.36		

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JRN	ı∟ # 0290	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202159	7/13/12	800000	VISITING NURSE SERVICE	CARRENO, CRISTI	3.25		47.39 I	
				CATEGORY	3.25	0.00	47.39	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	52
SALES JRN	ъ # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202160	7/13/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53
SALES JRN	NL # 0290	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	3 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202161	7/13/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	54	
ı	SALES JRN	L # 0290	LOC 001		REG NY NY			ADU ADULT		
ı				S	SALES REGISTER			BILL WEEK ENDING	7/20/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	202162	7/13/12	800000	VISITING NURSE SERVICE	CELENTANO, ANGE	4.00		58.32 I		
					CATEGORY	4.00	0.00	58.32		

RUN DATE 07 SALES JRNL			REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA	7/20/12
INVOICE#	DATE CUST NO	_	REFERENCE	HOURS	TAX AMT		TYP	SURPLUS
202164 7	7/13/12 000008 7/13/12 000008 7/13/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CERNILLI, MARIA CESPEDES, CRIST CHARLES PIERRE,	28.00 7.50 30.00		408.24 109.35 437.40	I I I	
			CUSTOMER	65.50	0.00	954.99		
			CATEGORY	65.50	0.00	954.99		

RUN DATE O		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOM BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	, ,,
	7/06/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	20.00 15.00		291.60 I 218.70 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- [57	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L	HCSA		
			\$	SALES	REGISTER	2		BILL WEEK EN	DING	7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
202168	7/13/12	800000	VISITING NURSE SERVICE	CHA	AUCA, PEDRO	69.75		1,016.96	I		
					CATEGORY	69.75	0.00	1,016.96			

]	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	58
1	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202169	7/13/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	31.00		451.98 I	
					CATEGORY	31.00	0.00	 451.98	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	59
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202170	7/06/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	6.00		87.48 I	
202171	7/13/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	30.00		437.40 I	
				OHOMONED	36.00	0.00	524.88	
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	60
SALES JRI	NL # 0290	LOC 001		REG NY NY			LTC NURSING HOME	•
			:	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202172	7/13/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

	07/18/12 NL # 0290	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	61
SALES UKI	NL # 0290	LOC 001		SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202173 202174 202175	7/13/12 7/13/12 7/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CHOUDHURY, SHAM CHU, MOLLY CHUCK, ENA	1.00 40.00 27.25		14.58 I 583.20 I 397.31 I	
				CUSTOMER	68.25	0.00	995.09	
				CATEGORY	68.25	0.00	995.09	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 62	
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	S (LT
			S	ALES REGISTER			BILL WEEK ENDING 7/20/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
202176	7/13/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	63 G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202177	7/13/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	64
SALES JRN	rL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDI	NG 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202178	7/13/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I
202179	7/13/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I
202180	7/13/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I
202181	7/13/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	18.00		262.44	I
				CUSTOMER	95.00	0.00	1,385.10	
				CATEGORY	95.00	0.00	1,385.10	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE C BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202182	7/13/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202183	7/13/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
SALES JRN	rL # 0290	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202184	7/13/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	68
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202185	7/13/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	33.25		484.79 I	
				CATEGORY	33.25	0.00	484.79	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	69
	_ "			ALES REGISTER			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202186	7/13/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

				YSIDE CITYWIDE						- 7	70
SI	ALES JRN	L # 0290	LOC 001		REGNY NY SALES REO				HOA HOSPICE BILL WEEK EN	_	7/20/12
				•	SALES KE(GISIEK			DILL MEEV EN	DING	//20/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREI	NCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	00100	F /12 /10	000000		gor. DE		10 00		000	_	
20	02187	7/13/12	800000	VISITING NURSE SERVICE	COX, PE	TRA	19.00		277.02	Τ	
					C	ATEGORY	19.00	0.00	277.02		

			NYSIDE CITYWIDE					71
SALES JRI	NL # 0290	LOC 001		REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
							DIDD WEEK ENDING	3 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202188	7/13/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	37.50		546.75 I	
				CATEGORY	37.50	0.00	546.75	

- 1				YSIDE CITYWIDE	DDG NU NU			-	72
	SALES URN	L # 0290	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202189	7/13/12	800000	VISITING NURSE SERVICE	CROUSE, MARIA	9.00		131.22 I	
ı					CATEGORY	9.00	0.00	131.22	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	73
SALES JRN	IL # 0290	LOC 001		REG NY NY			LAD NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202190	7/13/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202191	7/13/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	75
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDI	NG 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202192	7/13/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	27.00		393.66	I
				CATEGORY	27.00	0.00	393.66	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	76
	,, ,_,,			SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
202193	7/13/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 77	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202194	7/13/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	15.00		218.70 I	
202195	7/13/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	8.00		116.64 I	
				CUSTOMER	23.00	0.00	335.34	
				CATEGORY	23.00	0.00	335.34	

			YSIDE CITYWIDE				PAGE 1	-	78
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			\$	SALES REGISTER			BILL WEEK END	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202196	7/13/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	36.00		524.88	I	
202197	7/13/12	800000	VISITING NURSE SERVICE	DEBAZALAR, ANTO	18.00		262.44	I	
202198	7/13/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	25.00		364.50	I	
				CUSTOMER	79.00	0.00	1,151.82		
				CATEGORY	79.00	0.00	1,151.82		·

RUN DATE 0	7/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	19
SALES JRNL	# 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
				SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202199	7/13/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	40.50		590.49	I	
202200	7/13/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04	I	
				CUSTOMER	78.50	0.00	1,144.53		
				CATEGORY	78.50	0.00	1,144.53		

RUN DATE SALES JRN	- , - ,	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		30
011220 0144	2 11 0250	200 001		LES REGISTER			BILL WEEK EN		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202201	7/13/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	30.00		437.40	I	
202202	6/29/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I	
202203	6/01/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	8.00		116.64	I	
202204	6/29/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	8.00		116.64	I	
202205	7/13/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	20.00		291.60	I	
202206	7/13/12	800000	VISITING NURSE SERVICE	DEROMAN, MARIA	3.00		43.74	I	
202207	7/13/12	800000	VISITING NURSE SERVICE	DEY, KRISHNA	3.00		43.74	I	
202208	7/13/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	27.00		393.66	I	
				CUSTOMER	103.00	0.00	1,501.74		
				CATEGORY	103.00	0.00	1,501.74		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	_	81
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LAD NURSING	HOME	W/O WALLS LT
			:	SALES R	EGISTI	E R		BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202209	6/29/12	000008	VISITING NURSE SERVICE	DIAZ,	HILDA	8.00		116.64	I	
202210	7/13/12	000008	VISITING NURSE SERVICE	DIAZ,	HILDA	38.00		554.05	I	
					CUSTOMER	46.00	0.00	670.69		
					CATEGORY	46.00	0.00	670.69		

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		32
			S	ALES REGISTER	2		BILL WEEK ENI	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202211	7/13/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I	
202212	7/13/12	000008	VISITING NURSE SERVICE	DIAZ, OLGA	50.75		739.94	I	
202213	7/13/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	42.00		612.36	I	
202214	7/13/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	68.75		1,002.38	I	
202215	7/13/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	41.50		605.08	I	
202216	7/13/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
				CUSTOMER	258.00	0.00	3,761.66		
				CATEGORY	258.00	0.00	3,761.66		

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	3
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	7/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	202217	7/13/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	38.75		564.98 I	
ı									
ı									
ı					CATEGORY	38.75	0.00	564.98	

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	84
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202218	7/13/12	000008	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
ı					CATEGORY	12.00	0.00	174.96	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	85
SALES JRN	rL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202219	7/13/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	39.50		575.91 I	
				CATEGORY	39.50	0.00		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	86
			S	ALES REGISTER			BILL WEEK ENDING	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202220	7/13/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 87	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	20/10
			2	SALES REGISTER			BILL WEEK ENDING 7/2	20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
202221	7/13/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 88	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROG	3RAM
			5	SALES REGISTER			BILL WEEK ENDING 7/20/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	JUS
202222	7/13/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89	
SALES JRI	NL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA	
			S	SALES REGISTER			BILL WEEK ENDI	NG 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
202223	7/13/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40	I	
				 CATEGORY	30.00	0.00	437.40		

RUN DATE	07/18/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	90
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202224	7/13/12	800000	VISITING NURSE SERVICE	ESPIN, CESAR	62.75		914.90 I	
				CATEGORY	62.75	0.00	914.90	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 9: VCP CHOICE LHCSA	1
DALLS OW	H 0250	HOC 001		SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202225 202226	7/06/12 7/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ESPINAL, JOSE EVERETT, SHIRLE	3.00 20.00		43.74 I 291.60 I	
				CUSTOMER	23.00	0.00	335.34	
				CATEGORY	23.00	0.00	335.34	

	07/18/12 - IL # 0290		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	92
			\$	SALES REGISTER			BILL WEEK ENDI	NG 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202227	7/13/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	70.00		1,020.60	I
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	L # 0290	LOC 001		REG NY NY			VCP CHOICE LHCS	
			\$	SALES REGISTER			BILL WEEK ENDING	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202228	7/13/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RU	JN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	94
SP	ALES JRN	L # 0290	LOC 001		REG NY NY			HOA HOSPICE ADUL	
				:	SALES REGIST	E R		BILL WEEK ENDING	7/20/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	2229	7/13/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 95
			S	SALES REGISTER			BILL WEEK ENDI	ING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	TYP SURPLUS
202230	7/13/12	000008	VISITING NURSE SERVICE	FAROUGIAS, EFTH	12.00		174.96	I
202231	7/13/12	000008	VISITING NURSE SERVICE	FAY, JULIA	24.50		357.21	I
202232	7/13/12	800000	VISITING NURSE SERVICE	FELBER, HELEN	6.00		87.48	1
				CUSTOMER	42.50	0.00	619.65	
				CATEGORY	42.50	0.00	619.65	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	96
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202233	7/13/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DAT	E 07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES J	RNL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202234	7/13/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			TYSIDE CITYWIDE	DEG NV NV			PAGE 1 -	
SALES UR	NL # 0290	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHC BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202235	7/13/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	18.00		262.44	I
				CATEGORY	18.00	0.00	262.44	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	99
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202236	7/13/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202237	7/13/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	44.75		652.46 I	
				CATEGORY	44.75	0.00	652.46	

