RUN DATE 10/10/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0302 LOC 001 SUNNYSIDE CITYWIDE REG NY NY

E REGNY NY SALES REGISTER PAGE 1 - 1 SHP SENIOR HEALTH PARTNERS BILL WEEK ENDING 10/12/12

			·				2122 (1221 21		10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211585	10/05/12	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		57.00	I	
211586	10/05/12	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		57.00	I	
211587	10/05/12	000082	SENIOR HEALTH PARTNERS	BANKS, ANASTAZJ	40.00		570.00	I	
211588	10/05/12	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	22.00		313.50	I	
211589	10/05/12	000082	SENIOR HEALTH PARTNERS	CARRILLO, MARIA	31.75		452.44	I	
211590	10/05/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	6.00		85.50	I	
211591	10/05/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	28.00		399.00	I	
211592	10/05/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	10.00		142.50	I	
211593	10/05/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	22.00		313.50	I	
211594	10/05/12	000082	SENIOR HEALTH PARTNERS	GRAFSTEIN, LILL	2.00		400.00	I	
211595	10/05/12	000082	SENIOR HEALTH PARTNERS	GRAFSTEIN, LILL	5.00		1,000.00	I	
211596	10/05/12	000082	SENIOR HEALTH PARTNERS	GUTIERREZ, LUCI	20.00		285.00	I	
211597	10/05/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	8.00		114.00	I	
211598	10/05/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	25.00		356.25	I	
211599	10/05/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	40.00		570.00	I	
211600	10/05/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	95.00		1,353.75	I	
211601	10/05/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	5.00		71.25	I	
211602	10/05/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	28.00		399.00	I	
211603	9/21/12	000082	SENIOR HEALTH PARTNERS	LEPORE, CLAIRE	3.00		42.75	I	
211604	10/05/12	000082	SENIOR HEALTH PARTNERS	LEPORE, CLAIRE	5.50		78.38	I	
211605	10/05/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	22.00		313.50	I	
211606	10/05/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	54.00		769.50	I	
211607	10/05/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	20.00		285.00	I	
211608	10/05/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	25.00		356.25	I	
211609	10/05/12	000082	SENIOR HEALTH PARTNERS	SIMON, LUPE	8.00		114.00	I	
211610	10/05/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	40.00		570.00	I	
211611	10/05/12	000082	SENIOR HEALTH PARTNERS	VASQUEZ, CORNEL	8.00		114.00	I	
211612	10/05/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	12.00		171.00	I	
				ALVAREZ, ANGELA ALVAREZ, ANGELA BANKS, ANASTAZJ BROOKS, NATALIE CARRILLO, MARIA COLON, RAYMUNDA COLON, RAYMUNDA GHILIOTTY, FLOR GHILIOTTY, FLOR GRAFSTEIN, LILL GRAFSTEIN, LILL GUTIERREZ, LUCI HARIDIN, KHAMAT HARIDIN, RAMDIA HARIDIN, RAMDIA HARIDIN, RAMDIA HERNANDEZ, FRAN HERNANDEZ, FRAN LEPORE, CLAIRE LEPORE, CLAIRE LEPORE, CLAIRE MOROCHO, MANUEL MOROCHO, MANUEL RODRIGUEZ, MARI SIERRA, MIRIAM SIMON, LUPE TORRESCAMPOS, J VASQUEZ, CORNEL WOO, LUZ	593.25	0.00	9,754.07		·
				CATEGORY	 593.25	0.00	9,754.07		
1									

12
JUS

			YSIDE CITYWIDE				PAGE 1 -	3
SALES JR	NL # 0302	LOC 001		REG NY NY				MEW/O WALLS (LT
			· ·	SALES REGISTER			BILL WEEK ENDII	NG 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211624	9/28/12	000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	7.00		102.06	I
211625	10/05/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	10.00		145.80	I
211626	10/05/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	28.00		408.24	I
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- HCSA	4
			S	SALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211627	10/05/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	14.00		204.12	I	
211628	10/05/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	35.00		510.30	I	
211629	10/05/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	16.00		233.28	I	
				CUSTOMER	65.00	0.00	947.70		
				CATEGORY	65.00	0.00	947.70		

RUN DATE 10/10/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1	-	5
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW	O WALLS (LT
		5	SALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211630 10/05/12	000008	VISITING NURSE SERVICE	ALEKSANDORVA, S	10.00		145.80	I	
211631 10/05/12	800000	VISITING NURSE SERVICE	•	20.00		291.60	I	
			CUSTOMER	30.00	0.00	437.40		
			CATEGORY	30.00	0.00	437.40		

RUN DATE 10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	6
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211632 10/05/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	24.00		349.92 I	
211633 10/05/12	800000	VISITING NURSE SERVICE	ALMANZAR, REMIG	4.00		58.32 I	
211634 10/05/12	800000	VISITING NURSE SERVICE	ALVARADO, DORA	5.00		72.90 I	
211635 10/05/12	800000	VISITING NURSE SERVICE	ALVARADO, DORA	25.00		364.50 I	
			·				
			CUSTOMER	58.00	0.00	845.64	
			CATEGORY	58.00	0.00	845.64	

RUN DATE 10/10/12 - SUP S SALES JRNL # 0302 LOC (REG NY NY			PAGE 1 - ADU ADULT	7
SALES ORNE # 0302 LOC (SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211636 10/05/12 00000	08 VISITING NURSE SERVICE	ALVAREZ, DALILA	9.00		131.22 I	
		GAMERGODY.				
		CATEGORY	9.00	0.00	131.22	

RUN DATE 10/10/12 - SALES JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADULT	8
		S	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211637 10/05/12	000008	VISITING NURSE SERVICE	ALVAREZ, NAZARE	16.00		233.28 I	
211638 10/05/12	000008	VISITING NURSE SERVICE	ALVAREZ, NAZARE	39.75		579.56 I 	
			CUSTOMER	55.75	0.00	812.84	
			CATEGORY	55.75	0.00	812.84	

	10/10/12 NL # 0302	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	-
	1411 0302	100 001		ALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211639	10/05/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	18.00		262.44	I
211640	10/05/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	22.00		320.76	I
211641	10/05/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	24.00		349.92	I
211642	10/05/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	59.25		863.88	I
211643	10/05/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	16.00		233.28	I
211644	10/05/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	40.00		583.20	I
211645	10/05/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	8.00		116.64	I
211646	10/05/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	16.00		233.28	I
				CUSTOMER	203.25	0.00	2,963.40	
				CATEGORY	203.25	0.00	2,963.40	

RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	LO
SALES JR	NL # 0302	LOC 001		REG NY NY			LTC NURSING H		•
			\$	SALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211647	10/05/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I	
211648	10/05/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	15.75		229.64	I	
211649	10/05/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	45.00		656.10	I	
				CUSTOMER	80.75	0.00	1,177.34		
				CATEGORY	80.75	0.00	1,177.34		

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	SA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211650 10/05/12 211651 10/05/12 211652 10/05/12 211653 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 8.00 6.00 39.75		349.92 116.64 87.48 579.56	I I I
			CUSTOMER	77.75	0.00	1,133.60	
			CATEGORY	77.75	0.00	1,133.60	

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	12
SALES UNIO # USUZ	HOC 001		SALES REGISTER			BILL WEEK ENDING	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211654 10/05/12 211655 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.75 12.00		142.16 I 174.96 I	
			CUSTOMER	21.75	0.00	317.12	
			CATEGORY	21.75	0.00	317.12	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 13 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211656 10/05/12 211657 10/05/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	14.50 32.00		211.42 I 466.56 I
		CUSTOMER	46.50	0.00	677.98
		 CATEGORY	46.50	0.00	677.98

	10/10/12 - NL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	14
SALES ON	NL # 0302	100 001		SALES REGISTER			BILL WEEK ENDING	G 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211658	10/05/12	800000	VISITING NURSE SERVICE	AVILES, LEONARD	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

RUN DATE 10/10/12							_ 15
SALES JRNL # 0302	LOC 001		REG NY NY SALES REGISTER			VCP CHOICE LHCS. BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211659 10/05/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96 I	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R					16 I/O WALLS (LT 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211660 10/05/12 211661 10/05/12 211662 8/31/12 211663 10/05/12 211664 10/05/12 211665 10/05/12 211666 10/05/12	000008 000008 000008 000008 000008	VISITING NURSE SERVICE	BALLAS, VIOLA BALLAS, VIOLA BAQUERIZO, ANNA BAQUERIZO, ANNA BAQUERIZO, ANNA BARDEANU, VICTO BARDEANU, VICTO	8.00 14.75 40.00 5.00 35.00		72.90 291.60 116.64 215.06 583.20 72.90 510.30	I I I I I	
211667 10/05/12 211668 10/05/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	BATTLE, JEANETT BATTLE, JEANETT	14.00 35.00		204.12 510.30 	I I 	
			CUSTOMER CATEGORY	176.75 176.75	0.00	2,577.02 2,577.02		

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	17 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211669	9/14/12	800000	VISITING NURSE SERVICE	BAZAN, VICTORIA	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	L –	18
SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I		
			5	SALES REGISTER			BILL WEEK EN	NDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211670	10/05/12	800000	VISITING NURSE SERVICE	BAZAN, VICTORIA	8.00		116.65	I	
				CATEGORY	8.00	0.00	116.65		

RUN DATE 10/10/12 -						PAGE 1 -	19
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 10/12/12
			SALES REGISIER			DILL MEEK ENDIN	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211671 10/05/12 211672 10/05/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	16.00		233.28 I	
211672 10/05/12	000008	VISITING NURSE SERVICE	BECERRA, FELIPE	32.00		466.56 I	
			CUSTOMER	48.00	0.00	699.84	
				40.00			
			CATEGORY	48.00	0.00	699.84	

	10/12 - SUP SUNN					PAGE 1	20
SALES JRNL #	0302 LOC 001		REG NY NY			VCP CHOICE LH	
		2	SALES REGISTER			BILL WEEK END	ING 10/12/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211673 10/	05/12 000008	VISITING NURSE SERVICE	BELLOROFONTE, M	41.00		597.78	I
211674 10/	05/12 000008	VISITING NURSE SERVICE	BELLOROFONTE, M	110.00		1,603.80	I
211675 10/	05/12 000008	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I
			CUSTOMER	154.00	0.00	2,245.32	
			CATEGORY	154.00	0.00	2,245.32	

RUN DATE 10/	/10/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	21
SALES JRNL #	# 0302 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
		5	SALES REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211676 10/	/05/12 000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	33.00		481.14	I
			CATEGORY	33 00	0.00	 481 14	
			CATEGORY	33.00	0.00	481.14	

			YSIDE CITYWIDE				PAGE 1 -	22
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211677	10/05/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	6.00		87.48 I	
211678	10/05/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	29.50		430.11 I	
				CUSTOMER	35.50	0.00	517.59	
				CATEGORY	35.50	0.00	517.59	

ı	RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	23
ı	SALES JRN	L # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				i	SALES REGISTER			BILL WEEK ENDING	10/12/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	211679	10/05/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.50		444.69 I	
ı									
ı									
ı					CATEGORY	30.50	0.00	444.69	

RUN DATE 10/10/12 - SALES JRNL # 0302		TYWIDE SIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	-	24
SIEED CIAVE II 0302	Loc our bonnie		ALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE# DATE	CUST NO CUSTOME	CR NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211680 10/05/12 211681 10/05/12		IG NURSE SERVICE IG NURSE SERVICE	BHULLA, JIWAN BIANCO HOPKINS,	50.00 16.00		729.00 233.28	I	
			CUSTOMER	66.00	0.00	962.28		
			CATEGORY	66.00	0.00	962.28		

RUN DATE 10/10/12 SALES JRNL # 0302		REGNY NY SALES REGISTER		PAGE 1 - 25 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
211682 10/05/12	000008 VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00	583.20 I
		CATEGORY	40.00 0.00	583.20

RUN DATE 10/10/12	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	26
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
		S	ALES REGISTER			BILL WEEK ENDIN	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211683 10/05/12	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12 -						PAGE 1 -	27
SALES JRNL # 0302	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	10/12/12
						DIDD WEEK BREIN	3 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211684 10/05/12	800000	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
211685 10/05/12	000008 VISITING NURSE SERV	ICE BOJORQUEZDECHA,	30.00		437.40 I	
		CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 29 ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 10)/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
	10/05/12	800000	VISITING NURSE SERVICE	~ ~ ~ ~ ,	6.00		87.48 I	
	10/05/12	800000	VISITING NURSE SERVICE	,	14.00		204.12 I	
211088	10/05/12	000008	VISITING NURSE SERVICE	BONILLA, ESPERA	35.00		510.30 I	
				CUSTOMER	55.00	0.00	801.90	
				CATEGORY	55.00	0.00	801.90	

RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRNI	և # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	ALES REGISTER			BILL WEEK ENDIN	G 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
011600	10/05/10	000000	THE COURT OF THE C	DONILLA LUDIA	20.00		201 60 +	
211689	10/05/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	
				CATEGORI	20.00	0.00	271.00	

ı	RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
ı	SALES JRN	L # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
ı					SALES REGISTER			BILL WEEK ENDING	10/12/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	211690	10/05/12	000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
ı					CATEGORY	25.00	0.00	364.50	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	32
SALES UKN	111 # 0302	LOC UUI		SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211691	10/05/12	800000	VISITING NURSE SERVICE	BORGES, MARINA	3.00		43.74 I	
				CATEGORY	3.00	0.00	 43.74	

RUN DATE 10/10/1	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	33
SALES JRNL # 030	02 LOC 001		REG NY NY			VCP CHOICE LHC	
		\$	SALES REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211692 10/05/1	12 000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96	I
			CATEGORY	12.00	0.00	174.96	

RUN DA	TE 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 34	
SALES	JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WA	LLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING 10/1	2/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SUR	PLUS.
211693	10/05/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	5.00		72.90	I	
				CATEGORY	5.00	0.00	72.90		

			YSIDE CITYWIDE				PAGE 1		35
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	ALES REGISTER			BILL WEEK ENI	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211694	10/05/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	30.00		437.40	I	
211695	10/05/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	9.00		131.22	I	
211696	10/05/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	36.00		524.88	I	
211697	10/05/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	22.25		324.41	I	
211698	10/05/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	60.00		874.80	I	
211699	10/05/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22	I	
				CUSTOMER	166.25	0.00	2,423.93		
				CATEGORY	166.25	0.00	2,423.93		

RUN DATE 10/10/12 -			220			PAGE 1 -	36
SALES JRNL # 0302	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211700 10/05/12 211701 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 8.00		87.48 I 116.64 I	
			CUSTOMER	14.00	0.00	204.12	
			CATEGORY	14.00	0.00	204.12	

RUN DATE 10/10/12 - SU	UP SUNNYSIDE CITYWIDE			PAGE 1 -	- 37
SALES JRNL # 0302 LC	OC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHO	
	S	SALES REGISTER		BILL WEEK ENDI	ING 10/12/12
INVOICE# DATE CU	UST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT T	TYP SURPLUS
211702 10/05/12 00	00008 VISITING NURSE SERVICE	BURNS, MARGARET	16.00	233.28	I
211703 10/05/12 00	00008 VISITING NURSE SERVICE	BURNS, MARGARET	39.25	572.27	I
		CUSTOMER	55.25	0.00 805.55	
		CATEGORY	55.25	0.00 805.55	

RUN DATE 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 38
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT
			SALES REGISTER			BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211704 10/05/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	8.00		116.64 I
211705 10/05/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	32.00		466.56 I
			CUSTOMER	40.00	0.00	583.20
			CATEGODY	40.00	0.00	 583.20
			CATEGORY	40.00	0.00	303.20

RUN DATE 10/10/12 - SU	JP SUNNYSIDE CITYWIDE OC 001 SUNNYSIDE CITYWIDE	REG NY NY		PAGE 1 - VCP CHOICE LHCSA	39
SALES UNIL # 0302 LO		SALES REGISTER		BILL WEEK ENDING	
INVOICE# DATE CU	JST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP	SURPLUS
211706 10/05/12 00	00008 VISITING NURSE SERVICE	CABA, PURA	10.00	145.80 I	
		CATEGORY	10.00 0.00	145.80	