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.01
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202238	7/13/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
ı					CATEGORY	6.00	0.00	87.48	

RUN DATE 07/18/12 SALES JRNL # 0290	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	ICSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202239 7/13/12 202240 7/13/12 202241 7/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FOLLETTO, ROSIN FONG, ALEFINA FONTEBOA, GUILL	33.00 8.00 35.00		481.14 116.64 510.30	I I I
			CUSTOMER	76.00	0.00	1,108.08	
			CATEGORY	76.00	0.00	1,108.08	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 103 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202242	7/13/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				 CATEGORY	56.00	0.00	816.48	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	104
SALES JRN	L # 0290	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDI	NG 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
202243	7/13/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	47.50		692.56	<u> </u>
				CATEGORY	47.50	0.00	692.56	

RUN DATE 07 SALES JRNL		SUP SUNNY LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
			VISITING NURSE SERVICE VISITING NURSE SERVICE	•	46.00 35.00		670.68 510.30	I I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 106	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202246	7/13/12	800000	VISITING NURSE SERVICE	GAID, ASILA	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	

- 1				YSIDE CITYWIDE				PAGE 1 - 10)7	
١	SALES JRN	L # 0290	LOC 001		REG NY NY			ADU ADULT		
ı				i	SALES REGISTER			BILL WEEK ENDING	7/20/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	202247	7/13/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	14.00		204.12 I		
ı					CATEGORY	14.00	0.00	204.12		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202248 202249	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · ·	42.00		612.36 I 131.22 I	
	,,13,12		VISITING NOODE SERVICE	CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING 1 BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202250 202251	7/13/12 7/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLO, BENJAMIN GARAY, ANGELES	40.00 16.00		583.20 233.28	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202252	7/13/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	31.00		451.98 I	
				CATEGORY	31.00	0.00	451.98	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	1
SALES JRN	L # 0290	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202253	7/13/12	800000	VISITING NURSE SERVICE	GARCIA, JESUS	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 112
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 7/20/12
				SALES KEGISIEK			DIDD WEEK ENDING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
202254	7/12/10	000000	THE CHARLES AND ADDITION	CARGEA OLGA	20.00		427 40 T
202254 202255	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	30.00 33.50		437.40 I 488.43 I
202233	,,13,12	000000	VIBILING NORDE BERVIOL				
				CUSTOMER	63.50	0.00	925.83
				CATEGORY	63.50	0.00	925.83

			YSIDE CITYWIDE				PAGE 1 - 3	113
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202256	7/13/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

			YSIDE CITYWIDE				PAGE 1 -	114
SALES JRN	L # 0290	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/20/12
				SALES REGISIER			BILL MEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202257	7/13/12	000008	VISITING NURSE SERVICE	GERSHON, NORMAN	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	115
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
ı				i	SALES REGISTER			BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202258	7/13/12	000008	VISITING NURSE SERVICE	GIORGIO, WILLIA	48.50		707.13 I	
ı									
ı					CATEGORY	48.50	0.00	707.13	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGAT BILL WEEK END	E CARE PRO	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURP	LUS
202259 202260	6/29/12 7/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	8.00 48.00		116.64 699.84	I I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202261	7/13/12	000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 118	
SALES JRNL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O	WALLS (LT
		S	ALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202262 7/13/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	35.00		510.30	I	
202263 7/13/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	29.00		422.82	I	
			CUSTOMER	64.00	0.00	933.12		
			CATEGORY	64.00	0.00	933.12		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	.9
SALES JRN	NL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202264	7/13/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	20 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202265	7/13/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

F	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	21
S	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	7/20/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	202266	7/13/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 12:	2
SALES JRN	ь # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	F /00 /10
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202267	7/13/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELBA	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 123	
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	2
			5	SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202268	7/13/12	000008	VISITING NURSE SERVICE	GONZALEZ, ELSA	30.00		437.40 I	
202269	7/06/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	3.00		43.74 I	
202270	7/13/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	21.00		306.18 I	
				CUSTOMER	54.00	0.00	787.32	
				CATEGORY	54.00	0.00	787.32	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	124
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202271	6/29/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	4.00		58.32 I	
202272	7/13/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20 I	
				CUSTOMER	44.00	0.00	641.52	
				CATEGORY	44.00	0.00	641.52	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L25
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	S ADULT POPUL
			5	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202273	7/13/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE 07/ SALES JRNL #	18/12 - SUP SUNN 0290 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		6 7/20/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202275 6/	08/12 000008 15/12 000008 13/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GUEVARA, ELENA GUEVARA, ELENA GUEVARA, ELENA	12.00 12.00 55.25		174.96 174.96 805.55	I I I	
			CUSTOMER	79.25	0.00	1,155.47		
			CATEGORY	79.25	0.00	1,155.47		

	7/18/12 - SUP SUNN # 0290 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI		7/20/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
-	7/13/12 000008 7/13/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GUTHRIE, LORETH GUTIERREZ, ANGE	3.00 83.50		43.74 1,217.43	I I	
			CUSTOMER	86.50	0.00	1,261.17		
			CATEGORY	86.50	0.00	1,261.17		

١	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	128
١	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
١				5	SALES REGISTER			BILL WEEK ENDING	7/20/12
١									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١									
١	202279	7/13/12	000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	35.50		517.59 I	
١									
١									
ı					CATEGORY	35.50	0.00	517.59	

RUN DATE	07/18/12 -		YSIDE CITYWIDE				PAGE 1 - 129	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 7/2	20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
202280	7/13/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	24.00		349.92 I	
202281	7/13/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	29.00		422.82 I	
				CUSTOMER	53.00	0.00	772.74	
				CATEGORY	53.00	0.00	772.74	

			YSIDE CITYWIDE				PAGE 1 - 1	130
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202282	7/13/12	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48 I	
202283	7/13/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	42.00		612.36 I	
				CUSTOMER	98.00	0.00	1,428.84	
				CATEGORY	98.00	0.00	1,428.84	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	31
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202284	7/13/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13	2
SALES JRN	rL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	•
			\$	SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202285	7/13/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	31.25		455.63	I	
202286	7/13/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	20.75		302.54	I	
202287	7/13/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I	
				CUSTOMER	92.00	0.00	1,341.37		
				CATEGORY	92.00	0.00	1,341.37		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	133
SALES JRN	L # 0290	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202288	7/13/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 134	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
				SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202289	7/13/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	10.75		156.74 I	
				CATEGORY	10.75	0.00	156.74	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	135
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AID	
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202290	7/13/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	44.75		652.46 I	
				CATEGORY	44.75	0.00	652.46	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L36
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	BALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202291	7/13/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	17
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202292	7/13/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	38
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202293	7/13/12	000008	VISITING NURSE SERVICE	JACSO, ERZSEBET	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	139
SALES JRN	ъ # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202294	7/13/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202295	7/13/12	800000	VISITING NURSE SERVICE	JANIEC, JEAN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
SALES UKN	ш # 0290	LOC 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202296	7/13/12	000008	VISITING NURSE SERVICE	JARAMILLO PAL,	8.00		116.64	I
202297 202298	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	78.00 24.00		1,137.25 349.92	I T
202250	7/13/12	000000	VISITING NORSE SERVICE	OTAVEKI, KAMESTI				
				CUSTOMER	110.00	0.00	1,603.81	
				CATEGORY	110.00	0.00	1,603.81	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUL	
				SALES REGISIER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202299	7/13/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	66.00		962.28 I	
202299	//13/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	00.00		962.28 I	
				CATEGORY	66.00	0.00	962.28	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	143
SALES JRN	L # 0290	LOC 001		REG NY NY			LTC NURSING HOME	•
			S A	ALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202300	7/13/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN	DATE 07/18/12	SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	144	
SALE	S JRNL # 0290	LOC 001		REG NY NY			VCP CHOICE LHCSA		
			5	SALES REGISTER			BILL WEEK ENDING	7/20/12	
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
2023	01 7/13/12	000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	24.50		357.21 I		
				CATEGORY	24.50	0.00	357.21		

	07/18/12 - NL # 0290			REGNY NY SALES REGISTER			PAGE 1 - 145 ADU ADULT BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202302	7/13/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 146	
SALES JRN	rL # 0290	LOC 001		REG NY NY			LTC NURSING	HOMEW/O WALLS (LT	
			S	ALES REGISTER			BILL WEEK EN	DING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
202303	7/13/12	000008	VISITING NURSE SERVICE	JORRIN, HORTENS	22.00		320.76	I	
202304	7/13/12	800000	VISITING NURSE SERVICE	JORRIN, NILIO	33.75		492.08	I	
				CUSTOMER	55.75	0.00	812.84		
				CATEGORY	55.75	0.00	812.84		

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 147	
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
ı				5	SALES REC	SISTER		BILL WEEK ENI	DING 7/2	0/12
ı	T1770 T GT	53.00	GTTGT 370	GIIGHOVED MANG				21/07777		DT 110
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREN	NCE HOURS	TAX AMT	AMOUNT	TYP SUR	PLUS
	202305	7/13/12	000008	VISITING NURSE SERVICE	KAUR, SA	ARD 4.00		58.32	I	
ı										
ı					CA	ATEGORY 4.00	0.00	58.32		

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 14	18
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			ADU ADULT		
			:	SALES R	EGISTE	2		BILL WEEK ENI	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202306	7/13/12	800000	VISITING NURSE SERVICE	KAUR,	SARD	4.00		58.32	I	
					CATEGORY	4.00	0.00	58.32		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	149
BALLO OICE	1L # 0250	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202307 202308	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- •	62.00 15.50		903.96 I 226.00 I	
				CUSTOMER	77.50	0.00	1,129.96	
				CATEGORY	77.50	0.00	1,129.96	

	07/18/12 - JL # 0290			REG NY NY LES REGISTER			PAGE 1 - 150 ADU ADULT BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202309	7/13/12	800000	VISITING NURSE SERVICE	KEINATH, WALTER	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

			YSIDE CITYWIDE				PAGE 1 - 1	51
SALES JRN	NL # 0290	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202310	7/13/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 152
SALES JRN	rL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA
			S	SALES REGISTER			BILL WEEK EN	DING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202311	7/13/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	29.00		422.82	I
202312	7/13/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48	I
				CUSTOMER	85.00	0.00	1,239.30	
				CATEGORY	85.00	0.00	1,239.30	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	53
SALES UKN	L # 0290	TOC 001		SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202313	7/13/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				PAGE 1 -	154	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
				SALES REGISTER			BILL WEEK ENDING	7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
202314	7/13/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I		
				CATEGORY	56.00	0.00	816.48		

RUN DATE 07/1 SALES JRNL #	.8/12 - SUP SUNN 0290 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 155 ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	;
	.3/12 000008 .3/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LARKIN, THERESA LASAK, MICHAEL	8.00 9.00		116.64 I 131.22 I	
			CUSTOMER	17.00	0.00	247.86	
			CATEGORY	17.00	0.00	247.86	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	6
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		,
			2	SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202317	7/06/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	4.00		58.32	I	
202318	7/13/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	16.00		233.28	I	
202319	7/13/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	8.00		116.64	I	
				CUSTOMER	28.00	0.00	408.24		
				CATEGORY	28.00	0.00	408.24		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 157	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			\$	SALES REGISTER			BILL WEEK ENDING 7	/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
202320	7/13/12	800000	VISITING NURSE SERVICE	LEIBOWITZ, AARO	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 158	3
SALES JRN	ъ # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202321	7/13/12	800000	VISITING NURSE SERVICE	LENDOIRO, JUAN	9.25		134.87 I	
202322	7/13/12	800000	VISITING NURSE SERVICE	LEON, EDELMIRA	31.00		451.98 I	
				CUSTOMER	40.25	0.00	586.85	
				CATEGORY	40.25	0.00	586.85	

RUN DATE (SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202324 202325	7/13/12 7/13/12 7/13/12 7/13/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LEWIS, CATHERIN LIGARDO, SOL M LIRIANO, FRANCI LITSAS, MARTHA	56.00 30.00 68.00 23.50		816.48 437.40 991.44 342.63	I I I	
				CUSTOMER	177.50	0.00	2,587.95		
				CATEGORY	177.50	0.00	2,587.95		

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 160	
SALES JRN	և # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
			2	SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202327	7/13/12	000008	VISITING NURSE SERVICE	LLANES, ELEAZER	17.75		258.80 I	
202027	,,13,12		VIDITING NORDE DERVICE		17.75		250.00	
				CATEGORY	17.75	0.00	258.80	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDI	NG 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202328	6/01/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	8.00		116.64	I
202329 202330	6/22/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LOCORRIERE, JOS LOCORRIERE, JOS	8.00 56.00		116.64 816.48	I T
202331	7/13/12	000008	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	Ī
				CUSTOMER	114.00	0.00	1,662.12	
				CATEGORY	114.00	0.00	1,662.12	

			YSIDE CITYWIDE				PAGE 1 -	- 162
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
				SALES REGISTER			BILL WEEK END	ING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
202332	7/06/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	10.00		145.80	I
202333	7/13/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60	I
				CUSTOMER	80.00	0.00	1,166.40	
				CATEGORY	80.00	0.00	1,166.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 163 LTC NURSING HOMEW/O W BILL WEEK ENDING 7	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
202334	7/13/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	164
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202335	7/13/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	36.50		532.17 I	
202336	7/13/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	11.75		171.32 I	
				CUSTOMER	48.25	0.00	703.49	
				COSTONER	40.23	0.00	703.42	
				CATEGORY	48.25	0.00	703.49	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202337	7/13/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	40.50		590.49 I	
				CATEGORY	40.50	0.00		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 166 ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202338	7/13/12	800000	VISITING NURSE SERVICE	LOPEZ, RAFAEL	69.50		1,013.31 I	
				CATEGORY	69.50	0.00	1,013.31	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 16 CCL CONGREGATE CAR BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202339 202340 202341	7/13/12 6/29/12 7/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LUCES, LETICIA LYMN, ANGIE LYMN, ANGIE	19.75 10.00 25.00		287.96 I 145.80 I 364.50 I	
				CUSTOMER	54.75	0.00	798.26	
				CATEGORY	54.75	0.00	798.26	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	168
	_ "			A L E S R E G I S T E R			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202342	7/13/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	69
SALES JE	RNL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202343	7/13/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				PAGE 1 - 1	70
SALES J	RNL # 0290	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202344	7/13/12	800000	VISITING NURSE SERVICE	MANGAN, JOHN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
20	2345	7/13/12	800000	VISITING NURSE SERVICE	MANNINO, CALOGE	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 172	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 7/20/1	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
202346	7/13/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	7.00		1,224.72 I	
				CATEGORY	7.00	0.00	1,224.72	

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 173	
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS	S LT
ı				S	SALES REGISTER			BILL WEEK ENDING 7/20/12	2
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
ı									
ı	202347	7/13/12	800000	VISITING NURSE SERVICE	MANOS, ARCHIE	12.00		174.96 I	
ı									
ı								154.06	-
ı					CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202348	7/13/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	5
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT	re car	E PROGRAM
			:	SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202349	7/13/12	000008	VISITING NURSE SERVICE	MARGOLIS, GERTR	9.00		131.22	I	
202350	7/13/12	800000	VISITING NURSE SERVICE	MARINO, ANN	24.00		349.92	I	
				OTIGEOMED	22 00		401 14		
				CUSTOMER	33.00	0.00	481.14		
				CATEGORY	33.00	0.00	481.14		

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 17 AMH ADULT MENTAL H	-
SALES UKN	L # 0290	TOC 001		SALES REGISTER			_	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202351	7/13/12	000008	VISITING NURSE SERVICE	MARKHAM, RUDOLP	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 177	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 7/20/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	JUS
202352	7/13/12	800000	VISITING NURSE SERVICE	MARKS, ANN	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L78
SALES JRN	L # 0290	LOC 001		REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202353	7/13/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE 0'SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202355	7/13/12 7/13/12 7/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTE, JOSE MARTIN, ELAUCAD MARTINEZ, CAMIL	7.50 9.00 12.00		109.36 I 131.22 I 174.96 I	
				CUSTOMER	28.50	0.00	415.54	
				CATEGORY	28.50	0.00	415.54	

RUN D	ATE 07/18/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 180	
SALES	JRNL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			i	SALES REGISTER			BILL WEEK ENDING '	7/20/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20235	7/13/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	60.00		874.80 I	
				CATEGORY	60.00	0.00	874.80	

	07/18/12 - NL # 0290			REGNY NY SALES REGISTER			PAGE 1 - 181 ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202358	7/13/12	800000	VISITING NURSE SERVICE	MARTINEZ, FEDOR	12.50		182.25 I	
				CATEGORY	12.50	0.00	182.25	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 18	32
	.2 0250	200 001		SALES REGISTER			BILL WEEK EN		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202359	7/13/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
202360	7/13/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	41.25		601.43	I	
202361	7/13/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	84.00		1,224.72	I	
				CUSTOMER	155.25	0.00	2,263.55		
				CATEGORY	155.25	0.00	2,263.55		

RUN DATE SALES JRN			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE S 1	REG NY NY A L E S R E G I S T E R			PAGE 1 - 183 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
202362	7/13/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	38.00		554.04 I
				CATEGORY	38.00	0.00	554.04

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202363	7/13/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 18	35
SALES JRN	rL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK ENI	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202364	7/13/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54	I	
202365	7/13/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44	I	
				CUSTOMER	231.00	0.00	3,367.98		
				CATEGORY	231.00	0.00	3,367.98		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0290	TOG 001	SUNNYSIDE CITYWIDE S A	REGNY NY LES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DATE	COST NO	COSTOMER NAME	REFERENCE	поока	IAX ANI	AMOUNI IIP	SURPLUS
202366	7/13/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	52.00		758.16 I	
				CATEGORY	52.00	0.00	758.16	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY ALES REGISTER			PAGE 1 - 18 ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202367	7/13/12	800000	VISITING NURSE SERVICE	MCKAY, DOROTHY	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

			YSIDE CITYWIDE					88
SALES JRN	L # UZ9U	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202368 202369	7/13/12 7/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	18.75 24.00		273.38 I 349.92 I	
				CUSTOMER	42.75	0.00	623.30	
				CATEGORY	42.75	0.00	623.30	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.89
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202370	7/13/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY LES REGISTER			PAGE 1 - 19 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202371	7/13/12	800000	VISITING NURSE SERVICE	MENDEZ, ADA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19:	1
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W	/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202372	7/13/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE (07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	92
SALES JRNI	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202373	7/13/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	61.00		889.38 I	
				CATEGORY	61.00	0.00	 889.38	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 193	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202374	7/13/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