RUN DATE 10/10/12			DDG NV NV			PAGE 1	- 4	:0
SALES JRNL # 0302	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END:	ING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211707 10/05/12 211708 10/05/12 211709 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CALABRO, JOSEPH	25.00 19.00 50.00		364.50 277.02 729.00	I I I	
			CUSTOMER	94.00	0.00	1,370.52		
			CATEGORY	94.00	0.00	1,370.52		

RUN DATE 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	41
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			SALES REGISTER			BILL WEEK ENI	DING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211710 10/05/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	16.00		233.28	I	
211711 10/05/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	28.00		408.24	I	
211712 10/05/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	14.25		207.77	I	
211713 10/05/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	40.00		583.20	I	
			CUSTOMER	98.25	0.00	1,432.49		
			CATEGORY	98.25	0.00	1,432.49		

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE		NY EGIST:	E R		LTC NURSING	- 42 HOMEW/O WALLS (LT DING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211714 10/05/12 211715 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	ADELINA ADELINA	12.00 24.00		174.96 349.92	I I
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

	2 10/10/12 · RNL # 0302	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		43
SALES ON	dvD # 0302	100 001		SALES REGISTER			BILL WEEK ENI		10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211716 211717	10/05/12 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CAPORASO, VINCE CAPORASO, VINCE	21.00 60.00		306.18 874.80	I	
				CUSTOMER	81.00	0.00	1,180.98		
				CATEGORY	81.00	0.00	1,180.98		

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 44 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211718 10/05/12 211719 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		5.00 30.00		72.90 I 437.40 I
			CUSTOMER	35.00	0.00	510.30
			CATEGORY	35.00	0.00	510.30

RUN DATE 10/	10/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 45	
SALES JRNL #	0302 LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			VCP CHOICE LH	CSA	
		SALE	S REGISTER			BILL WEEK END	ING 10/12/12	
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
211720 10/	05/12 000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	24.00		349.92	I	
211721 10/	05/12 000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	60.00		874.80	I	
211722 10/	05/12 000008	VISITING NURSE SERVICE	CARDOZA, ANAIDA	7.00		102.06	I	
211723 10/	05/12 000008	VISITING NURSE SERVICE	CARDOZA, ANAIDA	23.00		335.34	I	
211724 10/	05/12 000008	VISITING NURSE SERVICE	CARELA-REYES, M	13.75		200.48	I	
			CUSTOMER	127.75	0.00	1,862.60		
			CATEGORY	127.75	0.00	1,862.60		

				46
	1 D			10/10/10
SALES REGISTE	i R		BILL MEEK ENDING	10/12/12
REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
RVICE CARLOS, JULIA	12.00		174.96 I	
_				
CATECORY	12 00	0 00	174 96	
	REFERENCE RVICE CARLOS, JULIA	SALES REGISTER REFERENCE HOURS RVICE CARLOS, JULIA 12.00	DE REG NY NY S A L E S R E G I S T E R REFERENCE HOURS TAX AMT RVICE CARLOS, JULIA 12.00	DE REG NY NY ADU ADULT S A L E S R E G I S T E R BILL WEEK ENDING REFERENCE HOURS TAX AMT AMOUNT TYP

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - HOA HOSPICE ADUI BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
211726 10/05/12 211727 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CARRALERO, ROSA CARRALERO, ROSA	12.00 30.00		174.96 I 437.40 I	
			CUSTOMER	42.00	0.00	612.36	
			 CATEGORY	42.00	0.00	612.36	

RUN DATE 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 48	
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS I	ĹΤ
		\$	SALES REGISTER			BILL WEEK ENDING 10/12/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211728 10/05/12	000008	VISITING NURSE SERVICE	CARTAGENA, FRAN	12.50		182.25 I	
211729 10/05/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	39.00		568.62 I	
			CUSTOMER	51.50	0.00	750.87	
			CATEGORY	51.50	0.00	750.87	

RUN DATE 10/10/12 SALES JRNL # 0302			REG NY NY			PAGE 1 - ADU ADULT	49
SALES URNL # 0302	LOC 001		SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211730 10/05/12 211731 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00 3.00		218.70 I 43.74 I	
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00	262.44	

RUN DATE 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	50
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
		S	SALES REGISTER			BILL WEEK ENDIN	IG 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211732 10/05/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	<u>.</u>
211733 10/05/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	20.75		302.54 I	<u>.</u>
211734 10/05/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	10.00		145.80 I	<u>-</u> -
211735 10/05/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	20.25		295.25 I	- -
			CUSTOMER	71.00	0.00	1,035.19	
			CATEGORY	71.00	0.00	1,035.19	

R	UN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
S	ALES JRN	L # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
				S	SALES REGISTER			BILL WEEK ENDING	10/12/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	11736	10/05/12	000008	VISITING NURSE SERVICE	CHAPPLE, VICKIE	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	52
1	SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
					SALES REGISTER			BILL WEEK ENDIN	G 10/12/12
I									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı	011525	10/05/10	000000			20.00		425 40 -	
	211737	10/05/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LAD NURSING HOM BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211738 10/05/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	CSA
		S	SALES REGISIER			PILL MEEK ENDI	ING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUDOMA	TYP SURPLUS
211739 10/05/12	000008	VISITING NURSE SERVICE	·	19.50		284.31	I
211740 10/05/12	000008	VISITING NURSE SERVICE	CHAUCA, PEDRO	50.00		729.00	I
			CUSTOMER	69.50	0.00	1,013.31	
			CATEGORY	69.50	0.00	1,013.31	

RUN DATE 10/10/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	55
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	•
		2	SALES REGISTER			BILL WEEK ENDIN	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211741 10/05/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	35.00		510.30 I	
			CATEGORY	35.00	0.00	510.30	

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211742 10/05/12 211743 10/05/12 211744 10/05/12 211745 10/05/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CHINGA, ALBA CHU, MOLLY CHUCK, ENA CHUCK, ENA	24.00 36.50 11.50 18.50		349.92 I 532.17 I 167.67 I 269.74 I	
			CUSTOMER	90.50	0.00	1,319.50	
			CATEGORY	90.50	0.00	1,319.50	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN		57 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211746	10/05/12	800000	VISITING NURSE SERVICE	CIANCIULLI, EVE	2.25		32.81	I	
				CATEGORY	2.25	0.00	32.81		

RUN DATE 10/10/12 -						PAGE 1 -	
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211747 10/05/12	000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	15.75		229.64	I
211748 10/05/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	40.00		583.20	I
			CUSTOMER	55.75	0.00	812.84	
			CODICIENT	33.73	0.00	012.01	
			CATEGORY	55.75	0.00	812.84	

RUN DATE 10/10/12 - SALES JRNL # 0302		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	59
			A L E S R E G I S T E R			BILL WEEK ENDING	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211749 10/05/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 10/10/1			DEC MY MY			11100	- 60
SALES JRNL # 030	02 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				OMEW/O WALLS (LT DING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211750 10/05/1	L2 000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I
211751 10/05/1	L2 000008	VISITING NURSE SERVICE	COLLER, JOSE	14.50		211.41	I
211752 10/05/1	L2 000008	VISITING NURSE SERVICE	COLON, ANTONIA	12.00		174.96	I
211753 10/05/1	L2 000008	VISITING NURSE SERVICE	COLON, ANTONIA	30.00		437.40	I
			CUSTOMER	76.50	0.00	1,115.37	
			CATEGORY	 76.50	0.00	1,115.37	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	61 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211754 10/05/12	800000	VISITING NURSE SERVICE	CONDO DE-QUIZH,	11.75		171.32 I	
			CATEGORY	11.75	0.00	171.32	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGA' BILL WEEK EN	TE CAF	52 RE PROGRAM 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211755 10/05/12 211756 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		48.00 120.00		699.84 1,749.60	I I	
			CUSTOMER	168.00	0.00	2,449.44		
			CATEGORY	168.00	0.00	2,449.44		

RUN DATE 10/10/12 -	SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	63
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
		S	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211757 10/05/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 1	0/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE	L –	64
SALES JRNL	# 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I	LHCSA	
			:	SALES REGISTER			BILL WEEK EN	NDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211758 1	0/05/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60	-	

RUN DATE 10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 65	
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	OMEW/O WALLS (L'	T
		S	SALES REGISTER			BILL WEEK END	ING 10/12/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS	
211759 10/05/12	000008	VISITING NURSE SERVICE	COSTA, ARSENE	14.00		204.12	I	
211760 10/05/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	40.00		583.20	I	
			CUSTOMER	54.00	0.00	787.32		
			CATEGORY	54.00	0.00	787.32		

RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
SALES JRN	L # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUI	ıΤ
			S	SALES REGISTER			BILL WEEK ENDING	3 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
211761	10/05/12	800000	VISITING NURSE SERVICE	COSTA, LUISA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	
				CATEGORI	10.00	0.00	143.00	

I	RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
5	SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				S	SALES REGISTER	₹		BILL WEEK ENDI	NG 10/12/12
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
2	211762	10/05/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	19.75		287.96	Ε
					CATEGORY	19.75	0.00	287.96	

	10/10/12 - NL # 0302	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGIS	STER		PAGE 1 HOA HOSPICE BILL WEEK EN	ADULT	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211763 211764	10/05/12 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	COX, PETRA COX, PETRA	8.00 11.00		116.64 160.38	I	
				CUSTOM	MER 19.00	0.00	277.02		
				CATEGO	DRY 19.00	0.00	277.02		

RUN DATE 10/10/12 - SALES JRNL # 0302			REG NY NY			PAGE 1 VCP CHOICE L		69
		S A I	LES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE# DATE	CUST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211765 10/05/12 211766 10/05/12		NURSE SERVICE NURSE SERVICE	CRAWFORD, CARME CRAWFORD, CARME	18.00 44.75		262.44 652.46	I	
			CUSTOMER	62.75	0.00	914.90		
			CATEGORY	62.75	0.00	914.90		

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE		NY E G I S T E	R		PAGE 1 LAD NURSING BILL WEEK EN	HOME I	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211767 10/05/12 211768 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		HECTOR HECTOR	14.00 23.25		204.12 338.99	I I	
				CUSTOMER	37.25	0.00	543.11		
				- CATEGORY	 37.25	0.00	543.11		

RUN DATE 10/10/1						PAGE 1 -	71
SALES JRNL # 030	2 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		2	SALES REGISTER			BILL WEEK ENDING	3 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
211769 10/05/1	2 000008	VISITING NURSE SERVICE	CRUZ, JUANA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12 - SALES JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	72
		S	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211770 10/05/12	800000	VISITING NURSE SERVICE	CRUZ, LIDIA	28.00		408.24 I	
			CATEGORY	28.00	0.00	408.24	

RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 73	3
SALES JF	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	OME W	/O WALLS LT
			S	SALES REGISTER			BILL WEEK END	ING :	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ГҮР	SURPLUS
211771	10/05/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	12.00		174.96	I	
				CATEGORY	12.00	0.00	174.96		

RUN DATE 10/10/12 - SALES JRNL # 0302	SUP SUNNYSIDE CITYWID LOC 001 SUNNYSIDE C		NY			PAGE ADU ADULT	1 -	74
BILLES CIEVE II 0302	EGG GOT BONNIBIBE G		REGISTER			BILL WEEK E	NDING	10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAM	E F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211772 10/05/12	000008 VISITING NUR	SE SERVICE DA	ABROWSKI, ALEK	9.00		131.22	I	
			CATEGORY	9.00	0.00	131.22		

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 75 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211773 10/05/12 211774 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	15.25 40.00		222.35 I 583.20 I
			CUSTOMER	55.25	0.00	805.55
			CATEGORY	55.25	0.00	805.55

RUN DATE 10/10/12						PAGE 1 -	76
SALES JRNL # 0302	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIR	TC 10/12/12
		•	SALES REGISIER			BIDD MEEK ENDII	NG 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211775 10/05/12	000008	VISITING NURSE SERVICE	DANTONI, MARIA	3.00		43.74	[
			CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1 -	- 77
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			·	SALES REGISTER			BILL WEEK ENDI	ING 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211776	10/05/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	12.00		174.96	I
211777	10/05/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	30.00		437.40	I
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 1	0/10/12 -	SUP SUNNY	YSIDE CITYWIDE				PAGE 1	- 78
SALES JRNL	# 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT	E CARE PROGRAM
			S	SALES REG	ISTER		BILL WEEK END	ING 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENC	E HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211778 10	0/05/12	800000	VISITING NURSE SERVICE	DE, RUTH	16.00		233.28	I
				CAT	 PECODY 16 00	0.00	222 20	
211778 10	0/05/12	000008	VISITING NURSE SERVICE	·	16.00 PEGORY 16.00		233.28 233.28	I

١	RUN DATE 10	/10/12 -	SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	79
١	SALES JRNL	# 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
١				S	SALES REGISTER			BILL WEEK ENDING	10/12/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	211779 10	/05/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	25.00		364.50 I	
					CATEGORY	25.00	0.00	364.50	

RUN DATE 10/10/12 SALES JRNL # 0302	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	DMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
211780 10/05/12 211781 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00 30.00		116.64 437.40	I I
			CUSTOMER	38.00	0.00	554.04	
			CATEGORY	38.00	0.00	 554.04	

	10/10/12 NL # 0302	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	
			S A	LES REGISTER			BILL WEEK ENI	DING 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211782	10/05/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	30.00		437.40	I
211783	9/28/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	7.50		109.35	I
211784	10/05/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	8.00		116.64	I
211785	10/05/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	4.00		58.32	I
211786	10/05/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	20.00		291.60	I
211787	10/05/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	5.00		72.91	I
211788	10/05/12	000008	VISITING NURSE SERVICE	DEZUMARAN, REBE	12.00		174.96	I
211789	10/05/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	45.00		656.10	I
				CUSTOMER	131.50	0.00	1,917.28	
				CATEGORY	131.50	0.00	1,917.28	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LAD NURSING 1 BILL WEEK EN	HOME 1	82 W/O WALLS LT 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211790 10/05/12 211791 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	7.00 34.00		102.06 495.72	I I	
			CUSTOMER	41.00	0.00	597.78		
			CATEGORY	41.00	0.00	597.78		

RUN DATE 10/10/ SALES JRNL # 03		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		83
SALES URNL # US	02 LOC 001		ALES REGISTER			BILL WEEK EN		10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211792 10/05/	12 000008	VISITING NURSE SERVICE	DIAZ, MARIA	35.00		510.30	I	
211793 10/05/	12 000008	VISITING NURSE SERVICE	DIAZ, OLGA	12.00		174.96	I	
211794 10/05/	12 000008	VISITING NURSE SERVICE	DIAZ, OLGA	24.00		349.92	I	
211795 10/05/	12 000008	VISITING NURSE SERVICE	DIAZ, ROSA	12.00		174.96	I	
211796 10/05/	12 000008	VISITING NURSE SERVICE	DIAZ, ROSA	30.00		437.40	I	
211797 10/05/	12 000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	24.00		349.92	I	
211798 10/05/	12 000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	50.00		729.00	I	
211799 10/05/	12 000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	12.00		174.96	I	
211800 10/05/	12 000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	30.00		437.40	I	
211801 10/05/	12 000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
			CUSTOMER	249.00	0.00	3,630.42		
			CATEGORY	249.00	0.00	3,630.42		

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 84 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211802 10/05/12 211803 10/05/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		5.00 35.00		72.90 I 510.30 I
			CUSTOMER	40.00	0.00	583.20
			CATEGORY	40.00	0.00	 583.20

RUN DATE 1	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 85
SALES JRNL	4 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211804 1	10/05/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	15.00		218.70 I
				CATEGORY	15.00	0.00	218.70

RUN DATE 10/10/12 SALES JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 86 VCP CHOICE LHCSA	
SALES UNIL # 0302	100 001		SALES REGISTER)/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
211805 10/05/12 211806 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	7.50 34.75		109.35 I 506.66 I	
10,00,12	00000	VISITING NONDE BERVIOL	CUSTOMER	42.25	0.00	616.01	
			CATEGORY	42.25	0.00	616.01	

RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -		87
SALES JRN	L # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK ENDI	NG	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP	SURPLUS
211807	10/05/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70	I	
				CATEGORY	15.00	0.00	218.70		