RUN DATE 07/18 SALES JRNL # 0		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 19 VCP CHOICE LHCSA BILL WEEK ENDING	7/20/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202375 7/13 202376 7/13 202377 7/13 202378 7/13	/12 000008 /12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MENDOZA, VALENT MILEO, MARY MONSERRAT, DORI MONTES, MARTA	15.00 42.00 9.75 27.00		218.70 I 612.36 I 142.16 I 393.66 I	
			CUSTOMER	93.75	0.00	1,366.88	
			CATEGORY	93.75	0.00	1,366.88	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 19 ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202379	7/13/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	196
SALES JRN	NL # 0290	LOC 001		REG NY NY			VCP CHOICE LHCS.	
			\$	SALES REGISTER			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202380	7/13/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202381	7/13/12	000008	VISITING NURSE SERVICE	MORALES, ANGELI	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	8
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202382	6/15/12	000008	VISITING NURSE SERVICE	MOURAS, ANNA	2.00		29.16	I	
202383	7/13/12	800000	VISITING NURSE SERVICE	MOURAS, ANNA	10.00		145.80	I	
				 CUSTOMER	12.00	0.00	174.96		
				COSTOMER	12.00	0.00	1/4.90		
				CATEGORY	12.00	0.00	174.96		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	199 A
Brilles Grav	1 0250	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202384 202385	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	42.00 6.00		612.36 I 87.48 I	
202303	7/13/12	000000	VIDITING NORDE BERVICE	,			699.84	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	00
SALES JRN	rL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202386	7/13/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 201 ADU ADULT) /1 O
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING 7/20 AMOUNT TYP SURE	,
202387	7/13/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 202	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 7	/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
202388	7/13/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 -	203
SALES JRNL	# 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	IG 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
		800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	9.00 6.00		131.22 I 87.48 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	204
	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	7/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
ı									
ı	202391	7/13/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	48.75		710.78 I	
ı					CATEGORY	48.75	0.00	710.78	

ı	RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	205
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202392	7/13/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	63.00		918.54 I	
					CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE	DEG NW NW			PAGE 1 - 206	
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING 7/20	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
202393 202394	7/13/12 7/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NINO, CARMEN	36.00 20.00		524.88 I 291.60 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 207
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	OMEW/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK END	ING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
202395	7/13/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	20.00		291.60	I
202396	7/13/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	34.00		495.72	I
				CUSTOMER	54.00	0.00	787.32	
				CATEGORY	54.00	0.00	787.32	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	8
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			:	SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202397	7/13/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	42.00		612.36	I	
202398	7/13/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	I	
				CUSTOMER	85.00	0.00	1,239.30		
				CATEGORY	85.00	0.00	1,239.30		

	07/18/12 - NL # 0290		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 LTC NURSING HOMEW	09 /O WALLS (LT
511225 010	0250	200 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202399	7/13/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	25.00		364.50 I	
				CATEGORY	25.00	0.00	 364.50	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	210
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			\$	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
202400	7/13/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	16.00		233.28 I	
202401	7/13/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	8.00		116.64 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN				REG NY NY			PAGE 1 - 211 ADU ADULT	
				SALES REGISTER				7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202402	7/13/12	000008	VISITING NURSE SERVICE	PAOLONI, MARY	11.50		167.67 I	
				CATEGORY	11.50	0.00	167.67	

			YSIDE CITYWIDE				PAGE 1 - 2	212
SALES JRN	L # 0290	LOC 001		REG NY NY			VCP CHOICE LHCSA BILL WEEK ENDING	7/20/12
				SALES REGISTER			BILL MEEK ENDING	//20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202403	7/13/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	7/18/12 - SUP SUN # 0290 LOC 001		REG NY NY			PAGE 1 ADU ADULT	- 21	.3
DIALLO GIANE	11 0230 200 001		SALES REGISTER			BILL WEEK ENI	DING	7/20/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	7/13/12 000008 7/13/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	10.00		145.80 145.80	I I	
			CUSTOMER	20.00	0.00	291.60		
			CATEGORY	20.00	0.00	291.60		

RUN DATE 07/1 SALES JRNL #	18/12 - SUP SUNN 0290 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 214 VCP CHOICE LHCSA	1,00,110
		S	SALES REGISTER			BILL WEEK ENDING 7	/20/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
	13/12 000008 13/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPOUTSIS, MARY PAPP, TEREZIA	9.00 3.00		131.22 I 43.74 I	
	13/12 000008	VISITING NURSE SERVICE	PARETTI, MARIE	56.00		816.48 I	
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

RUN DATE SALES JRN				REG NY NY LES REGISTER			PAGE 1 - 21 ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202409	7/13/12	800000	VISITING NURSE SERVICE	PASTORE, ANTONI	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	6
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			5	SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202410	7/06/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	6.00		87.48	I	
202411	7/13/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	35.00		510.30	I	
202412	7/13/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	20.00		291.60	I	
202413	7/13/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	49.00		714.42	I	
				CUSTOMER	110.00	0.00	1,603.80		
				CATEGORY	110.00	0.00	1,603.80		

			YSIDE CITYWIDE	556 M			PAGE 1 - 21	7
SALES JRN	L # 0290	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/20/12
								, -,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202414	7/13/12	000008	VISITING NURSE SERVICE	PEREZ, CARMELIN	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE 07/18/1 SALES JRNL # 029		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202415 7/13/1	2 000008	VISITING NURSE SERVICE	PEREZ, GLADYS	29.00		422.82 I	
			CATEGORY	29.00	0.00	422.82	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 219 ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202416	7/13/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

ı	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 220)
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C	WALLS (LT
ı				Ş	SALES REGISTER			BILL WEEK ENDING	7/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	202417	7/13/12	000008	VISITING NURSE SERVICE	PERSAUD, RITA	34.75		506.66 I	
ı									
					CATEGORY	34.75	0.00	506.66	
1					CATEGORI	34.73	0.00	300.00	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	21
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGIST	E R		BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202418	7/13/12	000008	VISITING NURSE SERV	CE PHILIPPS, MARY	24.00		349.92	I	
202419	7/13/12	800000	VISITING NURSE SERV	CE PIZARRO, BARBAR	6.00		87.48	I	
202420	7/13/12	800000	VISITING NURSE SERV	CE PLACIDO, GENARO	35.00		510.30	I	
202421	7/13/12	800000	VISITING NURSE SERV	CE PLACIDO, MERCED	36.00		524.88	I	
202422	7/13/12	800000	VISITING NURSE SERV	CE POGGI, EMERITA	35.75		521.24	I	
				CUSTOMER	136.75	0.00	1,993.82		
				CATEGORY	136.75	0.00	1,993.82		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JR	NL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202422	7/12/10	000000	MICHENIA MIDGE GERMAN	DONGE ALTGIA	40.00		F02 20 T	
202423	7/13/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1 - 223	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 7/	20/12
							,	- ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
202424	7/13/12	800000	VISITING NURSE SERVICE	PREVOST, IRENE	19.50		284.31 I	
				CATEGORY	19.50	0.00	284.31	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	224
SALES JRN	ъ # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202425	7/13/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	27.25		397.31 I	
				CATEGORY	27.25	0.00	397.31	

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	225
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	CARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDIN	IG 7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
	202426	7/13/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	41.75		608.72	Ω
ı					CATEGORY	41.75	0.00	608.72	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	16
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202427	7/13/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S 2	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202428	7/13/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 228	
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
			:	SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202429	7/13/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2:	29
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
ı				:	SALES REGISTER			BILL WEEK ENDING	7/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	202430	7/13/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
ı									
ı						42.00			
ı					CATEGORY	43.00	0.00	626.94	

			YSIDE CITYWIDE				PAGE 1	- 23	0
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	TNO	7/20/12
				SALES REGISTER			BILL WEEK END	ING	//20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202431	7/13/12	000008	VISITING NURSE SERVICE	,	18.00		262.44	I	
202432	7/13/12	000008	VISITING NURSE SERVICE	RAMOS, ALICIA	6.00		87.48	I	
				CUSTOMER	24.00	0.00	349.92		
				COSTONER	24.00	0.00	347.72		
				CATEGORY	24.00	0.00	349.92		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 23	31
Brille ord	(E 0250	100 001		ALES REGISTER			BILL WEEK EN		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202433	7/13/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I	
202434	7/13/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	12.00		174.96	I	
202435	7/13/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	5.75		83.84	I	
202436	7/13/12	800000	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60	I	
202437	7/13/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	16.00		233.28	I	
202438	6/29/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, OL	4.00		58.32	I	
202439	7/13/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	16.00		233.28	I	
				CUSTOMER	85.75	0.00	1,250.24		
				CATEGORY	85.75	0.00	1,250.24		

			YSIDE CITYWIDE					232	
SALES JRN	L # 0290	LOC 001		REG NY NY			LTC NURSING HOME		
			:	SALES REGISTER			BILL WEEK ENDING	//20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
202440	7/13/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I		
				CATEGORY	56.00	0.00	816.48		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 233	
SALES JRN	r∟ # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202441	7/13/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	20.00		291.60 I	
202442	7/13/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202443	7/13/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 23	35
	_ "			SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202444	7/13/12	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	25.00		364.50	I	
202445	7/06/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	7.00		102.06	I	
202446	7/13/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	7.00		102.06	I	
				CUSTOMER	39.00	0.00	568.62		
				CATEGORY	39.00	0.00	568.62		

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	36	
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				S	SALES REGISTER			BILL WEEK ENDING	7/20/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	202447	7/13/12	000008	VISITING NURSE SERVICE	ROBINSON, MARGA	9.00		131.22 I		
ı										
ı										
ı					CATEGORY	9.00	0.00	131.22		

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	7
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	•
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202448	7/13/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	238
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	7/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	000440	F /12 /10	000000		DODD-G	40.00		610 26 -	
ı	202449	7/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	42.00		612.36 I	
ı									
					CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 239	
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	OGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING 7/2	0/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	RPLUS
	202450	7/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	83.50		1,217.43 I	
					CATEGORY	83.50	0.00	1,217.43	

R	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	240
S	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				S	SALES REGISTER			BILL WEEK ENDING	7/20/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	202451	7/13/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
					GATTIGODY.				
					CATEGORY	20.00	0.00	291.60	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 241	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 7/2	0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
202452	7/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	242
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202453	7/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

- 1				YSIDE CITYWIDE				-	243
SZ	ALES JRNI	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/20/12
					SALES KEGISTER			DILL WEEK ENDING	7/20/12
II	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	02454	7/13/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	55.75		812.84 I	
					CATEGORY	55.75	0.00	812.84	

RUN DATE 07/18/12 SALES JRNL # 0290		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 244 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 7/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
202455 7/06/12 202456 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00 46.00		116.64 I 670.68 I
			CUSTOMER	54.00	0.00	787.32
			CATEGORY	54.00	0.00	787.32

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 24 ADU ADULT	5
			2	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202457	7/13/12	800000	VISITING NURSE SERVICE	ROMERO, NECTOR	8.75		127.58 I	
				CATEGORY	 8.75	0.00	127.58	

RUN DATE (07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 246	
SALES JRNI	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 7/	20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
202458	7/13/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	51.75		754.52 I	
				CATEGORY	 51.75	0.00	 754.52	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	247
SALES JRN	IL # 0290	LOC 001		REG NY NY			LTC NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202459	7/13/12	800000	VISITING NURSE SERVICE	ROMO, FLOR	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202460	7/13/12	800000	VISITING NURSE SERVICE	ROQUE, GLORIA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	249
SALES JRN	L # 0290	LOC 001		REG NY NY			LTC NURSING HOMEW	· ·
			:	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202461	7/13/12	800000	VISITING NURSE SERVICE	ROSA, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

	07/18/12 - L # 0290		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	250 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202462	7/13/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	55.50		809.19 I	
				CATEGORY	55.50	0.00	809.19	

RUN DATE (07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 251
SALES JRNI	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			:	SALES REGISTER			BILL WEEK END	ING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
202463	7/13/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I
202464	7/13/12	000008	VISITING NURSE SERVICE	ROSARIO, ELSA	36.00		524.88	I
202465	7/13/12	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	19.50		284.31	I
202466	7/13/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.00		364.50	I
				CUSTOMER	96.50	0.00	1,406.97	
				CATEGORY	96.50	0.00	1,406.97	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	, .,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202467	7/13/12	800000	VISITING NURSE SERVICE	RUECKHER, PATRI	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - : VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202468	7/13/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	254
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202469	7/13/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	255 IG 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202470	7/13/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	-
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	256
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S.	ALES REGISTER			BILL WEEK ENDING	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202471	7/13/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	26.00		379.08 I	
				CATEGORY	26.00	0.00	379.08	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25'	7
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202472	7/13/12	000008	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70	I	
202473	7/13/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	77.00		1,122.66	I	
				CUSTOMER	92.00	0.00	1,341.36		
				CATEGORY	92.00	0.00	1,341.36		

RUN DATE 07/18/12 SALES JRNL # 0290	2 - SUP SUNNYSIDE CITYWIDE D LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	<u>.</u>		PAGE 1 - 258 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 7/20/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202474 7/13/12	2 000008 VISITING NURSE SERVIC	E SALVATIERRA, TE	36.00		524.88 I	
		CATEGORY	36.00	0.00	524.88	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	259
SALES JRN	r∟ # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202475	7/13/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	16.00		233.28 I	
202476	7/13/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 260	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			5	SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202477	7/13/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - : ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202478	7/13/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 26	2
DALLES OWN	H 0250	100 001		ALES REGISTER			BILL WEEK END		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202479	7/13/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	16.00		233.28	I	
202480	7/13/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	28.00		408.24	I	
202481	7/13/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	56.00		816.48	I	
202482	7/13/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	55.50		809.19	I	
202483	7/13/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36	I	
202484	7/13/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	25.00		364.50	I	
				CUSTOMER	222.50	0.00	3,244.05		
				CATEGORY	222.50	0.00	3,244.05		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 263 ADU ADULT BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202485	7/13/12	000008	VISITING NURSE SERVICE	SIANO, ANDREW	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	54
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202486	7/13/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE	777			PAGE 1 - 26	55
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202487 202488	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE	•	30.00 15.00		437.40 I 218.70 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	 656.10	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 26	56
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		,
			S	SALES REGISTE	R		BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202489	7/06/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90	I	
202490	7/13/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	10.00		145.80	I	
				CUSTOMER	15.00	0.00	218.70		
				COSTOMER	15.00	0.00	210.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	267
SALES JRI	NL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202491	7/13/12	000008	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 26	8	
SALES JRN	և # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LH			
			S	SALES	REGISTER			BILL WEEK END	ING	7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
202492	7/13/12	800000	VISITING NURSE SERVICE	SO	TO, MARCELINA	12.00		174.96	I		
					CATEGORY	12.00	0.00	174.96			

RUN DATE 07/18/12 SALES JRNL # 0290		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	- 269	9 7/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202493 7/13/12 202494 7/13/12 202495 7/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	STAFILIAS, EVAN STALZER, STEPHA STAMBOULIDIS, V	40.00 20.00 55.00		583.20 291.60 801.90	I I I	
			CUSTOMER	115.00	0.00	1,676.70		
			CATEGORY	115.00	0.00	1,676.70		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE AD	270
SALES UKN	ы н 0290	TOC 001		SALES REGIS	T E R		BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202496	7/13/12	800000	VISITING NURSE SERVICE	STEIN, STEPHA	ANI 21.00		306.18	I
				CARROO			206.10	
				CATEGOR	RY 21.00	0.00	306.18	

	07/18/12 - NL # 0290		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 271 ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 7,	/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	JRPLUS
202497	7/13/12	800000	VISITING NURSE SERVICE	STENOS, MOSHOUL	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	272
SALES JRN	rL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202498	7/13/12	000008	VISITING NURSE SERVICE	STERGIOU, GLORI	20.00		291.60	I
202499	7/13/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88	I
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 273	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	Γ
			5	SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202500	7/13/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	38.50		561.33 I	
				CATEGORY	38.50	0.00	561.33	

			YSIDE CITYWIDE				-	274
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	_ , _ , _ ,
			5	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202501	7/13/12	000008	VISITING NURSE SERVICE	TABOADA, DIMAS	19.50		284.31 I	
202502	7/13/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	55.75		812.84 I	
				CUSTOMER	75.25	0.00	1,097.15	
				CATEGORY	75.25	0.00	1,097.15	

RUN DATE 07 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	54.50 18.00		794.61 I 262.44 I	
				CUSTOMER	72.50	0.00	1,057.05	
				CATEGORY	72.50	0.00		

RUN DATE 0 SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK END		6 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202506 202507	7/13/12 7/13/12 7/13/12 7/13/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TEJADA, BALDOME TERZIAN, ASDGHI	12.00 20.00 42.00 35.00		174.96 291.60 612.36 510.30	I I I	
				CUSTOMER	109.00	0.00	1,589.22		
				CATEGORY	109.00	0.00	1,589.22		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27 ADU ADULT	7
SALES OWN	II # 0250	100 001		SALES REGISTER				7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202509	7/13/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	18
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202510	7/13/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

	TE 07/18/12 JRNL # 0290			REG NY NY SALES REGISTER			PAGE 1 - 279 ADU ADULT BILL WEEK ENDING	7/20/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202511	7/13/12	000008	VISITING NURSE SERVICE	TORO, PURA	72.00		1,049.76 I	
				CATEGORY	72.00	0.00	1,049.76	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202512 202513	7/13/12 7/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	32.00 83.00		466.56 1,210.14	I I	
				CUSTOMER	115.00	0.00	1,676.70		
				CATEGORY	115.00	0.00	1,676.70		

ı	RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	281	
ı	SALES JRN	L # 0290	LOC 001		REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	7/20/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	202514	7/13/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	42.00		612.36 I		
					CATEGORY	42.00	0.00	612.36		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	282
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TY	, -,
	7/13/12		VISITING NURSE SERVICE		35.00	11111 11111	510.30 I	
				· 				
				CATEGORY	35.00	0.00	510.30	

RUN DATE 07 SALES JRNL	, -,		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202517 202518	7/06/12 7/13/12 7/13/12 7/13/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TRUJILLO, AMPAR TRUONG, TINH TSOLISOS, FOTIN	8.00 8.00 20.00 47.00		116.64 291.60	I I I
				CUSTOMER	83.00	0.00	1,210.14	
				CATEGORY	83.00	0.00	1,210.14	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	34
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING	HOME V	N/O WALLS LT
			S	SALES REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202520	7/06/12	000008	VISITING NURSE SERVICE	TSUAI, PING	4.00		58.32	I	
202521	7/13/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60	I	
				OLIGEOMED	24.00	0.00	240.02		
				CUSTOMER	24.00	0.00	349.92		
				CATEGORY	24.00	0.00	349.92		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 28	35
Brilles orde	.1 0250	100 001		ALES REGISTER			BILL WEEK EN		7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202522 202523	7/13/12 7/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	63.00 7.00		918.54 1,224.72	I	
202323	7/13/12	000000	VISITING NORSE SERVICE	·					
				CUSTOMER	70.00	0.00	2,143.26		
				CATEGORY	70.00	0.00	2,143.26		