ı	RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	88	
ı	SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA		
ı				S	SALES REGISTER			BILL WEEK ENI	DING	10/12/12	
ı											
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
ı											
ı	211808	10/05/12	000008	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32	I		
ı											
ı											
ı					CATEGORY	4.00	0.00	58.32			

R	RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 89	
S	SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING 10)/12/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
1	211809	10/05/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
4	11009	10/05/12	000008	VISITING NORSE SERVICE	EPSIEIN, GEORGE	20.00		291.80 1	
					CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12 -		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	90
SALES ORNE # 0302	100 001		LES REGISTER			BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
211810 10/05/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40	I
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/10/12 - SALES JRNL # 0302			REG NY NY			PAGE 1 - 91 ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 10/1	2/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
211811 10/05/12	800000	VISITING NURSE SERVICE	E ESPIN, CESAR	18.00		262.44 I	
			CATEGORY	18.00	0.00	262.44	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 9. VCP CHOICE LHCSA BILL WEEK ENDING	2 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211812 10/05/12 211813 10/05/12 211814 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ESPINAL, JOSE	8.00 24.50 21.00		116.64 I 357.21 I 306.18 I	
			CUSTOMER	53.50	0.00	780.03	
			CATEGORY	53.50	0.00	780.03	

RUN DATE 10/10/12 -			DDG NV NV			PAGE 1 -	93
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211815 9/28/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	20.00		291.60 I	
211816 10/05/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	19.75		287.96 I	
211817 10/05/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	50.00		729.00 I	
			CUSTOMER	89.75	0.00	1,308.56	
			CATEGORY	89.75	0.00	1,308.56	

			YSIDE CITYWIDE				PAGE 1 -	94
SALES JRN	L # 0302	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211818	10/05/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

	E 10/10/12 - RNL # 0302	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY E G I S T 1	E R		PAGE 1 HOA HOSPICE BILL WEEK EN	ADULT	95
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211819 211820	10/05/12 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	JOSEPH JOSEPH	6.00 13.25		87.48 193.20	I I	
					CUSTOMER	19.25	0.00	280.68		
					CATEGORY		0.00	280.68		

RUN DATE 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	96
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDIN	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211821 10/05/12	000008	VISITING NURSE SERVICE	FAROUGIAS, ANGE	8.25		120.29 I	
211822 10/05/12	800000	VISITING NURSE SERVICE	FAROUGIAS, EFTH	20.00		291.60 I	
211823 10/05/12	000008	VISITING NURSE SERVICE	FAY, JULIA	20.00		291.60 I	
211824 10/05/12	800000	VISITING NURSE SERVICE	FEENEY, JOHN	2.00		29.16 I	
			CUSTOMER	50.25	0.00	732.65	
			CATEGORY	50.25	0.00	732.65	

			YSIDE CITYWIDE	DEC NY NY			11102		97
SALES UK	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE L BILL WEEK EN		10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211825	9/28/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	8.00		116.64	I	
211826	10/05/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	6.00		87.48	I	
211827	10/05/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	40.00		583.20	I	
				CUSTOMER	54.00	0.00	787.32		
				CATEGORY	54.00	0.00	787.32		

ı	RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	98
ı	SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
				5	SALES REGISTER			BILL WEEK ENDING	10/12/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	211828	10/05/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	12.00		174.96 I	
ı					CATEGORY	12.00	0.00	174.96	

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	,,
BALLO ORGE # 0302	100 001		SALES REGISTER			BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211829 10/05/12 211830 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	6.00 15.00		87.48 218.70	I I
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 10/1	0/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	100
SALES JRNL #	0302 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
		5	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211831 10/0	5/12 000008	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 101 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211832 10/05/12 211833 10/05/12		ISITING NURSE SERVICE	•	13.50 40.50		196.83 I 590.49 I
			CUSTOMER	54.00	0.00	787.32
			CATEGORY	54.00	0.00	 787.32

RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	02
SALES JRI	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211834	10/05/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

	0/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	03
SALES JRNL #	0302 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
		S.	ALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211835 9/2	8/12 000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	6.75		98.42	I	
211836 10/0	5/12 000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	25.75		375.44	I	
211837 10/0	5/12 000008	VISITING NURSE SERVICE	FONG, ALEFINA	12.00		174.96	I	
211838 10/0	5/12 000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	10.00		145.80	I	
211839 10/0	5/12 000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	28.50		415.53	I	
			CUSTOMER	83.00	0.00	1,210.15		
			CATEGORY	83.00	0.00	1,210.15		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211840 211841	10/05/12 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	EULALIA EULALIA	16.00 40.00		233.28 583.20	I I	
					CUSTOMER	56.00	0.00	816.48		
					CATEGORY	56.00	0.00	816.48		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R		PAGE 1 - 105 VCP CHOICE LHCSA BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
211842 10/05/12	000008 VISITING NURSE SERVICE	E FREDERICK, AMEL	12.00	174.96 I
		CATEGORY	12.00 0.00	174.96

RUN DATE 10/1	0/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1	- 106
SALES JRNL #	0302 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK EN	DING 10/12/12
INVOICE# DA'	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211843 10/0	5/12 000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	6.00		87.48	I
211844 10/0	5/12 000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	40.00		583.20	I
211845 10/0	5/12 000008	VISITING NURSE SERVICE	FUNES, GEORGINA	25.00		364.50	I
			CUSTOMER	71.00	0.00	1,035.18	
			CATEGORY	71.00	0.00	1,035.18	

RUN DATE 10/10/12 SALES JRNL # 0302	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CI		NY REGISTER			VCP CHOICE LI	- 107 HCSA DING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211846 10/05/12 211847 10/05/12	000008 VISITING NURS 000008 VISITING NURS		ID, ASILA LLINA, VIRGIN	25.00 9.00		364.50 131.22	I I
			CUSTOMER	34.00	0.00	495.72	
			CATEGORY	34.00	0.00	495.72	

RUN DATE 10/10/12 - SALES JRNL # 0302	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING	- 108 HOMEW/O WALLS (LT DING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211848 10/05/12 211849 10/05/12 211850 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLO, BENJAMIN GARAY, ANGELES GARCIA, OLGA	40.00 16.00 31.75		583.20 233.28 462.92	I I I
			CUSTOMER	87.75	0.00	1,279.40	
			CATEGORY	87.75	0.00	1,279.40	

	FE 10/10/12 - JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 109 ADU ADULT BILL WEEK ENDING 10/12/12	
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211851	10/05/12	800000	VISITING NURSE SERVICE	GARCIA, URANIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 - 1	L10
SALE	S JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	10/12/12
		G11GE 310	anamanan wasa		*******			
INVO	DICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2118	10/05/12	800000	VISITING NURSE SERVICE	GARCIA-VARGAS,	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211853	10/05/12	800000	VISITING NURSE SERVICE	GENAO MOSQUE, A	13.00		189.54	I
				CATEGORY	13.00	0.00	189.54	

RUN DATE 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	112
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	3 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
211854 10/05/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	14.00		204.12 I	
211855 10/05/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	37.00		539.46 I	
			CUSTOMER	51.00	0.00	743.58	
			CATEGORY	51.00	0.00	743.58	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 113 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211856 10/05/12 211857 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.75 33.50		185.90 I 488.43 I
			CUSTOMER	46.25	0.00	674.33
			CATEGORY	46.25	0.00	674.33

RUN DATE 10/10/12 -			DDG NV NV			PAGE 1 - 11	
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			CCL CONGREGATE CAP BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE# DATE	COST NO	COSTOMER NAME	REFERENCE	HOURS	IAX AMI	AMOUNT TIP	SULPLUS
211858 10/05/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	16.00		233.28 I	
211859 10/05/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	40.00		583.20 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGODY.			016 40	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 11 VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211860 10/05/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 10/10/1 SALES JRNL # 030		REG NY NY SALES REGISTE	R		PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	•
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211861 7/27/1 211862 10/05/1			7.00 35.00		102.06 I 510.30 I	
		CUSTOMER	42.00	0.00	612.36	
		 CATEGORY	42.00	0.00	612.36	

- 1			SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	- 117 DING 10/12/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	211863	10/05/12	800000	VISITING NURSE SERVICE	GOMEZ, YINIVA	7.75		113.00	I
					CATEGORY	7.75	0.00	113.00	

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		18
STEED STATE USUZ	100 001		SALES REGISTER			BILL WEEK EN		10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211864 10/05/12	000008	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64	I	
211865 10/05/12 211866 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, CARLO GONZALEZ, DOLOR	4.00 24.00		58.32 349.92	I	
211000 10/03/12	000000	VIBILING NORSE BERVICE	GONZALEZ, BOLOK					
			CUSTOMER	36.00	0.00	524.88		
			CATEGORY	36.00	0.00	524.88		

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE:	R		PAGE 1 - 119 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211867 9/28/12 211868 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	15.00 25.00		218.70 I 364.50 I
			CUSTOMER	40.00	0.00	583.20
			 CATEGORY	40.00	0.00	583.20

RUN DATE 10/10/12 -	SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 120)
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 1	.0/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
011060 10/05/10				20.00		405 40 -	
211869 10/05/12	800000	VISITING NURSE SERVICE	GONZALEZ, EVA	30.00		437.40 I	
						425 40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 121 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211870 10/05/12 211871 10/05/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 9.00		87.48 I 131.22 I
			CUSTOMER	15.00	0.00	218.70
			CATEGORY	15.00	0.00	218.70

	/10/12 - SUP SUN # 0302 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211873 10	/28/12 000008 /05/12 000008 /05/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA	8.00 8.00 40.00		116.64 116.64 583.20	I I
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 123 ADU ADULT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211875 10/05/12 211876 10/05/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		17.25 29.25		251.51 I 426.47 I
			CUSTOMER	46.50	0.00	677.98
			CATEGORY	46.50	0.00	 677.98

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LAA LOMBARDI	- 124 AIDS ADULT POPUL DING 10/12/12
INVOICE# DATE	CUST NO C	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211877 10/05/12 211878 10/05/12		ISITING NURSE SERVICE	·	14.00 35.00		204.12 510.30	I I
			CUSTOMER	49.00	0.00	714.42	
			CATEGORY	49.00	0.00	714.42	

RUN DATE 10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	125
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
		S	ALES REGISTER			BILL WEEK ENDING	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211879 10/05/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	24.00		349.92 I	
211880 10/05/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	60.00		874.80 I	
211881 10/05/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	23.75		346.28 I	
211882 10/05/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	60.00		874.80 I	
			CUSTOMER	167.75	0.00	2,445.80	
			CATEGORY	 167.75	0.00	2,445.80	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
211883 10/05/12	800000	VISITING NURSE SERVICE	HANNA, ENA	14.00		204.12 I	
			CATEGORY	14.00	0.00	204.12	

RUN DATE 10/10/12	- SUP SUNN	TYSIDE CITYWIDE				PAGE 1 -	127
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
		S	SALES REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211884 10/05/12	800000	VISITING NURSE SERVICE	HARRISON, GLORI	16.00		233.28	I
211885 10/05/12	000008	VISITING NURSE SERVICE	HARRISON, GLORI	39.50		575.91	I
211886 10/05/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	4.00		58.32	I
211887 10/05/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	21.25		309.83	I
211888 10/05/12	000008	VISITING NURSE SERVICE	HENDY, BERNICE	29.00		422.82	I
			CUSTOMER	109.75	0.00	1,600.16	
			CATEGORY	109.75	0.00	1,600.16	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 12 ADU ADULT BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211889 10/05/12 211890 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ - ,	16.00 40.00		233.28 I 583.20 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/10/12 -		YSIDE CITYWIDE				PAGE 1 - 12	9
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		i	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211891 10/05/12	000008	VISITING NURSE SERVICE	HERNANDEZ, JUAN	30.00		437.40 I	
211892 9/28/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	7.00		102.06 I	
			CUSTOMER	37.00	0.00	539.46	
			CATEGORY	37.00	0.00	539.46	

RUN DATE 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	30
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211893 10/05/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MARI	14.00		204.12 I	
211894 10/05/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	24.00		349.92 I	
			CUSTOMER	38.00	0.00	554.04	
			CATEGORY	38.00	0.00	554.04	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 131 VCP CHOICE LHCSA BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
211895 10/05/12	000008 VISITING NURSE SERVICE	HERNANDEZ, MERC	30.00	437.40 I
		CATEGORY	30.00 0.00	437.40

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 132 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
211896 10/05/12	000008 VISITING NURSE SERVICE	HERRERA, ANGELA	30.00	437.40 I
		CATEGORY	30.00 0.00	437.40

- 1	RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 133 LAD NURSING HOME W/O WALLS L BILL WEEK ENDING 10/12/12	T
	INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	211897 10/05/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	10/10/12 JL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING	- 134 HOMEW/O WALLS (LT DING 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211898 211899 211900 211901	10/05/12 10/05/12 10/05/12 10/05/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	HERRERA, HORACI HUNGRIA, SABINA	16.00 40.00 5.00 35.00		233.28 583.20 72.90 510.30	I I I
				CUSTOMER	96.00	0.00	1,399.68	
				CATEGORY	96.00	0.00	1,399.68	

RUN DATE 10/10	/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 135	
SALES JRNL # 0	302 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING 10/12/1:	2
INVOICE# DAT	'E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
211902 10/05	/12 000008	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
							_
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 136 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211903 9/28/12 211904 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ·	5.00 25.00		72.90 I 364.50 I
			CUSTOMER	30.00	0.00	437.40
			CATEGORY	30.00	0.00	437.40

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 137 LAA LOMBARDI AIDS ADULT POPUL BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211905 10/05/12 211906 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	10.00 7.00		145.80 I 102.06 I
			CUSTOMER	17.00	0.00	247.86
			CATEGORY	17.00	0.00	 247.86

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 138 ADU ADULT BILL WEEK ENDING 10/12/12)
INVOICE# DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211907 10/05/12		VISITING NURSE SERVICE		13.75	11111 11111	200.48 I	•
211907 10/05/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		35.00		510.30 I	
			CUSTOMER	48.75	0.00	710.78	•
			CATEGORY	48.75	0.00	710.78	-

RUN DATE 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 139	
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		5	SALES REGISTER			BILL WEEK ENDING 10/12/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211909 10/05/12	000008	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 140	
SALES JRN	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROG	3RAM
			5	SALES REGISTER			BILL WEEK ENDING 10/12/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	JUS
211910	10/05/12	800000	VISITING NURSE SERVICE	JACSO, ERZSEBET	11.50		167.67 I	
				CATEGORY	11.50	0.00	167.67	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 141 LTC NURSING HOMEW/O WAI BILL WEEK ENDING 10/12	,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
211911 10/05/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	40.00		583.20 I	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 142 VCP CHOICE LHCSA BILL WEEK ENDING 1	0/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211912 10/05/12 211913 10/05/12 211914 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JAMISON, BESSIE	21.75 12.00 12.00		317.12 I 174.96 I 174.96 I	
			CUSTOMER	45.75	0.00	667.04	
			CATEGORY	45.75	0.00	667.04	

RUN DATE 10/10/12 - SALES JRNL # 0302	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	TYWIDE REGNY NY SALES REGIST	E R	PAGE ADU AD BILL W	1 - 143 ULT EEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT A	MOUNT TYP SURPLUS
211915 10/05/12	000008 VISITING NURSE	SERVICE JENSEN, HELGA	15.00	2	18.70 I
		CATEGORY	15.00	0.00 2	 18.70

RUN DATE 10 SALES JRNL	0/10/12 - SUP SUNN # 0302 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK END	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211917 10 211918 10	0/05/12 000008 0/05/12 000008 0/05/12 000008 0/05/12 000008 0/05/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JEWAT, LUCILLE JEWAT, LUCILLE JHAVERI, RAMESH JHAVERI, RAMESH	21.50 55.00 4.00 19.00		313.47 801.90 58.32 277.02	I I I
			CUSTOMER	99.50	0.00	1,450.71	
			CATEGORY	99.50	0.00	1,450.71	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 HOA HOSPICE BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211920 10/05/12 211921 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JIANNARAS, ANNA JIANNARAS, ANNA	20.00		291.60 729.00	I I	
			CUSTOMER	70.00	0.00	1,020.60		
			CATEGORY	70.00	0.00	1,020.60		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 146 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211922 10/05/12	000008 VISITING NURSE SERVICE	JIMENEZ, ALTAGR	30.00		437.40 I
		CATEGORY	30.00	0.00	437.40

RUN DATE 10/10/1	2 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 147	
SALES JRNL # 030	2 LOC 001		REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING 10/12	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
211923 10/05/1	2 000008	VISITING NURSE SERVICE	JIMENEZ, BETTY	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 148 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211924 10/05/12 211925 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	8.00 20.00		116.64 I 291.60 I
			CUSTOMER	28.00	0.00	408.24
			CATEGORY	28.00	0.00	408.24

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211926 10/05/12	000008	VISITING NURSE SERVICE	KAKOULLIS, FAY	12.00		174.96 I	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 10/10/12 -							PAGE 1	
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	-	NY EGISTE	Ð		VCP CHOICE LHO	
			омпер кі	EGISIE	K		DILL WEEK END	ING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
								_
211927 10/05/12	800000	VISITING NURSE SERVICE	KAUR,	SARD	20.00		291.60	I
211928 10/05/12	000008	VISITING NURSE SERVICE	KAUR,	SHARAN	14.50		211.41	I
211929 10/05/12	800000	VISITING NURSE SERVICE	KAUR,	SHARAN	40.50		590.49	I
				CUSTOMER	75.00	0.00	1,093.50	
				CATEGORY	75.00	0.00	1,093.50	

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	151
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211930 10/05/12 211931 10/05/12 211932 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KERNAN, DONALD KNOWLES, ANAMAR KOSTIKIAN, MARI	3.50 40.00 20.00		51.03 I 583.20 I 291.60 I	
			CUSTOMER	63.50	0.00	925.83	
			CATEGORY	63.50	0.00	925.83	

			YSIDE CITYWIDE				PAGE 1 - 1	52
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211933	10/05/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	16.00		233.28 I	
211934	10/05/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	32.00		466.56 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 153 ADU ADULT BILL WEEK ENDING 10/12/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211935 10/05/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	6.00		87.48 I	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 10/10/12 -						PAGE 1 - 154
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA
			SALES REGISTER			BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211936 10/05/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	15.50		225.99 I
211937 10/05/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	40.00		583.20 I
			CUSTOMER	55.50	0.00	809.19
			CATEGORY	55.50	0.00	809.19

				YSIDE CITYWIDE				PAGE 1 -	155
5	SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	~ 10/10/10
				2	SALES REGISTER			BILL WEEK ENDIN	G 10/12/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
2	211938	10/05/12	000008	VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 19 LTC NURSING HOMEW, BILL WEEK ENDING	O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211939 10/05/12 211940 10/05/12 211941 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LEE, KATHLEEN LEE, KATHLEEN LEGASPI, CECILI	4.00 28.50 10.50		58.32 I 415.53 I 153.09 I	
			CUSTOMER	43.00	0.00	626.94	
			CATEGORY	43.00	0.00	626.94	

RUN DATE 10/10/12 - SUP SUNNY SALES JRNL # 0302 LOC 001	SUNNYSIDE CITYWIDE REG	GNY NY GSREGISTER		1	PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	57
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS T.	AX AMT	AMOUNT TYP	SURPLUS
211942 10/05/12 000008	VISITING NURSE SERVICE	LENDOIRO, JUAN	16.00		233.28 I	
		CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE	DDG 197				- 1	58
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		10/10/10
				SALES REGISTER			BILL WEEK ENI	JING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211943	10/05/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	16.00		233.28	I	
211944	10/05/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	40.00		583.20	I	
211945	10/05/12	800000	VISITING NURSE SERVICE	LIGARDO, SOL M	24.00		349.92	I	
211946	10/05/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	20.00		291.60	I	
211947	10/05/12	800000	VISITING NURSE SERVICE	E LIRIANO, FRANCI	48.00		699.84	I	
211948	10/05/12	800000	VISITING NURSE SERVICE	E LITSAS, MARTHA	25.00		364.50	I	
				CUSTOMER	173.00	0.00	2,522.34		
				CATEGORY	173.00	0.00	2,522.34		

RUN DATE 1	.0/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	159
SALES JRNL	# 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	ME W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDIN	NG 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211949 1	.0/05/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	26.50		386.37 I	-
				CATEGORY	26.50	0.00	386.37	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING H	- 160 HOMEW/O WALLS (LT DING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211950 10/05/12 211951 10/05/12 211952 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LOCORRIERE, JOS LOGAN, ADELE LOGAN, ADELE	40.00 12.00 30.00		583.20 174.96 437.40	I I
			CUSTOMER	82.00	0.00	1,195.56	
			CATEGORY	82.00	0.00	1,195.56	

RUN DATE 10/10/	12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 161
SALES JRNL # 03	02 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	HCSA
			SALES REGISTE	R		BILL WEEK END	DING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211953 10/05/	12 000008	VISITING NURSE SERVICE	LONDONO, AMIRA	20.00		291.60	I
211954 10/05/	12 000008	VISITING NURSE SERVICE	LONDONO, AMIRA	40.00		583.20	I
			CUSTOMER	60.00	0.00	874.80	
			CATEGORY	60.00	0.00	874.80	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	YWIDE REGNY NY SALES REGIST	E R	PAGE 1 - 162 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
211955 10/05/12 211956 10/05/12	000008 VISITING NURSE 0000008 VISITING NURSE	•	12.00 30.00	174.96 I 437.40 I
		CUSTOMER	42.00 0.00	612.36
		CATEGORY	42.00 0.00	612.36

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 16 VCP CHOICE LHCSA BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211957 10/05/12 211958 10/05/12 211959 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LOPEZ, ANGELICA LOPEZ, ANGELICA LOPEZ, GRACIELA	10.00 25.00 4.00		145.80 I 364.50 I 58.32 I	
			CUSTOMER	39.00	0.00	568.62	
			CATEGORY	39.00	0.00	568.62	

				YSIDE CITYWIDE				PAGE 1 - 164	
SA	ALES JRN	IL # 0302	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			CCL CONGREGATE CARE PROGR BILL WEEK ENDING 10/12/1	
II	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
21	11960	10/05/12	800000	VISITING NURSE SERVICE	LUCES, LETICIA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 165 ADU ADULT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211961 10/05/12 211962 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		16.00 19.25		233.28 I 280.67 I
			CUSTOMER	35.25	0.00	513.95
			CATEGORY	35.25	0.00	513.95

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	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
211963 10/05/12 211964 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	6.00 18.00		87.48 I 262.44 I	
			CUSTOMER	24.00	0.00	349.92	
			CATEGORY	24.00	0.00	349.92	

RUN DATE 10/10/12 - SALES JRNL # 0302	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI	ICSA	.2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLU	īS
211965 10/05/12 211966 10/05/12 211967 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MAGNANI, VINCEN MAGNANI, VINCEN MALDONADO, DOMI	24.00 60.00 30.00		349.92 874.80 437.40	I I I	
			CUSTOMER	114.00	0.00	1,662.12		-
			CATEGORY	114.00	0.00	1,662.12		-

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	_		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
211968 10/05/12 211969 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 6.00		43.74 87.48	I I		
			CUSTOMER	9.00	0.00	131.22			
			CATEGORY	9.00	0.00	131.22			

RUN DATE 10/10/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211970 10/05/ 211971 10/05/ 211972 10/05/	12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MANGAN, JOHN MANNINO, FRANCE MANNINO, FRANCE	20.00 2.00 15.50		291.60 349.92 787.32	I I
			CUSTOMER	37.50	0.00	1,428.84	
			CATEGORY	37.50	0.00	1,428.84	

RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 170
SALES JR	NL # 0302	LOC 001		REG NY NY				HOMEW/O WALLS (LT
			\$	SALES REGIS	ΓER		BILL WEEK ENI	DING 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211973	9/14/12	000008	VISITING NURSE SERVICE	MANOS, VASILI	KE 7.00		102.06	I
211974	10/05/12	800000	VISITING NURSE SERVICE	MANOS, VASILI	KE 9.00		131.22	I
211975	10/05/12	800000	VISITING NURSE SERVICE	MANOS, VASILI	KE 6.00		87.48	I
				CUSTOME	22.00	0.00	320.76	
				CATEGOR'	22.00	0.00	320.76	

RUN DATE 10/	10/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	71
SALES JRNL #	0302 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
		5	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211976 10/	05/12 000008	VISITING NURSE SERVICE	MARINO, ANN	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN I	DATE 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 172	
SALE	S JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING 10/12/12	2
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
2119	77 10/05/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	-

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 173 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211978 10/05/12 211979 10/05/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	8.00 34.00		116.64 I 495.72 I
			CUSTOMER	42.00	0.00	612.36
			CATEGORY	42.00	0.00	612.36

RUN DATE 10	0/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 174
SALES JRNL	# 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	SA
			S	ALES REGISTER			BILL WEEK ENDI	ING 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
211980 10	0/05/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	8.00		116.64	I
				CARECODY	0.00	0.00	116 64	
				CATEGORY	8.00	0.00	116.64	

	ATE 10/10/12 - JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211981	10/05/12	800000	VISITING NURSE SERVICE	MARTI, DORIS	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 10/	10/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	176
SALES JRNL #	0302 LOC 001		REG NY NY			VCP CHOICE LHCSA	
		S	ALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
211982 10/	05/12 000008	VISITING NURSE SERVICE	MARTINEZ, CAMIL	12.00		174.96 I	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	
		i	SALES REGISTER			BILL WEEK ENDIN	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
211983 10/05/12 211984 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	16.25 50.00		236.93 I 729.00 I	
			CUSTOMER	66.25	0.00	965.93	
			CATEGORY	66.25	0.00	965.93	

	10/10/12 - NL # 0302	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 178
SALES ON	NL # 0302	100 001	SOUNTSIDE CITIWIDE	SALES REGISTE	R		BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
211985	10/05/12	000008	VISITING NURSE SERVIC	E MARTINEZ, MARGA	30.00		437.40	I
211986	10/05/12	800000	VISITING NURSE SERVIC	E MARTINEZ, MARTA	12.00		174.96	I
211987	10/05/12	000008	VISITING NURSE SERVIC	E MARTINEZ, MARTA	30.00		437.40	I
211988	10/05/12	000008	VISITING NURSE SERVIC	•	24.00		349.92	I
211989	10/05/12	800000	VISITING NURSE SERVIC	E MARTINEZ, ROSA	16.00		874.80	I
				CUSTOMER	112.00	0.00	2,274.48	
				- CATEGORY	112.00	0.00	2,274.48	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 179 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211990 10/05/12 211991 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 29.75		116.64 I 433.76 I
			CUSTOMER	37.75	0.00	550.40
			CATEGORY	37.75	0.00	550.40

RUN DATE 10/10/1						PAGE 1 - 180
SALES JRNL # 030	2 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		:	SALES REGISTER			BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
211992 10/05/1	2 000008	VISITING NURSE SERVICE	MATOS, ROSA	12.00		174.96 I
211993 10/05/1	2 000008	VISITING NURSE SERVICE	MATOS, ROSA	29.75		433.76 I
			CUSTOMER	41.75	0.00	608.72
			CATEGORY	41.75	0.00	608.72

RUN DATE 10/10/12 SALES JRNL # 0302	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 181 ADU ADULT BILL WEEK ENDING 10/12/12	2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
211994 10/05/12 211995 10/05/12 211996 10/05/12 211997 10/05/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MAZZONE, FRANCE MAZZONE, FRANCE MCBRAYER, SYLVI MCBRAYER, SYLVI	18.00 45.00 48.00 120.00		262.44 I 656.10 I 699.84 I 1,749.60 I	
			CUSTOMER	231.00	0.00	3,367.98	-
			CATEGORY	231.00	0.00	3,367.98	-

RUN DATE 10/10/12 - S	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 182
SALES JRNL # 0302 L	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHCSA
		SALES REGISTER		BILL WEEK ENDING 10/12/12
INVOICE# DATE C	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
211998 10/05/12 0	000008 VISITING NURSE SERV	ICE MCGUIRE, HELEN	16.00	233.28 I
211999 10/05/12 0	000008 VISITING NURSE SERV	CE MCGUIRE, HELEN	40.00	583.20 I
		CUSTOMER	56.00 0.00	816.48
		CATECODY	56.00 0.00	816.48
		CATEGORY	50.00 0.00	010.40

RUN DATE 10/10/12 -	SUP SUNNYSIDE CITYWIDE				PAGE 1 -	183
SALES JRNL # 0302	LOC 001 SUNNYSIDE CITYWII				ADU ADULT	
		SALES REGISTED	R		BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212000 10/05/12	000008 VISITING NURSE SE	VICE MEJIA, CLAUDIO	14.00		204.12 I	
212001 10/05/12	000008 VISITING NURSE SE	VICE MEJIA, CLAUDIO	35.00		510.30 I	
		CUSTOMER	49.00	0.00	714.42	
		 CATEGORY	49.00	0.00	714.42	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 18 VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212002 10/05/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	30.00		437.40 I	
212003 10/05/12 212004 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- •	4.00		58.32 I 291.60 I	
212004 10/03/12	000000	VIBILING NORDE SERVICE					
			CUSTOMER	54.00	0.00	787.32	
			CATEGORY	54.00	0.00	787.32	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 185 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212005 10/05/12	000008 VISITING NURSE SERVI	CE MEJIA, ROSA	37.00		539.46 I	
		CATEGORY	37.00	0.00	539.46	

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 186 ADU ADULT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212006 10/05/12 212007 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MENDEZ, ADA MENDEZ, ADA	6.50 30.00		94.77 I 437.40 I
			CUSTOMER	36.50	0.00	532.17
			CATEGORY	36.50	0.00	 532.17

RUN DATE 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	187
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				ME W/O WALLS LT
		5	SALES REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212008 10/05/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	1.00		14.58	I
			CATEGORY	1.00	0.00	14.58	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 188 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212009 10/05/12 212010 10/05/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 31.00		116.64 I 451.98 I
			CUSTOMER	39.00	0.00	568.62
			CATEGORY	39.00	0.00	 568.62

RUN DATE 10/10/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 1	189
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212011 10/05/12	800000	VISITING NURSE SERVICE	MILEO, MARY	12.00		174.96 I	
212012 10/05/12	800000	VISITING NURSE SERVICE	MILEO, MARY	30.00		437.40 I	
			CLICHOMED	42.00	0.00	612.36	
			CUSTOMER	42.00	0.00	012.30	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 10/10/12 SALES JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 190 ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 10/12	1/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
212013 9/28/12	000008	VISITING NURSE SERVICE	MINADIS, NIKOLA	1.00		14.58 I	
212014 10/05/12	800000	VISITING NURSE SERVICE	MINADIS, NIKOLA	10.00		145.80 I	
212015 10/05/12	000008	VISITING NURSE SERVICE	MIRANDA, LUIS	15.00		218.70 I	
			CUSTOMER	26.00	0.00	379.08	
			CATEGORY	26.00	0.00	379.08	

RUN DATE	: 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	91
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			9	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212016	10/05/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	14.75		215.06 I	
				CATEGORY	14.75	0.00	215.06	

	10/12 - SUP SUNN 0302 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 1	
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	28/12 000008 05/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · - · ·	6.00 9.00		87.48 131.22	I I	
			CUSTOMER	15.00	0.00	218.70		
			CATEGORY	15.00	0.00	218.70		

RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 193
SALES JRN	L # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
				SALES REGISTER			BILL WEEK END	ING 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212019	10/05/12	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	10.00		145.80	I
212020	10/05/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	25.00		364.50	I
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 194 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212021 10/05/12 212022 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 24.00		174.96 I 349.92 I
			CUSTOMER	36.00	0.00	524.88
			CATEGORY	36.00	0.00	 524.88

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITY	WIDE REGNY NY SALES REGISTE	R		PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	W/O WALLS LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212023 10/05/12	000008 VISITING NURSE	SERVICE MORALES, CARMEN	25.00		364.50 I	
		- CATEGORY	25.00	0.00	364.50	

RUN DATE 10/10/12 - SALES JRNL # 0302	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWID	REGNY NY SALES REGISTI	E R	PAGE 1 - 196 VCP CHOICE LHCSA BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212024 10/05/12 212025 10/05/12	000008 VISITING NURSE SER 000008 VISITING NURSE SER	- ,	14.00 28.00	204.12 I 408.24 I
		CUSTOMER	42.00 0.00	612.36
		CATEGORY	42.00 0.00	612.36

ı	RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 197
ı	SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING 10/12/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	212026	10/05/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I
ı					CATEGORY	20.00	0.00	291.60

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 198 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TYP SURPLUS
212027 10/05/12 212028 10/05/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	8.00 35.00	116.64 I 510.30 I
		CUSTOMER	43.00 0.	00 626.94
		CATEGORY	43.00 0.	