-	- , - ,		YSIDE CITYWIDE				PAGE 1 -	286
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	<i>i</i> //20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
202524	7/13/12	000008	VISITING NURSE SERVICE	URBINA, ANA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	37
SALES JRN	ъ # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202525	7/13/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 07/18/12 - SUP S	SUNNYSIDE CITYWIDE				PAGE 1 - 288
SALES JRNL # 0290 LOC (001 SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
	S A	LES REGISTER			BILL WEEK ENDING 7/20/12
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
202526 7/13/12 00000	08 VISITING NURSE SERVICE	VALENTI, HELEN	1.00		14.58 I
		CATEGORY	1.00	0.00	 14.58

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 289 LTC NURSING HOMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
202527 202528	7/13/12 7/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 5.75		58.32 I 83.84 I
				CUSTOMER	9.75	0.00	142.16
				CATEGORY	9.75	0.00	142.16

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	190
١	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
١				S	SALES REGISTER			BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202529	7/13/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	41.25		601.43 I	
					CATEGORY	41.25	0.00	601.43	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 291
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK END	ING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
202530	7/13/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	27.75		404.60	I
202531	7/13/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	18.00		262.44	I
202532	7/13/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	35.00		510.30	I
				CUSTOMER	80.75	0.00	1,177.34	
				CATEGORY	80.75	0.00	1,177.34	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 29	92	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L	HCSA		
			S	SALES	REGISTER			BILL WEEK EN	DING	7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
202533	7/13/12	000008	VISITING NURSE SERVICE	VE)	LASQUEZ, NELL	16.00		233.28	I		
					CATEGORY	16.00	0.00	233.28			

		07/18/12 - L # 0290		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	293
DAI	JES OKNI	J # 0250	100 001		SALES REGISTER			BILL WEEK ENDING	7/20/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202	2534	7/13/12	800000	VISITING NURSE SERVICE	VELOZ, EMILIO	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	IL # 0290	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
			5	SALES REGISIER			BILL MEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202535	7/13/12	000008	VISITING NURSE SERVICE	VENTURA, ROSA	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	295 3 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202536	7/13/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	2.00		29.16 I	
				CATEGORY	2.00	0.00		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 296	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 7/20/1:	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
202537	7/13/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.75		594.14 I	
								_
				CATEGORY	40.75	0.00	594.14	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUI	
	- "			SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
202538	7/13/12	000008	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	07/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 298	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
202539	7/13/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	34.25		499.37 I	
				CATEGORY	34.25	0.00	499.37	
				CALEGORI	34.23	0.00	499.37	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	299
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202540	7/13/12	000008	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202541	7/13/12	800000	VISITING NURSE SERVICE	VITERI, NELLY	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 301	
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS ($_{ m LT}$
			S	SALES REGISTER			BILL WEEK ENDING 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
202542	7/13/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

I	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	302
5	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	7/20/12
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	202543	7/13/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	54.75		798.26 I	
					CATEGORY	54.75	0.00	798.26	

			YSIDE CITYWIDE	DDG 1911			PAGE 1 - 30	13
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202544 202545	7/13/12 7/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· •	20.00 15.00		291.60 I 218.70 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30)4
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202546	7/13/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	15.75		229.64 I	
				CATEGORY	15.75	0.00	229.64	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	305	
SALES JRN	L # 0290	LOC 001		REG NY NY			PED PEDIATRIC	7/20/12	
				SALES REGISTER			BILL WEEK ENDING	7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
202547	7/13/12	000008	VISITING NURSE SERVICE	YANEZ, ANGELINA	16.00		233.28 I		
				CATEGORY	16.00	0.00	233.28		

ı	RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	06
ı	SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	7/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	202548	7/13/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
					CATECORY	12.00	0.00		
ı					CATEGORY	⊥∠.00	0.00	1/4.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDII	50.
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202549	7/13/12	800000	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	56.00		816.48	I
				CATEGORY	56.00	0.00	816.48	

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	08
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202550	7/13/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	1.00		14.58 I	
				CATEGORY	1.00	0.00	 14.58	

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	309
SALES JRN	L # 0290	LOC 001		REG NY NY			AMH ADULT MENTA	
			:	SALES REGISTER			BILL WEEK ENDIN	G 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202551	7/13/12	000008	VISITING NURSE SERVICE	ZELLE, EVE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 07/18/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 310 SALES JRNL # 0290 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 7/20/12 GUILDNET ACERNO, CLAIRE ACENNO, CLAIRE ACENNO, CLAIRE ALI, AMERUNISSA 20.00 363.00 290.40 GUILDNET ALI, AMERUNISSA 20.00 290.40 GUILDNET ALSTON, ZULINE 55.75 809.49 GUILDNET ALSTON, ZULINE 55.75 809.49 GUILDNET AMBBILE, ANTOIN 1.01 190.60 GUILDNET AMBBILE, ANTOIN 7.00 1,321.04 GUILDNET AMBBILE, ANTOIN 7.00 1,321.04 GUILDNET BEGUM, JAMILA 72.00 1.045.44 GUILDNET BEGUM, JAMILA 72.00 1.045.44 GUILDNET CARSWELL, LUELL 70.00 1.045.44 GUILDNET CARSWELL, LUELL 70.00 1.016.40 GUILDNET CARSWELL, LUELL 70.00 1.016.40 GUILDNET CARSWELL, LUELL 70.00 1.016.40 929.28 GUILDNET COLAVITI, JEAN 64.00 929.28 GUILDNET COLAVITI, JEAN 64.00 929.28 GUILDNET COLEMAN, REGINA 30.25 439.23 GUILDNET DIAZ, ALICIA 45.00 653.40 GUILDNET ERAFLINETON, ALE 40.75 591.69 GUILDNET EXPOSITO, ALFON 29.25 424.71 GUILDNET EXCENDENT ALICIA 40.75 591.69 GUILDNET EXPOSITO, ALFON 26.00 377.42 GUILDNET FERRARA, ANN 42.00 348.48 GUILDNET GREENSPAN, ALIC INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ACERNO, CLAIRE 25.00 202552 363.00 7/13/12 000010 I 202553 7/13/12 000010 I 202554 7/13/12 000010 I 202555 6/29/12 000010 202556 7/13/12 000010 202557 7/13/12 000010 202558 7/13/12 000010 202559 7/13/12 000010 202560 7/13/12 000010 202561 7/13/12 000010 202562 6/22/12 000010 202563 7/13/12 000010 202564 7/13/12 000010 202565 7/13/12 000010 202566 7/13/12 000010 202567 7/13/12 000010 202568 7/13/12 000010 202569 6/29/12 000010 202570 7/13/12 000010 202571 7/13/12 000010 202572 7/13/12 000010 202573 7/13/12 000010 202574 7/13/12 000010 202575 7/13/12 000010 202576 7/13/12 000010 202577 7/13/12 000010 202578 7/13/12 000010 202579 7/13/12 000010 202580 7/13/12 000010 202581 7/13/12 000010 202582 7/13/12 000010 202583 7/13/12 000010 202584 7/06/12 000010 202585 7/13/12 000010 202586 7/13/12 000010 202587 6/29/12 000010 202588 7/13/12 000010 202589 7/13/12 000010 202590 7/06/12 000010 202591 7/13/12 000010 202592 7/13/12 000010 202593 7/13/12 000010 202594 7/13/12 000010 202595 7/13/12 000010 202596 7/13/12 000010 202597 7/13/12 000010 202598 7/13/12 000010 202599 7/13/12 000010 7/13/12 000010 GUILDNET 202600

			YSIDE CITYWIDE	REG NY NY SALES REGISTE:			PAGE 2	- 32	11
SALES JRN	JL # 0290	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY	D		GUI GUILDNET	TNO	7/20/12
				SALES REGISIE.	N.		DITT MEEV FINI	JING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202601	7/13/12	000010	GUILDNET	PINILLA, VICTOR	35.50		515.46	I	
202602	7/13/12	000010	GUILDNET	PROANO, ALICIA	21.00		325.92	I	
202603	7/13/12	000010	GUILDNET	PROANO, BRUNO	29.00		450.08	I	
202604	7/13/12	000010	GUILDNET	PRYCE, CLYDIA	16.00		232.32	I	
202605	7/13/12	000010	GUILDNET	RAMOS, ESTHER	18.00		261.36	I	
202606	7/13/12	000010	GUILDNET	RESTULA, VINCEN	20.00		290.40	I	
202607	7/13/12	000010	GUILDNET	RIVAS, GERTRUDI	22.00		319.44	I	
202608	7/13/12	000010	GUILDNET	RODRIGUEZ, FABI	23.75		344.85	I	
202609	7/06/12	000010	GUILDNET	RODRIGUEZ, HOLG	57.50		834.90	I	
202610	7/13/12	000010	GUILDNET	ROJAS, ANGEL	15.00		232.80	I	
202611	7/13/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		310.40	I	
202612	7/13/12	000010	GUILDNET	RUBIANO, MARIA	20.00		290.40	I	
202613	7/13/12	000010	GUILDNET	SALJANIN, DILJA	60.75		882.09	I	
202614	7/13/12	000010	GUILDNET	SANCHEZ, ELIZAB	28.75		417.45	I	
202615	7/13/12	000010	GUILDNET	SHELTON, AGUEDA	28.00		406.56	I	
202616	7/13/12	000010	GUILDNET	SOTIRIOU, CHRIS	1.00		14.52	I	
202617	7/13/12	000010	GUILDNET	VILLACRES, LUZ	8.00		116.16	I	
202618	7/13/12	000010	GUILDNET	VLAHOS, MARIE	64.00		929.28	I	
202619	7/13/12	000010	GUILDNET	WEISZ, KLARA	7.00		101.64	I	
202620	7/13/12	000010	GUILDNET	WEST, BALDWIN	20.00		290.40	I	
202621	6/29/12	000010	GUILDNET	WHITE, GLORIA	5.00		72.60	I	
202622	7/06/12	000010	GUILDNET	WHITE, GLORIA	20.00		290.40	I	
202623	7/13/12	000010	GUILDNET	WHITLEY, MYRNA	16.00		232.32	I	
202624	7/13/12	000010	GUILDNET	YI, CARLOS	24.00		348.48	I	
202625	7/13/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1,321.04	I	
202626	7/13/12	000010	GUILDNET	ZARE, GLORIA	48.00		696.96	I	
202627	7/13/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		929.28	I	
				CATEGORY	2,466.26	0.00	40,077.63		