RUN DATE 10/10/2			222			11102	- 1	
SALES JRNL # 030	02 LOC 001		REGNY NY SALES REGISTER			CCL CONGREGATE BILL WEEK ENI		
		•				DIDD WEDK DIVI	JING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
010000 10/05/3		THE CHECK AND CO CONTACT	NITHEO DAMOG TO	10 00		262 44	-	
212029 10/05/3 212030 10/05/3		VISITING NURSE SERVICE VISITING NURSE SERVICE		18.00 45.00		262.44 656.10	T T	
212030 107037	000000	VIBILING MORES BERVIOL						
			CUSTOMER	63.00	0.00	918.54		
			CATEGORY	63.00	0.00	918.54		

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		00 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212031 10/05/12 212032 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NINO, CARMEN	50.00		729.00 291.60	I	
			CUSTOMER	70.00	0.00	1,020.60		
			CATEGORY	70.00	0.00	1,020.60		

RUN DATE 10/10/12 SALES JRNL # 0302		NNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE# DATE	CUST NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212033 10/05/12 212034 10/05/12		ITING NURSE SERVICE ITING NURSE SERVICE	•	26.00 18.00		379.08 262.44	I I
			CUSTOMER	44.00	0.00	641.52	
			CATEGORY	44.00	0.00	641.52	

RUN DATE 10/10/12 SALES JRNL # 0302		SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 20 VCP CHOICE LHCSA	02
DALLO GIAVE # 0302	100 001		SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212035 10/05/12 212036 10/05/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	· ·	7.00 35.00		102.06 I 510.30 I	
			CUSTOMER	42.00	0.00	612.36	
			CATEGORY	42.00	0.00	612.36	

RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 203	
SALES JRN	L # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	GRAM
			S	SALES REGISTER			BILL WEEK ENDING 10/12	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
212037	10/05/12	800000	VISITING NURSE SERVICE	O'DONNELL, EVEL	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 204 VCP CHOICE LHCSA BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212038 9/21/12 212039 9/28/12 212040 10/05/12 212041 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	OCHOA, LUIS OCHOA, LUIS OCHOA, LUIS OCHOA, LUIS	4.00 4.00 8.00 28.00		58.32 I 58.32 I 116.64 I 408.24 I
			CUSTOMER	44.00	0.00	641.52
			CATEGORY	44.00	0.00	641.52

RUN DAT	E 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 205	
SALES J	RNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	BALES REGISTER			BILL WEEK ENDING 1	0/12/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212042	10/05/12	800000	VISITING NURSE SERVICE	ODONNELL, PATRI	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 206 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212043 10/05/12 212044 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		14.00 40.00		204.12 I 583.20 I
			CUSTOMER	54.00	0.00	787.32
			CATEGORY	54.00	0.00	787.32

RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	07
SALES JRN	ъ # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	SALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212045	10/05/12	800000	VISITING NURSE SERVICE	ORNANO, BOLIVAR	20.00		291.60	I	
212046	10/05/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	10.00		145.80	I	
212047	10/05/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	12.00		174.96	I	
212048	10/05/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	5.00		72.90	I	
212049	10/05/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	29.75		433.76	I	
				CUSTOMER	76.75	0.00	1,119.02		
				CATEGORY	76.75	0.00	1,119.02		

RUN DATE 10	0/10/12 - 3	SUP SUNNY	SIDE CITYWIDE				PAGE 1 - 208	
SALES JRNL	# 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 1	0/12/12
TMTOTOTH	DAME (OTTOM NO	CUCHOMED NAME	DEFEDENCE	HOUDG	max amm	AMOUNTE TEXT	CLID DI IIC
INVOICE#	DATE (CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212050 10	0/05/12	000008	VISITING NURSE SERVICE	PAOLONI, MARY	14.25		207.77 I	
212030 10	, , , , , , , , , , , , , , , , , , , ,	000000	VIBILING NORDE BERVICE	THOUGHT, THECT	11.23		207.77	
				CATEGORY	14.25	0.00	207.77	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		
			S	ALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212051	10/05/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00	I	
212052	9/28/12	800000	VISITING NURSE SERVICE	PAPOUTSIS, MARY	9.00		131.22	I	
212053	10/05/12	800000	VISITING NURSE SERVICE	PAPOUTSIS, MARY	9.00		131.22	I	
212054	10/05/12	800000	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74	I	
212055	10/05/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	16.00		233.28	I	
212056	10/05/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	39.00		568.63	I	
				CUSTOMER	126.00	0.00	1,837.09		
				CATEGORY	126.00	0.00	1,837.09		

RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 210	
SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 10/12/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212057	10/05/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE 10/10/12 -					PAGE 1 - 211
SALES JRNL # 0302	LOC 001 SUNNYS	SIDE CITYWIDE REG			ADU ADULT
		S A L E	S REGISTER		BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOME	ER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212058 10/05/12	000008 VISITIN	NG NURSE SERVICE	PENA, VICTORIA	11.75	171.32 I
212059 10/05/12	000008 VISITIN	NG NURSE SERVICE	PENA, VICTORIA	28.75	419.18 I
			CUSTOMER	40.50 0.00	590.50
				40 50	F00 F0
			CATEGORY	40.50 0.00	590.50

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212060 10/05/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 10/10/12 SALES JRNL # 0302	- SUP SUNN LOC 001	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
212061 10/05/12 212062 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREA, LUIS PEREA, LUIS	12.00 3.25		174.96 I 47.39 I	
			CUSTOMER	15.25	0.00	222.35	
			CATEGORY	15.25	0.00		

RUN DATE 10/10/12 - ST SALES JRNL # 0302 LO	OC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 214 VCP CHOICE LHCSA BILL WEEK ENDING 10/12/12
INVOICE# DATE CO	UST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212064 10/05/12 00	00008 VISITING NURSE SERVICE 00008 VISITING NURSE SERVICE 00008 VISITING NURSE SERVICE	PEREZ MONSER, C PEREZ MONSER, C PEREZ, GLADYS	14.00 34.50 27.50	204.12 I 503.01 I 400.95 I
		CUSTOMER	76.00 0.00	1,108.08
		CATEGORY	76.00 0.00	1,108.08

RUN DATE 10/10/12						PAGE 1 - 215	i
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		:	SALES REGISTER			BILL WEEK ENDING 1	.0/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212066 10/05/12	000008	VISITING NURSE SERVICE	PEREZ, GLADYS	8.00		116.64 I	
212067 10/05/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
212068 10/05/12	800000	VISITING NURSE SERVICE	PFISTER, JOSEPH	20.00		291.60 I	
			CUSTOMER	58.00	0.00	845.64	
			CATEGORY	58.00	0.00	845.64	

		TYSIDE CITYWIDE					- 2	16
SALES JRNL #	0302 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE L		10/12/12
		۵.	ALES REGISIER			DILL WEEK EN	DING	10/12/12
INVOICE# DA'	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
							_	
212069 10/0		VISITING NURSE SERVICE	PHILIPPS, MARY	16.00		233.28	I	
212070 10/0	5/12 000008	VISITING NURSE SERVICE	PHILIPPS, MARY	39.00		568.62	I	
212071 10/0	5/12 000008	VISITING NURSE SERVICE	PIZARRO, BARBAR	4.00		58.32	I	
212072 10/0	5/12 000008	VISITING NURSE SERVICE	PLACIDO, GENARO	10.00		145.80	I	
212073 10/0	5/12 000008	VISITING NURSE SERVICE	PLACIDO, GENARO	25.00		364.50	I	
212074 10/0		VISITING NURSE SERVICE	PLACIDO, MERCED	12.00		174.96	I	
212075 10/0		VISITING NURSE SERVICE	PLACIDO, MERCED	30.00		437.40	T	
212076 10/0		VISITING NURSE SERVICE	POGGI, EMERITA	6.00		87.48	Ť	
212077 10/0		VISITING NURSE SERVICE	POGGI, EMERITA	30.00		437.40	T	
212077 10/0		VISITING NURSE SERVICE	POLANCO, JUAN	3.50		51.03	±	
212076 1070	5/12 000006	VISITING NURSE SERVICE	POLIANCO, JUAN	3.50		51.03		
			CUSTOMER	175.50	0.00	2,558.79		
			CATEGORY	175.50	0.00	2,558.79		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 217 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212079 10/05/12	000008 VISITING NURSE SERVICE	PONCE, ALICIA	40.00	583.20 I
		CATEGORY	40.00 0.00	583.20

	10/10/12 - NL # 0302			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
212080 212081	10/05/12 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.75 40.00		229.64 I 583.20 I	
				CUSTOMER	55.75	0.00	812.84	
				CATEGORY	55.75	0.00		

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 219 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212082 9/14/12 212083 10/05/12 212084 10/05/12	800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PULLIZA, DIANNE	6.00 12.00 29.50		87.48 I 174.96 I 430.11 I
			CUSTOMER	47.50	0.00	692.55
			CATEGORY	47.50	0.00	692.55

RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	220
SALES JRI	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212085	10/05/12	000008	MIDGE GERMAN	OUAY TOGEDUTNE	6.00		87.48 I	
212085	10/05/12	000008	VISITING NURSE SERVICE	E QUAY, JOSEPHINE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	
				CATEGORI	0.00	0.00	07.10	

RUN DATE 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 221	
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING 10/1	2/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
212086 10/05/12	000008	VISITING NURSE SERVICE	QUINTERO, INES	30.00		437.40 I	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/10/12 SALES JRNL # 0302		DE CITYWIDE CUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 222 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212087 10/05/12 212088 10/05/12		SITING NURSE SERVICE	~ - ,	14.00 35.00		204.12 I 510.30 I
			CUSTOMER	49.00	0.00	714.42
			CATEGORY	49.00	0.00	714.42

RUN DATE 10/10/12 - SALES JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 22 ADU ADULT	23
		2	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212089 10/05/12 212090 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	7.00 29.75		102.06 I 433.76 I	
			CUSTOMER	36.75	0.00	535.82	
			CATEGORY	36.75	0.00	535.82	

RUN DATE 10/10/12 - SUP SUNNY	YSIDE CITYWIDE				PAGE 1 - 224	
SALES JRNL # 0302 LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			LAP LOMBARDI AIDES	PEDIATRIC
	SALE	S REGISTER			BILL WEEK ENDING 1	0/12/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
010001 10/05/10 00000			40.00		500.00 -	
212091 10/05/12 000008	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
		GA EEGODY	40.00	0.00		
		CATEGORY	40.00	0.00	583.20	

RUN DATE 10/10/12 - SALES JRNL # 0302		NYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 225 LTC NURSING HOMEW/O BILL WEEK ENDING 10	WALLS (LT)/12/12
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
212092 10/05/12 212093 10/05/12		TING NURSE SERVICE	,	8.00 35.00		116.64 I 510.30 I	
			CUSTOMER	43.00	0.00	626.94	
			CATEGORY	43.00	0.00	626.94	

RUN DATE 10/10/12 -							- 226	-
SALES JRNL # 0302	LOC 001 S		REGNY NY SALES REGISTER			LAD NURSING F		
		٥	ALES REGISIER			DIDD MEEK FINI	JING .	10/12/12
INVOICE# DATE	CUST NO CU	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212094 10/05/12	000008 VI	SITING NURSE SERVICE	RAMLALL, LILOWT	6.00		87.48	I	
			CATEGORY	6.00	0.00	87.48		

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK END	ICSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212095 10/05/12	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	6.00		87.48	I
			CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	28
DALLS OWN	VII # 0302	100 001		SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212096	10/05/12	800000	VISITING NURSE SERVICE	RAMOS, ISMAEL	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 10/10/	12 - SUP SUNN	TYSIDE CITYWIDE				PAGE 1 -	229
SALES JRNL # 03	02 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
		S	ALES REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212097 10/05/	12 000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	12.00		174.96	I
212098 10/05/	12 000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48	I
212099 10/05/	12 000008	VISITING NURSE SERVICE	REINA, JOSE	21.50		313.47	I
212100 10/05/	12 000008	VISITING NURSE SERVICE	RICCA, MARIE	19.00		277.02	I
212101 10/05/	12 000008	VISITING NURSE SERVICE	RICE, SYDNEY	7.00		102.06	I
			CUSTOMER	65.50	0.00	954.99	
			CATEGORY	65.50	0.00	954.99	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 230 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212102 10/05/12 212103 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· ·	14.00 33.75		204.12 I 492.08 I
			CUSTOMER	47.75	0.00	696.20
			CATEGORY	47.75	0.00	696.20

RUN DATE 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 231
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212104 10/05/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	8.00		116.64 I
212105 10/05/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	32.00		466.56 I
			CUSTOMER	40.00	0.00	583.20
			CATEGORY	40.00	0.00	583.20

RUN DATE 10/10/12 SALES JRNL # 0302	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		2 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212106 10/05/12 212107 10/05/12 212108 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RIVERA, CARMEN RIVERA, CARMEN RIVERA, ERNESTO	12.00 30.00 20.00		174.96 437.40 291.60	I I I	
			CUSTOMER	62.00	0.00	903.96		
			CATEGORY	62.00	0.00	903.96		

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RUN DATE 10/10/12 SALES JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 2	234
		Ş	SALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212110 10/05/12 212111 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, ~ -	8.00 16.00		116.64 233.28	I	
			CUSTOMER	24.00	0.00	349.92		
			CATEGORY	24.00	0.00	349.92		

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RUN DATE 10/10/12 SALES JRNL # 0302		NYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212113 10/05/12 212114 10/05/12		TING NURSE SERVICE		8.00 40.00		116.64 583.20	I I
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 23 VCP CHOICE LHCSA BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212115 10/05/12 212116 10/05/12 212117 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, IRMA	29.75 12.00 23.75		433.76 I 174.96 I 346.28 I	
			CUSTOMER	65.50	0.00	955.00	
			CATEGORY	65.50	0.00	955.00	

RUN DATE 10/10/12 SALES JRNL # 0302			REG NY NY			PAGE 1	- 238 TE CARE PROGRAM
SALES GIVINE # 0302	100 001		SALES REGISTER				DING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212118 10/05/12 212119 10/05/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 60.00		349.92 874.80	I I
			CUSTOMER	84.00	0.00	1,224.72	
			CATEGORY	84.00	0.00	1,224.72	

RUN DATE 1	.0/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	9
SALES JRNL	# 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212120 1	0/05/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 240
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		5	SALES REGISTER			BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212121 10/05/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	14.00		204.12 I
212122 10/05/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	35.00		510.30 I
				40.00	0.00	714 40
			CUSTOMER	49.00	0.00	714.42
			CATEGORY	49.00	0.00	714.42

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 241 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212123 10/05/12 212124 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	10.00 29.75		145.80 I 433.76 I
			CUSTOMER	39.75	0.00	579.56
			CATEGORY	39.75	0.00	 579.56

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 242 ADU ADULT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212125 10/05/12 212126 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	16.00 40.00		233.28 I 583.20 I
			CUSTOMER	56.00	0.00	816.48
			CATEGORY	56.00	0.00	816.48

RUN DATE 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 243	3
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	,
			SALES REGISTE	R		BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212127 9/28/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	8.00		116.64 I	
212128 10/05/12	000008	VISITING NURSE SERVICE	ROLON, JUANITA	8.00		116.64 I	
212129 10/05/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	40.00		583.20 I	
			_ -				
			CUSTOMER	56.00	0.00	816.48	
			_				
			CATEGORY	56.00	0.00	816.48	

RUN DATE 10/10/12 -		YSIDE CITYWIDE				PAGE 1 - 2	44
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212130 10/05/12	000008	VISITING NURSE SERVICE	ROMERO, SANTHY	13.00		189.54 I	
212131 10/05/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	38.00		554.04 I	
			CUSTOMER	51.00	0.00	743.58	
			CODICILLO	51.00	0.00	. 13.30	
			CATEGORY	51.00	0.00	743.58	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	-	NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN		O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212132 10/05/12 212133 10/05/12 212134 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ROMO, ROMO, ROSA,	FLOR	16.00 40.00 40.00		233.28 583.20 583.20	I I I	
				CUSTOMER	96.00	0.00	1,399.68		
				CATEGORY	96.00	0.00	1,399.68		

	SUP SUNNYSIDE CITYWIDE			_	- 246
SALES JRNL # 0302	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		ADU ADULT	10/10/10
		SALES REGISTER		BILL WEEK ENDI	ING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT I	TYP SURPLUS
212135 10/05/12	000008 VISITING NURSE SERVICE	, -	16.00	233.28	I
212136 10/05/12	000008 VISITING NURSE SERVICE	E ROSA, LUZ E	40.00	583.20	I
		CUSTOMER	56.00	0.00 816.48	
		CATEGORY	56.00	0.00 816.48	

	10/10/12 NL # 0302	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		47
SALES UK	NL # 0302	HOC 001		SALES REGISTEI	3		BILL WEEK EN		10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212137	10/05/12	800000	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
212138	10/05/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	30.00		437.40	I	
212139	10/05/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	5.00		72.90	I	
212140	10/05/12	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	4.25		61.97	I	
212141	10/05/12	000008	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.25		368.15	I	
212142	10/05/12	000008	VISITING NURSE SERVICE	RUEDA, INES	12.00		174.96	I	
212143	10/05/12	800000	VISITING NURSE SERVICE	RUEDA, INES	35.00		510.30	I	
				CUSTOMER	127.50	0.00	1,858.96		
				CATEGORY	127.50	0.00	1,858.96		

RUN DATE 10/10/12 - SALES JRNL # 0302		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	248
			BALES REGISTER			BILL WEEK ENDING	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212144 10/05/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 249 VCP CHOICE LHCSA	
		5	SALES REGISTER			BILL WEEK ENDING 10	/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
212145 10/05/12	000008	VISITING NURSE SERVICE	RUSSO, MONICA	10.00		145.80 I	
212146 10/05/12	000008	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70 I	
212147 10/05/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	11.00		160.38 I	
212148 10/05/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	44.00		641.52 I	
			CUSTOMER	80.00	0.00	1,166.40	
			CATEGORY	80.00	0.00	1,166.40	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 250 LTC NURSING HOMEW/O WALLS (L BILL WEEK ENDING 10/12/12	Т
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212149 10/05/12 212150 10/05/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		6.00 30.00		87.48 I 437.40 I	
		CUSTOMER	36.00	0.00	524.88	
		CATEGORY	36.00	0.00	 524.88	

RUN DATE 10/10/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212151 10/05/ 212152 10/05/ 212153 10/05/	12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SAMPOGNA, LUCY SANCHEZ, LIDIA SANCHEZ, LIDIA	30.00 14.00 35.00		437.40 204.12 510.30	I I I
			CUSTOMER	79.00	0.00	1,151.82	
			CATEGORY	79.00	0.00	1,151.82	

RUN DATE 10/10/12 - SUP SUNNYS	SIDE CITYWIDE				PAGE 1 -	252
SALES JRNL # 0302 LOC 001	SUNNYSIDE CITYWIDE REG N				CCL CONGREGATE	
	SALES	REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOICE# DATE CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212154 10/05/12 000008 V	JISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40	I
		CATEGORY	30.00	0.00	437.40	

RUN DATE 10/10/12 -						PAGE 1 - 253	
SALES JRNL # 0302	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 10/3	L2/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
212155 10/05/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	12.00		174.96 I	
212156 10/05/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	30.00		437.40 I	
			CUSTOMER	42.00	0.00	612.36	
			COBTONER	12.00	0.00	012.50	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 10/10/12 - SALES JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 254	
			SALES REGISTER			BILL WEEK END	ING 10/12/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
212157 10/05/12 212158 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00		291.60 43.74	I T	
212130 10/03/12	000000	VIDITING NORDE BERVICE	·					
			CUSTOMER	23.00	0.00	335.34		
			CATEGORY	23.00	0.00	335.34		

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - : VCP CHOICE LHCSA BILL WEEK ENDING	255 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212159 10/05/12 212160 10/05/12 212161 10/05/12		VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SCOTT, CATHERIN SCOTT, CATHERIN SCRO, WILLIAM	16.00 29.00 20.00		233.28 I 422.83 I 291.60 I	
			CUSTOMER	65.00	0.00	947.71	
			CATEGORY	65.00	0.00	947.71	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
212162 9/21/12 212163 9/21/12 212164 10/05/12	800000 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SECONDINI, ANNA SECONDINI, ANNA SECONDINI, ANNA	3.00 2.00 10.00		43.74 29.16 145.80	I I I
			CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1	- 2	57
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212165	10/05/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	12.00		174.96	I	
212166	10/05/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	24.00		349.92	I	
212167	9/28/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	10.00		145.80	I	
212168	10/05/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	20.00		291.60	I	
212169	10/05/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	49.50		721.71	I	
212170	10/05/12	000008	VISITING NURSE SERVICE	SERRANO, AGUEDA	7.50		109.35	I	
212171	10/05/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	13.50		196.83	T	
212172	10/05/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	28.00		408.24	T	
212173	10/05/12	000008	VISITING NURSE SERVICE	SHARMA, DEROPDI	20.00		291.60	T	
212173	10/03/12	000000	VIBILING NORDE BERVICE						
				CUSTOMER	184.50	0.00	2,690.01		
				CODIONER	101.50	0.00	2,000.01		
				CATEGORY	184.50	0.00	2,690.01		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 258 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212174 10/05/12 212175 10/05/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	·	12.00	174.96 I 437.40 I
		CUSTOMER	42.00 0.00	612.36
		CATEGORY	42.00 0.00	612.36

			YSIDE CITYWIDE				PAGE 1 -	
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHC	-
								, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212176	10/05/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40	I
212177	10/05/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70	I
				CUSTOMER	45.00	0.00	656.10	
				000-01-21				
				CATEGORY	45.00	0.00	656.10	

RUN DATE 10/10/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 260	
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDING 10/12/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212178 10/05/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	15.00		218.70 I	
			CATEGORY	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 261 CCL CONGREGATE CARE PROGR BILL WEEK ENDING 10/12/1	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
212179 10/05/12 212180 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		19.75 8.00		287.96 I 116.64 I	
			CUSTOMER	27.75	0.00	404.60	-
			CATEGORY	27.75	0.00	404.60	-

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212181 10/05/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40]
			CATEGORY	30.00	0.00	437.40	

RUN DATE 10/10/12 - SALES JRNL # 0302	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	7
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212183 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SOTO, MARCELINA STAFILIAS, EVAN STAFILIAS, EVAN	8.00 16.00 40.00		116.64 I 233.28 I 583.20 I	
			CUSTOMER	64.00	0.00	933.12	
			CATEGORY	64.00	0.00	933.12	

RUN DATE 10/10/12 - SUP S SALES JRNL # 0302 LOC 0	001 SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 264 ADU ADULT BILL WEEK ENDING 10/12/12	
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212185 10/05/12 00000 212186 10/05/12 00000 212187 10/05/12 00000	08 VISITING NURSE SERVICE	STALANSKI, ROBE STAMBOULIDIS, V STAMBOULIDIS, V	6.00 16.00 40.00		87.48 I 233.28 I 583.20 I	
		CUSTOMER	62.00	0.00	903.96	
		CATEGORY	62.00	0.00	903.96	

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AI BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
212188 10/05/12 212189 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	STEIN, STEPHANI STEIN, STEPHANI	6.00 15.00		87.48 218.70	I I
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

	10/12 - SUP SUNN		222				- 26	56
SALES JRNL #	0302 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			VCP CHOICE LE		10/12/12
		5	ALES KEGISIEK			DILL WEEK EN.	DING	10/12/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	05/12 000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	20.00		291.60	I	
	05/12 000008	VISITING NURSE SERVICE	STERGIOU, GLORI	20.00		291.60	I	
212192 10/0	05/12 000008	VISITING NURSE SERVICE	STICKELL, BLANC	30.00		437.40	I	
212193 10/0	05/12 000008	VISITING NURSE SERVICE	STROBL, ALFRED	6.00		87.48	I	
212194 10/0	05/12 000008	VISITING NURSE SERVICE	STROBL, ALFRED	30.00		437.40	I	
212195 10/0	05/12 000008	VISITING NURSE SERVICE	SUAREZ, MARINA	5.00		72.90	I	
212196 10/0	05/12 000008	VISITING NURSE SERVICE	SUAREZ, MARINA	20.00		291.60	I	
212197 10/0	05/12 000008	VISITING NURSE SERVICE	TABOADA, DIMAS	17.50		255.15	I	
212198 10/0	05/12 000008	VISITING NURSE SERVICE	TABOADA, ELIZAB	16.00		233.28	I	
	05/12 000008	VISITING NURSE SERVICE	TABOADA, ELIZAB	39.75		579.56	I	
			CUSTOMER	204.25	0.00	2,977.97		
			CATEGORY	204.25	0.00	2,977.97		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT		ΓER	PAGE 1 - 267 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
212200 10/05/12 212201 10/05/12 212202 10/05/12	000008 VISITING NURSE 000008 VISITING NURSE 000008 VISITING NURSE	E SERVICE TADDEO, LENA	16.00 40.00 24.00	233.28 I 583.20 I 349.92 I
		CUSTOME	R 80.00 0.0	0 1,166.40
		CATEGOR	Y 80.00 0.0	 0

	10/10/12 - RNL # 0302	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 268 VCP CHOICE LHCSA
DALES ON	dvL # 0502	HOC 001		SALES REGISTER			BILL WEEK ENDING 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212203 212204	10/05/12 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 20.00		174.96 I 291.60 I
				CUSTOMER	32.00	0.00	466.56
				CATEGORY	32.00	0.00	466.56

			YSIDE CITYWIDE					269
SALES	3 JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHA	
			S	SALES REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
21220	05 10/05/12	800000	VISITING NURSE SERVICE	TEJADA, MARIALU	4.75		69.26	I
				CATEGORY	4.75	0.00	69.26	

RUN DATE 10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	270
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
		S	ALES REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212206 10/05/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	12.00		174.96	I
212207 10/05/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	30.00		437.40	I
212208 10/05/12	800000	VISITING NURSE SERVICE	TINOCO, INES	7.00		102.06	I
212209 10/05/12	800000	VISITING NURSE SERVICE	TINOCO, INES	27.75		404.60	I
			CUSTOMER	76.75	0.00	1,119.02	
			CATEGORY	76.75	0.00	1,119.02	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 271 ADU ADULT BILL WEEK ENDING 10/12/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212210 10/05/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	25.00		364.50 I	
			CATEGORY	25.00	0.00	364.50	

RUN DATE	10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	72
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212211	10/05/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	4.00		58.32	I	
212212	10/05/12	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	20.00		291.60	I	
212213	10/05/12	800000	VISITING NURSE SERVICE	TORO, PURA	47.75		696.20	I	
212214	10/05/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	32.00		466.56	I	
212215	10/05/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	24.00		349.92	I	
212216	10/05/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	60.00		874.80	I	
				CUSTOMER	187.75	0.00	2,737.40		
				CATEGORY	187.75	0.00	2,737.40		

RUN DATE :			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 273 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	10/05/12 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		12.00 30.00		174.96 I 437.40 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

	SUP SUNNYSIDE CITYWIDE	DEG NV NV		PAGE 1 - 274
SALES JRNL # 0302		REG NY NY SALES REGISTER		ADU ADULT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212219 10/05/12	000008 VISITING NURSE SERVICE	TOUMA, MATTA	35.00	510.30 I
		CATEGORY	35.00 0.00	510.30

RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	75
SALES JRN	L # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212220	9/21/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	12.00		174.96	I	
212221	9/28/12	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	12.00		174.96	I	
212222	10/05/12	800000	VISITING NURSE SERVICE	TRUONG, TINH	15.50		226.00	I	
212223	10/05/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	16.00		233.28	I	
212224	10/05/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	40.00		583.20	I	
				CUSTOMER	95.50	0.00	1,392.40		
				CATEGORY	95.50	0.00	1,392.40		

RUN DATE 10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	276
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
		S	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212225 10/05/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12 -						PAGE 1 -	277
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
		· ·	SALES REGISTER			RILL MEEK ENDIN	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212226 10/05/12	000000	MICHENIC MIRCH CERMICAL	EFOUND C PERT	10.00		262 44 -	
212226 10/05/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	18.00		262.44 I	
212227 10/05/12	000008	VISITING NURSE SERVICE	TZOUMAS, EFFIE	43.25		630.59 I	
212228 10/05/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	2.00		349.92 I	
212229 10/05/12	000008	VISITING NURSE SERVICE	UGURLUYAN, KARA	5.00		874.80 I	
						0 115 55	
			CUSTOMER	68.25	0.00	2,117.75	
			CATEGORY	68.25	0.00	2,117.75	

RUN DATE 1	L0/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	'8
SALES JRNL	<u> </u>	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				S A L E S R E G I S T E R			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212230	9/28/12	800000	VISITING NURSE SERVICE	URBINA, ANA	5.00		72.90 I	
212231 1	L0/05/12	800000	VISITING NURSE SERVICE	URBINA, ANA	10.00		145.80 I	
212232 1	L0/05/12	800000	VISITING NURSE SERVICE	URBINA, ANA	25.00		364.50 I	
				CUSTOMER	40.00	0.00		
				COSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 1	0/10/12 -	SUP SUNNY	YSIDE CITYWIDE					PAGE 1	- 27	79	
SALES JRNL	# 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	re caf	RE PROGRAM	
			S	SALES R	EGISTER			BILL WEEK EN	DING	10/12/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
212233 1	0/05/12	800000	VISITING NURSE SERVICE	VALE	NCIA, BERNA	12.00		174.96	I		
					CATEGORY	12.00	0.00	174.96			

RUN DATE 10	0/10/12 - St	UP SUNNY	SIDE CITYWIDE				PAGE 1 -	280
SALES JRNL	# 0302 LC	OC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			SI	ALES REGISTER			BILL WEEK ENDING	3 10/12/12
INVOICE#	DATE CU	UST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212234 10	0/05/12 00	80000	VISITING NURSE SERVICE	VALENCIA, ESTHE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2 CCL CONGREGATE CA BILL WEEK ENDING	
			SALES REGISIER			BILL MEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212235 10/05/12 212236 10/05/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		16.00 40.00		233.28 I 583.20 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 - 282	
SALES	JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 1	0/12/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212237	10/05/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	23.50		342.63 I	
				 CATEGORY	23.50	0.00	342.63	

RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 283	
SALES JRN	L # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (I	ĹΤ
			;	SALES REGISTER			BILL WEEK ENDING 10/12/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212238	10/05/12	800000	VISITING NURSE SERVICE	VAROL, ELMAS	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				-	84
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212239	10/05/12	000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO	14.00		204.12 I	
212240	10/05/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	34.75		506.66 I	
				CUSTOMER	48.75	0.00	710.78	
				COSTOMER	10.73	0.00	710.70	
				CATEGORY	48.75	0.00	710.78	

RUN DATE 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	285
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HON	MEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDI	NG 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
212241 10/05/12	000008	VISITING NURSE SERVICE	VASOUEZ, EUSTAG	7.25		105.71	Г
212242 10/05/12	000008	VISITING NURSE SERVICE		25.00		364.50	
212243 10/05/12	000008	VISITING NURSE SERVICE	~ '	6.00		87.48	[
212244 10/05/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	15.00		218.70	Ι
			CUSTOMER	53.25	0.00	776.39	
			CATEGORY	53.25	0.00	776.39	

RUN DATE 10/10/12 SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - AUR ADULT REHAB BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212245 10/05/12 212246 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZSOTO, AR VASQUEZSOTO, AR	12.00 30.00		174.96 I 437.40 I	
			CUSTOMER	42.00	0.00	612.36	
			CATEGORY	42.00	0.00	612.36	