RUN DATE 07/18/12 - SUP SUNNYSIDE CITYWIDE			YSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 312		
SALES JRNL # 0290 LOC 001 SUNNYSIDE CITYWIDE			SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIRS	Т	
				SALES REGISTE	3		BILL WEEK ENDIN	G 7/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
202628	7/13/12	000122	HEALTH FIRST	BEGUM, MANWARA	6.00		101.28 I		
202629	7/13/12	000122	HEALTH FIRST	BEGUM, MANWARA	20.00		337.60 I		
202630	7/13/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28 I		
202631	7/13/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	42.00		708.96 I		
202632	7/13/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20 I		
202633	7/13/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24 I		
202634	7/13/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20 I		
202635	7/13/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40 I		
202636	7/13/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40 I		
202637	7/13/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	33.00		557.04 I		
202638	7/13/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96 I		
202639	7/13/12	000122	HEALTH FIRST	FERGERSON, TINA	12.00		202.56 I		
202640	7/13/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20 I		
202641	7/06/12	000122	HEALTH FIRST	FONTANES, PEDRO	49.00		827.12 I		
202642	7/13/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28 I		
202643	7/13/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56 I		
202644	7/13/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56 I		
202645	7/13/12	000122	HEALTH FIRST	HERRING, CHARLE	8.00		135.04 I		
202646	7/13/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12 I		
202647	7/13/12	000122	HEALTH FIRST	LAZALA, GLADYS	49.00		827.12 I		
202648	7/13/12	000122	HEALTH FIRST	MACARENA, SAHAR	72.00		1,215.36 I		
202649	7/13/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56 I		
202650	7/06/12	000122	HEALTH FIRST	RIVERA, CHRISTO	42.00		708.96 I		
202651	7/06/12	000122	HEALTH FIRST	RIVERA, EDDIE	18.00		303.84 I		
202652	7/13/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60 I		
202653	7/13/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96 I		
202654	7/13/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28 I		
202655	7/13/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20 I		
202656	7/13/12	000122	HEALTH FIRST	SPIVEY, PATRICI	25.00		422.00 I		
202657	7/13/12	000122	HEALTH FIRST	ST ROMAINE, CLA	68.00		1,147.84 I		
202658	7/13/12	000122	HEALTH FIRST	SURIEL, GERTRUD	24.00		405.12 I		
202659	7/13/12	000122	HEALTH FIRST	VASQUEZ, OLGA	20.00		337.60 I		
202660	7/13/12	000122	HEALTH FIRST	VEGA, GLORIA	32.00		540.16 I		
202661	7/13/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12 I		
				REGINI NY SALES REGISTER REFERENCE BEGUM, MANWARA BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LAZALA, GLADYS MACARENA, SAHAR MARTIN, ARIANA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA WILLIAMS, RODNE	1,119.00	0.00	18,888.72		
				CATEGORY	1,119.00	0.00	18,888.72		

RUN DATE	07/18/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG SALE				PAGE 1	- 31	13
SALES JRN	IL # 0290	TOG 001	SUNNYSIDE CITYWIDE REG	NY NY			NHP NEIGHBORE	HOOD F	IEALTH
			SALE	S REGISTER			BILL WEEK END	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202662	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AHMED, UMARA	48.00		810.24	I	
202663	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AKHTER, SELINA	45.00		759.60	I	
202664	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	ARDITTO, PATRIC	30.00		506.40	I	
202665	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
202666	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	DARWISH, NADIA	45.00		759.60	I	
202667	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	28.00		472.64	I	
202668	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
202669	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
202670	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	HAMPTON, PRISCI	37.00		624.56	I	
202671	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	36.00		607.68	I	
202672	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHALIL, RASHAN	36.00		607.68	I	
202673	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHAN, FARUOUE	84.00		1,417.92	I	
202674	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHERIN	35.00		590.80	I	
202675	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES FERNAD	42.00		708.96	I	
202676	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	34.00		573.92	I	
202677	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	22.00		371.36	I	
202678	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, JESS	25.00		422.00	I	
202679	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	4.00		67.52	I	
202680	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	16.00		270.08	I	
202681	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SALVATO, MARY	40.00		675.20	I	
202682	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SHEPPARD, ERMA	70.00		1,181.60	I	
202683	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WELLS, WYNORIA	12.00		202.56	I	
202684	7/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	26.00		438.88	I	
			NEIGHBORHOOD HEALTH PROVIDERS NEIGHB	CUSTOMER	847.00	0.00	14,297.36		
				CATEGORY	847.00		14,297.36		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - FID NY CATHOLI	- 314
SALES UKN	11 # 0290	LOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
202685	7/13/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I
202686	7/13/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49	I
202687	7/13/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	19.00		320.53	I
202688	7/13/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I
202689	7/13/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	18.00		303.66	I
202690	7/13/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	24.00		404.88	I
202691	7/13/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		674.80	I
202692	7/13/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	31.00		522.97	I
202693	7/13/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	54.00		910.98	I
				CUSTOMER	346.00	0.00	5,837.02	
				CATEGORY	346.00	0.00	5,837.02	

RUN DATE SALES JRN	- , - ,		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - UHC UNITED HEAL BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202694 202695 202696 202697	7/13/12 7/13/12 7/13/12 7/13/12	000128 000128 000128 000128	UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE UNITED HEALTH CARE	CALDERON, MIGDA MILLAN, ARMIDA PAUL, PUTUL SAFOS, PATRA	70.00 46.00 12.00 56.00		1,201.20 I 789.36 I 205.92 I 960.96 I	
				CUSTOMER	184.00	0.00	3,157.44	
				CATEGORY	184.00	0.00	3,157.44	

			YSIDE CITYWIDE					- 31	.6
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			EHP EMBLEM HE		
				SALES REGISTER			BILL WEEK ENI	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202698	7/06/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	24.00		336.00	I	
202699	7/13/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
202700	7/13/12	000114	EMBLEM HEALTH	COPELAND, ELISE	42.00		598.50	I	
202701	7/13/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	16.00		224.00	I	
202702	7/13/12	000114	EMBLEM HEALTH	HENRIQUEZ, TERE	20.00		280.00	I	
202703	7/13/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
202704	7/13/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
202705	7/13/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
202706	7/13/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	23.75		332.50	I	
202707	7/13/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	24.00		336.00	I	
202708	7/13/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	420.75	0.00	5,901.00		
				CATEGORY	420.75	0.00	5,901.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE RE S A L :	GNY NY ES REGISTEF	2		PAGE 1 HIP HEALTH I BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202709 202710 202711 202712 202713 202714	7/13/12 7/13/12 7/13/12 7/13/12 7/13/12 7/13/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE DE JESUS, TIBUR LOYOLA, MARIA ORR, LOUISE SHAH, HANSIKABE WILLIAMS, DIANE	16.00 63.00 28.00 25.00 5.00 16.00		270.08 1,063.44 472.64 422.00 84.40 270.08	I I I I	
				CUSTOMER	153.00	0.00	2,582.64		
				 CATEGORY	153.00	0.00	2,582.64		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - MPH METROPLUS	- 318 HEALTH
				SALES REGISTER	?		BILL WEEK ENDI	ING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
202715	7/13/12	000130	METROPLUS HEALTH	ANDERSON, BETH			463.05	I
202716	7/13/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I
202717	7/13/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	15.00		257.25	I
202718	7/13/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	42.00		720.30	I
202719	7/13/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50	I
202720	7/13/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	133.00		2,280.95	I
202721	7/13/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA			205.80	I
202722	7/13/12	000130	METROPLUS HEALTH	ESPINOSA, MONIC	56.00		960.40	I
202723	7/13/12	000130	METROPLUS HEALTH	GALAS, TERESA				I
202724	7/13/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU			686.00	I
202725	7/13/12	000130	METROPLUS HEALTH	OSORIO, ELVIA			257.25	I
202726	5/25/12	000130	METROPLUS HEALTH	PERSAD, USHA			1,577.80	I
202727	7/13/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	I
202728	7/13/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	24.00		411.60	I
202729	7/13/12	000130	METROPLUS HEALTH	RYALS, CHARLES	24.00		411.60	I
202730	7/06/12	000130	METROPLUS HEALTH	SANTORO, MATTHE			926.10	I
202731	7/13/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU	28.00		480.20	I
202732	7/13/12	000130	METROPLUS HEALTH	VALLE, BLASINA	39.00		668.85	I
				CUSTOMER	830.00	0.00	14,234.50	
				CATEGORY	830.00	0.00	14,234.50	