		REG NY NY SALES REGISTER			PAGE 1 - 287 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS T.	AX AMT	AMOUNT TYP SURPLUS
212247 10/05/12 212248 10/05/12	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE	~ - ,	10.00		145.80 I 437.40 I
		CUSTOMER	40.00	0.00	583.20
		CATEGORY	40.00	0.00	583.20

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY I	NY			PAGE 1 - 2 ADU ADULT	88
BALLO GIAVE # 0502	100 001		-	EGISTE	R		BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212249 10/05/12 212250 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		BETTY BETTY	2.00		29.16 I 43.74 I	
				CUSTOMER	5.00	0.00	72.90	
				- CATEGORY	5.00	0.00	72.90	

	10/10/12 - NL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	SA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212251 212252	10/05/12 10/05/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ ~ ,	4.00 13.00		58.32 189.54	[[
				CUSTOMER	17.00	0.00	247.86	
				CATEGORY	17.00	0.00	 247.86	

RUN DATE 10/10/12 SALES JRNL # 0302		REG NY NY S A L E S R E G I S T E	R		LTC NURSING	- 290 HOMEW/O WALLS (LT DING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212253 10/05/12 212254 10/05/12		·	7.00 35.25		102.06 513.95	I
		CUSTOMER	42.25	0.00	616.01	
		– CATEGORY	42.25	0.00	616.01	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 291 ADU ADULT BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212255 10/05/12	000008 VISITING NURSE SERVICE	E VERA, ROSARIO CATEGORY	12.00 12.00 0.00	174.96 I 174.96

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 29 VCP CHOICE LHCSA BILL WEEK ENDING	92
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212256 10/05/12 212257 10/05/12 212258 10/05/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VERAS, JUANA	12.00 16.00 40.00		174.96 I 233.28 I 583.20 I	
			CUSTOMER	68.00	0.00	991.44	
			CATEGORY	68.00	0.00	991.44	

I	RUN DATE	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 293	
5	SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
				S	SALES REGISTER			BILL WEEK ENDING 10/12,	/12
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
1	212259	10/05/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE 10/10/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 294
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		S	SALES REGISTER			BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
212260 10/05/12	000008	VISITING NURSE SERVICE	VILLAPOL, ANNA	1.00		14.58 I
212261 10/05/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	30.00		437.40 I
			CUSTOMER	31.00	0.00	451.98
			CATECORY	21 00	0.00	451 00
			VILLAPOL, ANNA	30.00	0.00	437.40 I

RUN DATE 1	10/10/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 295	; ;
SALES JRNI	# 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			S	SALES REGISTER			BILL WEEK ENDING 1	.0/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212262 1	L0/05/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 10/10/12 -	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 296
SALES JRNL # 0302	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		LTC NURSING HOMEW/O WALLS (LT
	;	SALES REGISTER		BILL WEEK ENDING 10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
212263 10/05/12	000008 VISITING NURSE SERVICE	VITO, CARMEN	29.50	430.11 I
		CATEGORY	29.50 0.00	430.11

RUN DATE 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 297
SALES JRNL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
		:	SALES REGISTER			BILL WEEK END	ING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212264 10/05/12	000008	VISITING NURSE SERVICE	VIVACQUA, EMMA	20.00		291.60	I
212265 10/05/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	50.00		729.00	I
			CUSTOMER	70.00	0.00	1,020.60	
			00D10H2H		0.00	_,.20.00	
			GAERGODY	70.00		1 000 60	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE 10/10/12 - SALES JRNL # 0302		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 298 ADU ADULT BILL WEEK ENDING 10/12/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212266 10/05/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I	
			CATEGORY	20.00	0.00	291.60	

RUN DATE :			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDIN	G 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212267	9/28/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74 I	
				 CATEGORY	3.00	0.00	43.74	

	10/10/12 - NL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGIS	STER		HOA HOSPICE	- 300 ADULT DING 10/12/1:	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLU	S
212268	10/05/12	000008	VISITING NURSE SERVICE	WASHINGTON,	JAM 15.00		218.70	I	
									_
				CATEGO	DRY 15.00	0.00	218.70		

RUN DATE 10 SALES JRNL			REG NY NY			VCP CHOICE LHCS	
			SALES REGISTER			BILL WEEK ENDIN	NG 10/12/12
INVOICE#	DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
212269 10	0/05/12 00000	08 VISITING NURSE SERVICE	WEINHAUS, SUSAN	5.00		72.90	Ι
	0/05/12 00000	08 VISITING NURSE SERVICE	WEINHAUS, SUSAN	25.00		364.50	I
212271 10	0/05/12 00000	08 VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28	Ι
			CUSTOMER	46.00	0.00	670.68	
			CATEGORY	46.00	0.00	670.68	

RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30)2
SALES JRN	IL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212272	10/05/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 10/10/12	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 303	3
SALES JRNL # 0302	LOC 001 SUNNYSIDE CITYWID				VCP CHOICE LHCSA	
		SALES REGISTE	E R		BILL WEEK ENDING	10/12/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212273 10/05/12	000008 VISITING NURSE SER	VICE ZAMBRANO, VICTO	12.00		174.96 I	
		- CATEGORY	12.00	0.00	174.96	

RUN DATE 10/10/	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1 -	304
SALES JRNL # 03	D2 LOC 001		REG NY NY			LAD NURSING HOM	
			SALES REGISTER			BILL WEEK ENDING	G 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
212274 10/05/	12 000008	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
2122/4 10/03/	12 000000	VISITING NORSE SERVICE	ZIVAN, GEODINA	10.00		143.00 1	
			CATEGORY	10.00	0.00	145.80	

RUN DATE 10/10/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0302 LOC 001 SUNNYSIDE CITYWIDE
SALES JRNL # 0302 LOC 001 SUNNYSIDE CITYWIDE
SALES REGISTER

PAGE 1 - 305
GUI GUILDNET
SALES REGISTER
BILL WEEK ENDING 10/12/12

				SALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE ACERNO, CLAIRE ALI, AMRUNISSA ALI, AMRUNISSA ALI, AMRUNISSA ALSTON, ZULINE AMABILE, ANTOIN AMABILE, ANTOIN BEGUM, JAMILA BUCARO, CONCETT CARSWELL, LUELL CEPEDA, TOMASA COLAVITTI, JEAN COLEMAN, REGINA DIAZ, ALICIA DIAZ, ALICIA DIAZ, CARMEN DONOSO, MARGARE DURAN, CARMEN EARLINGTON, ALB ECKMAN, LOIS ECKMAN, LOIS ECKMAN, LOIS ESCOBAR, DOMING ESPINOZA, MARIA EXPOSITO, ALFON FELICIANO, JOAN FERNANDEZ, ANA FERNANDEZ, ANA FERRARA, ANN FERRARA, ANN FERRARA, ANN FERRO, JOSEPHIN GOMEZ, YOLANDA GREENSPAN, ALIC HENRIQUEZ, TERE HUSTIU, SILVIA IRIMIA, SIMONA JIMENEZ, EUGENI JOHNSON, DOROTH MANGRAY, KARMAD MARTIN, RUTH MARTINEZ, EMMA MARSOL, PEDRO A MCQUAIL, MAUREE MICHEL, DOROTHY MONCRIEF, LOIS MORA, PAULA MOSCICKA, JADWI	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212275	10/05/12	000010	GUILDNET	ACERNO, CLAIRE	18.50		279.72	I	
212276	10/05/12	000010	GUILDNET	ALI, AMRUNISSA	4.00		58.08	I	
212277	10/05/12	000010	GUILDNET	ALI, AMRUNISSA	20.00		302.40	I	
212278	10/05/12	000010	GUILDNET	ALSTON, ZULINE	58.00		1,007.12	I	
212279	10/05/12	000010	GUILDNET	AMABILE, ANTOIN	2.00		377.44	I	
212280	10/05/12	000010	GUILDNET	AMABILE, ANTOIN	1.00		196.56	I	
212281	10/05/12	000010	GUILDNET	AMABILE, ANTOIN	10.00		151.20	I	
212282	10/05/12	000010	GUILDNET	BEGUM, JAMILA	72.00		1,078.44	I	
212283	10/05/12	000010	GUILDNET	BUCARO, CONCETT	42.00		635.04	I	
212284	10/05/12	000010	GUILDNET	CARSWELL, LUELL	70.00		1,046.40	I	
212285	10/05/12	000010	GUILDNET	CEPEDA, TOMASA	30.00		453.60	I	
212286	10/05/12	000010	GUILDNET	COLAVITTI, JEAN	56.00		837.12	I	
212287	10/05/12	000010	GUILDNET	COLEMAN, REGINA	32.75		490.38	I	
212288	10/05/12	000010	GUILDNET	DIAZ, ALICIA	45.00		674.40	I	
212289	10/05/12	000010	GUILDNET	DIAZ, CARMEN	45.50		684.36	I	
212290	10/05/12	000010	GUILDNET	DONOSO, MARGARE	24.00		362.88	I	
212291	10/05/12	000010	GUILDNET	DURAN, CARMEN	33.50		591.40	I	
212292	10/05/12	000010	GUILDNET	EARLINGTON, ALB	41.00		616.32	I	
212293	10/05/12	000010	GUILDNET	ECKMAN, LOIS	2.00		377.44	I	
212294	10/05/12	000010	GUILDNET	ECKMAN, LOIS	5.00		982.80	I	
212295	10/05/12	000010	GUILDNET	ESCOBAR, DOMING	25.00		378.00	I	
212296	8/31/12	000010	GUILDNET	ESCOBAR, DOMING	12.00		174.24	I	
212297	10/05/12	000010	GUILDNET	ESPINOZA, MARIA	40.50		607.86	I	
212298	10/05/12	000010	GUILDNET	EXPOSITO, ALFON	55.75		833.49	I	
212299	10/05/12	000010	GUILDNET	FELICIANO, JOAN	38.00		569.76	I	
212300	10/05/12	000010	GUILDNET	FERNANDEZ, ANA	8.00		116.16	I	
212301	10/05/12	000010	GUILDNET	FERNANDEZ, ANA	20.00		302.40	I	
212302	10/05/12	000010	GUILDNET	FERRARA, ANN	12.00		174.24	I	
212303	10/05/12	000010	GUILDNET	FERRARA, ANN	40.00		604.80	I	
212304	9/28/12	000010	GUILDNET	FERRO, JOSEPHIN	22.00		319.44	I	
212305	10/05/12	000010	GUILDNET	FERRO, JOSEPHIN	60.00		907.20	I	
212306	10/05/12	000010	GUILDNET	GOMEZ, YOLANDA	13.00		196.56	I	
212307	10/05/12	000010	GUILDNET	GREENSPAN, ALIC	35.00		523.20	I	
212308	10/05/12	000010	GUILDNET	HENRIQUEZ, TERE	49.00		820.96	I	
212309	10/05/12	000010	GUILDNET	HUSTIU, SILVIA	6.00		90.72	I	
212310	10/05/12	000010	GUILDNET	IRIMIA, SIMONA	55.50		829.56	I	
212311	10/05/12	000010	GUILDNET	JIMENEZ, EUGENI	68.00		1,014.96	I	
212312	10/05/12	000010	GUILDNET	JOHNSON, DOROTH	62.75		935.13	I	
212313	10/05/12	000010	GUILDNET	MANGRAY, KARMAD	40.00		604.80	I	
212314	10/05/12	000010	GUILDNET	MARTIN, RUTH	6.00		90.72	I	
212315	10/05/12	000010	GUILDNET	MARTINEZ, EMMA	6.00		87.12	I	
212316	10/05/12	000010	GUILDNET	MARTINEZ, EMMA	30.00		453.60	I	
212317	10/05/12	000010	GUILDNET	MASSOL, PEDRO A	25.00		378.00	I	
212318	10/05/12	000010	GUILDNET	MCQUAIL, MAUREE	63.50		949.32	I	
212319	10/05/12	000010	GUILDNET	MICHEL, DOROTHY	16.00		232.32	I	
212320	10/05/12	000010	GUILDNET	MICHEL, DOROTHY	40.00		604.80	I	
212321	10/05/12	000010	GUILDNET	MONCRIEF, LOIS	55.75		833.34	I	
212322	10/05/12	000010	GUILDNET	MORA, PAULA	3.75		56.70	I	
212323	10/05/12	000010	GUILDNET	MOSCICKA, JADWI	24.00		348.48	I	

RUN DATE 10/10/12 - SUP SUNNYSIDE CITYWIDE PAGE 2 - 306 SALES JRNL # 0302 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 10/12/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS T MOSCICKA, JADWI 8.00 120.96 I
T MSCICKA, JADWI 8.00 120.96 I
T MSTTLES, DONNA 7.75 117.18 I
T NETHELS, DONNA 26.00 392.52 I
T NETHES, ANGELINA 13.00 196.56 I
T NISHMURA, ALBE 1.00 144.52 I
NUNEZ, ANGELINA 13.00 196.56 I
T OKLANDO, ANNE 25.00 378.00 I
T OKLANDO, ANNE 25.00 378.00 I
T OKRIZ, LAURA 18.00 261.36 I
T OKRIZ, LAURA 18.00 261.36 I
T PAPHITIS, RICHA 32.00 483.84 I
P PAZIOULIS, KLEO 55.00 818.40 I
F PARIOULIS, KLEO 55.00 818.40 I
F PENA, WALESKA 16.00 232.32 I
P PENA, WALESKA 40.00 604.80 I
F PENA, WALESKA 40.00 604.80 I
F PINILLA, VICTOR 10.00 91.76 I
F PINILLA, VICTOR 10.00 145.20 I
F PINILLA, VICTOR 24.50 370.44 I
F PROANO, ALICHA 18.00 266.56 I
F PROANO, ALICHA 18.00 126.56 I
F PROANO, BRUNO 20.00 122.40 I
F PROANO, BRUNO 20.00 322.40 I
RAMOS, ARGENTIN 1.00 155.12 I
RAMOS, ARGENTIN 3.00 418.56 I
RODRIGUEZ, FABI 8.00 418.56 I
RODRIGUEZ, FABI 8.00 418.56 I
RODRIGUEZ, HOLG 63.00 941.76 I
RUYBRA, RAMONIT 8.00 122.40 I
RIVBRA, RAMONIT 8.00 122.40 I
RIVBRA, RAMONIT 8.00 122.40 I
RODRIGUEZ, HOLG 63.00 941.76 I
RODRIGUEZ, HOLG 95.24 I
RODRIGUEZ, HOLG 95.25 I
RODRIGUEZ, HOLG 95.26 II
RODRIGUEZ, HOLG 95.26 II
RODRIGUEZ, HOLG 95.26 II
RODRIGU MOSCICKA, JADWI 8.00 212324 10/05/12 000010 GUILDNET 120.96 I 212325 10/05/12 000010 GUILDNET 212326 10/05/12 000010 GUILDNET 212327 9/28/12 000010 GUILDNET 212328 10/05/12 GUILDNET 000010 10/05/12 212329 000010 GUILDNET 10/05/12 212330 000010 GUILDNET 212331 10/05/12 000010 GUILDNET 212332 10/05/12 000010 GUILDNET 212333 10/05/12 000010 GUILDNET GUILDNET 212334 10/05/12 000010 212335 10/05/12 000010 GUILDNET 212336 10/05/12 000010 GUILDNET 212337 10/05/12 000010 GUILDNET 212338 9/14/12 000010 GUILDNET 212339 10/05/12 000010 GUILDNET 212340 10/05/12 000010 GUILDNET 212341 10/05/12 GUILDNET 000010 212342 10/05/12 000010 GUILDNET 212343 10/05/12 000010 GUILDNET 212344 10/05/12 GUILDNET 000010 212345 10/05/12 000010 GUILDNET 212346 10/05/12 000010 GUILDNET 212347 10/05/12 000010 GUILDNET 212348 10/05/12 000010 GUILDNET 212349 10/05/12 000010 GUILDNET 212350 10/05/12 000010 GUILDNET 212351 10/05/12 000010 GUILDNET 212352 10/05/12 000010 GUILDNET 212353 10/05/12 000010 GUILDNET 212354 10/05/12 000010 GUILDNET 212355 10/05/12 000010 GUILDNET 212356 10/05/12 000010 GUILDNET 212357 10/05/12 000010 GUILDNET 212358 10/05/12 000010 GUILDNET 10/05/12 212359 000010 GUILDNET 212360 10/05/12 000010 GUILDNET 212361 9/14/12 000010 GUILDNET 212362 10/05/12 000010 GUILDNET 212363 10/05/12 000010 GUILDNET 10/05/12 212364 000010 GUILDNET 212365 10/05/12 000010 GUILDNET 212366 9/07/12 000010 GUILDNET 212367 10/05/12 000010 GUILDNET 212368 10/05/12 GUILDNET 000010 212369 10/05/12 000010 GUILDNET 212370 9/14/12 000010 GUILDNET 212371 10/05/12 000010 GUILDNET 212372 10/05/12 000010 GUILDNET CUSTOMER 2,744.25 0.00 45,115.61