RUN DATE 07 SALES JRNL	7/18/12 - SUP SUN # 0290 LOC 001		REG NY S A L E S				PAGE 1 - WEL WELCARE OF BILL WEEK END		7/20/12
INVOICE#	DATE CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT 7	ΓΥΡ	SURPLUS
202734 7	7/13/12 000124 7/13/12 000124 7/13/12 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 36.00 63.00		842.80 619.20 1,083.60	I I I	
				CUSTOMER	148.00	0.00	2,545.60		
				CATEGORY	148.00	0.00	2,545.60		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HCP HEALTHCARE P. BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
202736 202737 202738	7/13/12 7/13/12 7/13/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 12.00 16.00		1,063.44 I 202.56 I 270.08 I	
				CUSTOMER	91.00	0.00	1,536.08	
				CATEGORY	91.00	0.00	1,536.08	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AMG AMERIGRO	- 32	21
DILLED GIG	1 0250	100 001	SOMMIDIDE CITIVIDE	SALES REGISTER			BILL WEEK EN	_	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202739	7/06/12	000132	AMERIGROUP	DELEON, IRIS	30.00		506.10	I	
202740	7/13/12	000132	AMERIGROUP	ESPERSON, CLAUD	8.00		134.96	I	
202741	7/13/12	000132	AMERIGROUP	FERNANDEZ, NORK	42.00		708.54	I	
202742	7/13/12	000132	AMERIGROUP	GUERRA, LORRAIN	62.00		1,045.94	I	
202743	7/13/12	000132	AMERIGROUP	HARDING, EDNA	30.00		506.10	I	
202744	7/13/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04	I	
202745	7/13/12	000132	AMERIGROUP	WALTERS, BYRON	25.00		421.75	I	
				CUSTOMER	205.00	0.00	3,458.43		
				CATEGORY	205.00	0.00	3,458.43		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCS VNSNY CHOIC BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
202746	7/13/12	000170	VNSNY CHOICE SELECTH	EALTH CLMS KARASSAVIDES, A	35.00		600.60 I	
				CATEGORY	35.00	0.00	600.60	

			YSIDE CITYWIDE					PAGE 1	- 32	23
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			PAR PRIVATE		
				SALE	S REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202747	7/13/12	000002	SUNNYSIDE COMMUNITY	SERVICES	CAGAN, RUMANDO	8.00		116.00	I	
202748	7/13/12	000002	SUNNYSIDE COMMUNITY	SERVICES	KOZHUSHICO, ROZ	4.00		58.00	I	
202749	7/13/12	000002	SUNNYSIDE COMMUNITY	SERVICES	MANIACE, AGNES	2.00		29.00	I	
202750	7/13/12	000002	SUNNYSIDE COMMUNITY	SERVICES	MANIACE, VINCEN	3.00		43.50	I	
202751	7/13/12	000002	SUNNYSIDE COMMUNITY	SERVICES	MARTIN, RUTH	8.00		116.00	I	
202752	7/13/12	000002	SUNNYSIDE COMMUNITY	SERVICES	MONTELIONE, CAL	8.00		116.00	I	
202753	7/13/12	000002	SUNNYSIDE COMMUNITY	SERVICES	ORTIZ, EDUARDO	12.00		174.00	I	
202754	6/29/12	000002	SUNNYSIDE COMMUNITY	SERVICES	TEODORU, MIRELL	4.00		58.00	I	
202755	7/13/12	000002	SUNNYSIDE COMMUNITY	SERVICES	THEOHARIS, ARIS	12.00		174.00	I	
					CUSTOMER	61.00	0.00	884.50		
					CATEGORY	61.00	0.00	884.50		

RUN	DATE (07/18/12 -	- SUP SUNN	YSIDE CITYWIDE						PAGE 1	- 3	24	
SAL	ES JRNI	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY	Y NY				ICS INDEPEND	ENCE (CARE SYSTEMS	
					SALES	REG	ISTER			BILL WEEK EN	DING	7/20/12	
INV	OICE#	DATE	CUST NO	CUSTOMER NAME		REFERENC	E	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
202	756	7/13/12	000006	INDEPENDENCE CARE SYS	STEMS H	HAWKINS	S, MA	59.25		809.88	I		
						CAT	EGORY	 59.25	0.00	809.88			

			YSIDE CITYWIDE				PAGE 1 - 325
SALES JRN	IL # 0290	LOC 001	SUNNYSIDE CITYWIDE REG				PAR PRIVATE
			S A L E	S REGISTER			BILL WEEK ENDING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
202757	7/13/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00 I
202758	7/13/12	000049	ELIZABETH SETON PEDIATRIC CTR	MORSHELINA, NAS	15.00		206.85 I
202759	7/13/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00 I
				CATEGORY	43.00	0.00	640.85

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 326
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN'	S AID SOCIETY
			S	ALES REGISTER			BILL WEEK END	ING 7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
202760	7/13/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I
202761	7/13/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	27.50		426.25	I
202762	7/13/12	000088	CHILDREN'S AID SOCIETY	VARGAS, BRANDON	7.75		120.13	I
202763	7/13/12	000088	CHILDREN'S AID SOCIETY	VARGAS, BRANDON	7.50		116.25	I
202764	7/13/12	000088	CHILDREN'S AID SOCIETY	VARGAS, JOHN	8.00		124.00	I
202765	7/13/12	000088	CHILDREN'S AID SOCIETY	VARGAS, JOHN	10.00		155.00	I
				CUSTOMER	85.75	0.00	1,329.13	
				CATEGORY	85.75	0.00	1,329.13	

RUN DATE 07/18/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0290 LOC 001 SUNNYSIDE CITYWI	DE REGNY NY SALES REGISTER		PAGE 1 - 32 ELD ELDERSERVEHEAL BILL WEEK ENDING	
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP	SURPLUS
202766 7/13/12 000101 ELDERSERVEHEALTH	BLACK, DOROTHY	19.50	277.88 I	
	CATEGORY	19.50	277.88	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 - PAR PRIVATE	- 32	28
	"			_	REGISTER			BILL WEEK END	ING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT '	ΓΥΡ	SURPLUS
202767	7/13/12	000143	ETTORE COPPOLA	C	OPPOLA, ETTORE	19.75		312.13	I	
					CATEGORY	 19.75	0.00	312.13		

RUN DATE	07/18/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	9
SALES JRN	L # 0290	LOC 001	SUNNYSIDE CITYWIDE	E REG	NY NY			CCM COMPREHEN	SIVE	CARE MGMT
				SALE	S REGISTER			BILL WEEK ENI	OING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202768	7/13/12	000150	COMPREHENSIVE CARE	MANAGEMENT	BONES, ANA	20.00		282.00	I	
202769	7/13/12	000150	COMPREHENSIVE CARE	MANAGEMENT	GARCIA, MARIA	16.00		225.60	I	
202770	7/13/12	000150	COMPREHENSIVE CARE	MANAGEMENT	PULLIAM, WILLIE	30.00		423.00	I	
202771	7/13/12	000150	COMPREHENSIVE CARE	MANAGEMENT	ROSARIO, CELEST	30.00		423.00	I	
					CUSTOMER	96.00	0.00	1,353.60		
					CATEGORY	96.00	0.00	1,353.60		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG				PAR PRIVATE	- 33	
			SALE	S REGISTER			BILL WEEK EN	DING	7/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
202772	7/13/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
202773	7/13/12	000165	ALZHEIMER'S ASSOCIATION	TUCCI, DOROTHY	20.00		310.00	I	
202774	7/13/12	000167	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
202775	7/13/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
202776	7/13/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
202777	7/13/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
202778	7/13/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
202779	7/13/12	006337	STEPHEN EDEL	EDEL, CANDACE	65.00		1,007.50	I	
202780	7/13/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
202781	7/13/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
202782	7/13/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
202783	7/13/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
202784	7/13/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	25.00		387.50	I	
202785	7/13/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
202786	7/13/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
202787	7/13/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
202788	7/13/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
202789	7/13/12	010375	DOMINICA IRAOLA	IRAOLA, LILIAN	15.00		243.75	I	
202790	7/13/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	14.50		235.63	I	
202791	7/13/12	010529	STEPHEN WEISS	WEISS, STELLA	4.00		68.00	I	
202792	7/13/12	010530	DANA SITILDES	ANSELMI, PETER	27.00		430.50	I	
202793	7/13/12	010677	ALZHEIMER'S ASSOCIATION	MONTELIONE, CAL	8.00		124.00	I	
202794	7/13/12	010753	GARY KUCHMEISTER	KUCHMEISTER, JO	55.75		887.75	I	
202795	7/13/12	010773	ALZHEIMER'S ASSOCIATION	MCQUAIL, MAUREE	16.00		248.00	I	
202796	7/13/12	010875	ALZHEIMER'S ASSOCIATION	GARCIA, JESUS	15.00		232.50	I	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGIST	E R		PAGE 2 - PAR PRIVATE BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
202797	7/13/12	010887	FREDERICK RUECKHER	RUECKHER, PATRI	12.00		186.00	I
202798	7/13/12	010929	NORMA SCHORR	SCHORR, NORMA	3.00		46.50	I
				CATEGORY	607.25	0.00	10,805.63	
				LOCATION	21,894.01	0.00	337,856.33	
				COMPANY	21,894.01	0.00	337,856.33	

RUN DATE 07/18/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 332

SALES JRNL # 0290 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 7/20/12

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

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