CATEGORY 2,744.25 0.00 45,115.61

RUN DATE	E 10/10/12 -	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE			PAGE 1	- 3	07
				SALES REGISTED	R		BILL WEEK EN	DING	10/12/12
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212373	10/05/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
212374	10/05/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
212375	10/05/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	42.00		708.96	I	
212376	10/05/12	000122	HEALTH FIRST	BOWERS, DIANE	50.00		844.00	I	
212377	10/05/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
212378	10/05/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
212379	10/05/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
212380	10/05/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
212381	9/07/12	000122	HEALTH FIRST	CORTES DE GALIN	60.00		1,012.80	I	
212382	10/05/12	000122	HEALTH FIRST	DELACRUZ, ANA	70.00		1,181.60	I	
212383	10/05/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	24.00		405.12	I	
212384	10/05/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	4.00		67.52	I	
212385	10/05/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96	I	
212386	10/05/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	Ī	
212387	10/05/12	000122	HEALTH FIRST	FONTANES PEDRO	28.00		472.64	T	
212388	10/05/12	000122	HEALTH FIRST	FRANCISCO, RICH	32.00		540.16	T	
212389	10/05/12	000122	HEALTH FIRST	FRIAS. BARBARA	4.00		67.52	T	
212390	10/05/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	Ī	
212391	10/05/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	Ī	
212392	10/05/12	000122	HEALTH FIRST	LARA. TOMASA	48.00		810.24	T	
212393	10/05/12	000122	HEALTH FIRST	LAZALA, GLADYS	42.00		708.96	T	
212394	10/05/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ	74.00		1.249.12	T	
212395	10/05/12	000122	HEALTH FIRST	MACARENA. SAHAR	84.00		1.417.92	T	
212396	10/05/12	000122	HEALTH FIRST	MARTIN ARIANA	12 00		202 56	T	
212397	9/21/12	000122	HEALTH FIRST	PALAZZOLO FLOR	96 00		1 620 48	T	
212398	10/05/12	000122	HEALTH FIRST	PALAZZOLO FLOR	60.00		1 012 80	T	
212399	10/05/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	16.00		270.08	T	
212400	10/05/12	000122	HEALTH FIRST	SALAZAR LIIZ MA	54 00		911 52	T	
212401	10/05/12	000122	HEALTH FIRST	SALHIIANA YOLAN	40 00		675 20	T	
212402	10/05/12	000122	HEALTH FIRST	SDIVEY DATRICT	26 00		438 88	T	
212403	10/05/12	000122	HEALTH FIRST	ST ROMAINE CLA	18 00		303 84	T	
212404	10/05/12	000122	HEALTH FIRST	VACOUET OLGA	20.00		337.60	т	
212404	10/05/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	Ī	
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN BOWERS, DIANE CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DELACRUZ, ANA ESPAILLAT, AMPA ESPAILLAT, AMPA ESPAILLAT, AMPA ESPAILLAT, ESPANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA PALAZZOLO, FLOR RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA VASQUEZ, OLGA VEGA, GLORIA	1,304.00	0.00	22,011.52		
				CATEGORY	1,304.00	0.00	22,011.52		

RUN DATE	10/10/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S					PAGE 1	- 30)8
SALES JF	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			NHP NEIGHBORE	HOOD I	HEALTH
			S	ALES	REGISTER			BILL WEEK ENI	DING	10/12/12
INVOICE#	DATE	CIICT NO	CUSTOMER NAME	D:	FFFD FMCF	HOLLDC	ጥላል አለጥ	λ M∩I INT	TVD	SURPLUS
INVOICE	DAIL	COSI NO	COSTOMER NAME	K.	EFERENCE	CAUUN	IAA AMI	AMOUNT	IIP	SURPLUS
212406	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS AH	MED, UMARA	54.00		911.52	I	
212407	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS AK	HTER, SELINA	45.00		759.60	I	
212408	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS CH	JKWUJIORAH, T	50.00		844.00	I	
212409	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS DI	AZ, CARMEN	28.00		472.64	I	
212410	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS FE	RNANDEZ, MARI	12.00		202.56	I	
212411	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS FLO	ORES, MARITZA	70.00		1,181.60	I	
212412	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS HA	MPTON, PRISCI	42.00		708.96	I	
212413	9/21/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS JO	NES, CYNTHIA	18.00		303.84	I	
212414	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS KH	ALIL, RASHAN	36.00		607.68	I	
212415	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS KH	AN, FARUQUE	80.00		1,350.40	I	
212416	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS KR	OLL, KATHERIN	39.00		658.32	I	
212417	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS MO	RALES HERNAD	42.00		708.96	I	
212418	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS MO	SKOWITZ, RONA	29.00		489.52	I	
212419	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS OC	ASIO, VIRGINI	30.00		506.40	I	
212420	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS RO	DRIGUEZ, JESS	25.00		422.00	I	
212421	9/28/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS RO	DRIGUEZ, MARI	24.00		405.12	I	
212422	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS SA	LVATO, MARY	16.00		270.08	I	
212423	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS SH	EPPARD, ERMA	70.00		1,181.60	I	
212424	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS WE	LLS, WYNORIA	16.00		270.08	I	
212425	10/05/12	000120	NEIGHBORHOOD HEALTH PROV	VIDERS WI	LSON, SHERYL	36.00		607.68	I	
			NEIGHBORHOOD HEALTH PROV NEIGHBORHOOD HEALTH PROV			760.00	0.00	10.060.56		
					CUSTOMER	762.00	0.00	12,862.56		
					CATEGORY	762.00	0.00	12,862.56		

RUN DATE 10/10/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 309 SALES JRNL # 0302 LOC 001 SUNNYSIDE CITYWIDE REG NY NY FID NY CATHOLIC/FIDELIS												
	"			SALES REGISTER			BILL WEEK ENI	- ,	12/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SUI	RPLUS			
212426	10/05/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	I				
212427	10/05/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49	I				
212428	10/05/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	49.00		826.63	I				
212429	10/05/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.00		404.88	I				
212430	10/05/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	18.00		303.66	I				
212431	10/05/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	12.00		202.44	I				
212432	10/05/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	41.00		691.67	I				
212433	10/05/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	63.00		1,062.81	I				
				CUSTOMER	283.00	0.00	4,774.21					
				CATEGORY	283.00	0.00	4,774.21					

			YSIDE CITYWIDE	DDG NW NW			-	- 310
SALES URI	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTEI	R		UHC UNITED HE BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212434	10/05/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	I
212435	10/05/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	53.00		909.48	I
212436	10/05/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	8.00		137.28	I
212437	10/05/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	16.00		274.56	I
212438	10/05/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	8.00		137.28	I
				CUSTOMER	155.00	0.00	2,659.80	
				CATEGORY	155.00	0.00	2,659.80	
				CAILGORI	133.00	0.00	2,039.00	

RUN DATE 10/10/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 311										
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			EHP EMBLEM H	EALTH	
				SALES	REGISTER	1		BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212439	10/05/12	000114	EMBLEM HEALTH	C A	MDDELL CADOL	26.00		364.00	т	
					MPBELL, CAROL					
212440	10/05/12	000114	EMBLEM HEALTH		PE, WILLIE	84.00		1,176.00	Τ	
212441	10/05/12	000114	EMBLEM HEALTH	CO	PELAND, ELISE	41.00		584.25	I	
212442	10/05/12	000114	EMBLEM HEALTH	DE	JESUS, TIBUR	38.00		532.00	I	
212443	10/05/12	000114	EMBLEM HEALTH	GA	FFNEY, FREDER	20.00		280.00	I	
212444	10/05/12	000114	EMBLEM HEALTH	IA	NNAZZO, ANGEL	53.75		752.50	I	
212445	10/05/12	000114	EMBLEM HEALTH	JA	CKSON, FRANCE	34.00		476.00	I	
212446	10/05/12	000114	EMBLEM HEALTH	KE	ATON, CATHERI	83.75		1,172.50	I	
212447	10/05/12	000114	EMBLEM HEALTH	RE	YNOLDS, HARRI	12.00		168.00	I	
212448	10/05/12	000114	EMBLEM HEALTH	WE	ATHERS, VERDE	84.00		1,176.00	I	
212449	10/05/12	000114	EMBLEM HEALTH	WE	STFIELD, BREN	56.00		784.00	I	
					 CUSTOMER	532.50	0.00	7,465.25		
					COSTOMER	332.30	0.00	7,405.25		
					CATEGORY	532.50	0.00	7,465.25		

RUN DATE SALES JRN	- , - ,	- SUP SUNN LOC 001		REG NY NY L E G I S T E R			PAGE 1 HIP HEALTH IN BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212451 212452 212453 212454	10/05/12 10/05/12 10/05/12 10/05/12 10/05/12 10/05/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF N HEALTH INSURANCE PLAN OF N	NY CIPRIAN, JACQUE NY DE JESUS, TIBUR NY LOYOLA, MARIA NY ORR, LOUISE	12.00 20.00 18.00 40.00 35.00 16.00		202.56 337.60 303.84 675.20 590.80 270.08	I I I I I	
				CUSTOMER	141.00	0.00	2,380.08		
				CATEGORY	141.00	0.00	2,380.08		

			YSIDE CITYWIDE						- 3	
SALES JRN	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY REGISTE			MPH METROPLU		
				SALES	REGISTE	R		BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	TO.	EFERENCE	HOURS	TAX AMT	AMOUNT	TVD	SURPLUS
INVOICE#	DAIE	CODI NO	COSTOMER NAME	IX.	EL EKENCE	1100105	IAA ANI	AMOUNT	IIF	BURFILUS
212456	10/05/12	000130	METROPLUS HEALTH	AN	DERSON, BETH	21.00		360.15	I	
212457	10/05/12	000130	METROPLUS HEALTH	AR	IAS, NORA	68.00		1,166.20	I	
212458	10/05/12	000130	METROPLUS HEALTH		RDERO, ROSEND			1,029.00	I	
212459	10/05/12	000130	METROPLUS HEALTH	DA	VIS, ANGIE	133.00		2,280.95	I	
212460	10/05/12	000130	METROPLUS HEALTH	DO	VIS, ANGIE BBINS, SANDRA	132.00		2,263.80	I	
212461	10/05/12	000130	METROPLUS HEALTH			15.00		257.25	I	
212462	10/05/12	000130	METROPLUS HEALTH	GA	LAS, TERESA	35.00		600.25	I	
212463	10/05/12	000130	METROPLUS HEALTH		RDOCK, GERTRU			548.80	I	
212464	10/05/12	000130	METROPLUS HEALTH	OS	ORIO, ELVIA	6.00		102.90	I	
212465	9/21/12	000130	METROPLUS HEALTH	PE	RSAD, USHA	93.00		1,594.95	I	
212466	9/21/12	000130	METROPLUS HEALTH		MPERSAID, ALI			325.85	I	
212467	10/05/12	000130	METROPLUS HEALTH	RY	ALS, CHARLES	16.00		274.40	I	
212468	10/05/12	000130	METROPLUS HEALTH	SA	NTORO, MATTHE	35.00		600.25	I	
212469	10/05/12	000130	METROPLUS HEALTH	SH	UMON, NUK-FNU	28.00		480.20	I	
212470	10/05/12	000130	METROPLUS HEALTH	VA	LLE, BLASINA	48.00		823.20	I	
					CUSTOMER	741.00	0.00	12,708.15		
					CATEGORY	741.00	0.00	12,708.15		

RUN DATE 10/10/12 - SALES JRNL # 0302	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I S A L E S		2		PAGE 1 WEL WELCARE (BILL WEEK EN		0/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212471 10/05/12 212472 10/05/12 212473 10/05/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	35.00 36.00 63.00		602.00 619.20 1,083.60	I I I	
				CUSTOMER	134.00	0.00	2,304.80		
				CATEGORY	134.00	0.00	2,304.80		

	: 10/10/12 - ENL # 0302		YSIDE CITYWIDE	DEC NY NY			11102		15
SALES UR	INL # 0302	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	2		AMG AMERIGRO BILL WEEK EN		10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212474	10/05/12	000132	AMERIGROUP	DENNISON, KELVI	28.00		472.64	I	
212475	10/05/12	000132	AMERIGROUP	ESPERSON, CLAUD	12.00		202.56	I	
212476	10/05/12	000132	AMERIGROUP	FERNANDEZ, NORK	42.00		708.96	I	
212477	9/14/12	000132	AMERIGROUP	FRASIEUR, GARY	12.00		202.56	I	
212478	10/05/12	000132	AMERIGROUP	GUERRA, LORRAIN	61.00		1,029.68	I	
212479	10/05/12	000132	AMERIGROUP	HARDING, EDNA	20.00		337.60	I	
212480	10/05/12	000132	AMERIGROUP	MICHEL, VERULIA	36.00		607.68	I	
212481	10/05/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04	I	
212482	10/05/12	000132	AMERIGROUP	WALTERS, BYRON	25.00		422.00	I	
212483	10/05/12	000132	AMERIGROUP	YOUNG, KALEILE	18.00		303.84	I	
				CUSTOMER	262.00	0.00	4,422.56		
				CATEGORY	262.00	0.00	4,422.56		

RUN DATE 10/10/12 - SALES JRNL # 0302		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HCP HEALTHCARE I BILL WEEK ENDING	PARTNERS
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
212484 10/05/12 212485 10/05/12 212486 10/05/12	000148 000148 000148	HEALTH CARE PARTNERS HEALTH CARE PARTNERS HEALTH CARE PARTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	54.00 16.00 12.00		911.52 I 270.08 I 202.56 I	
			CUSTOMER	82.00	0.00	1,384.16	
			CATEGORY	82.00	0.00	1,384.16	

RUN DATE 10/10/12 - SALES JRNL # 0302			EG NY NY ES REGISTER			PAGE 1 - 3 ICS INDEPENDENCE BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOME	R NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
212487 10/05/12 212488 10/05/12		DENCE CARE SYSTEMS DENCE CARE SYSTEMS	HAWKINS S, MA MUSHAYEV, BORIS	10.00 16.00		159.00 I 254.40 I	
			CUSTOMER	26.00	0.00	413.40	
			CATEGORY	26.00	0.00	413.40	

RUN DATE 10/10/12 - SALES JRNL # 0302		VYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY S A L E S				PAGE 1 - VCS VNSNY CHOI BILL WEEK ENDI	CE SELECTHEALTH
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
212489 10/05/12	000170	VNSNY CHOICE SELECT H	HEALTH K	ARASSAVIDES, A	35.00		600.60	I
				CATEGORY	35.00	0.00	600.60	

RUN DATE	10/10/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	19
SALES JR	NL # 0302	LOC 001	SUNNYSIDE CITYWIDE					PAR PRIVATE		
				SALE	S REGISTER	2		BILL WEEK EN	DING	10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212490	10/05/12	000002	SUNNYSIDE COMMUNITY	SERVICES	CAGAN, RUMANDO	8.00		116.00	I	
212491	10/05/12	000002	SUNNYSIDE COMMUNITY		DIAZ, CIRILO	8.00		116.00	I	
212492	10/05/12	000002	SUNNYSIDE COMMUNITY		ESCOBAR, MARIA	8.00		116.00	I	
212493	10/05/12	000002	SUNNYSIDE COMMUNITY	SERVICES	FREEDMAN, SHIRL	4.00		58.00	I	
212494	9/21/12	000002	SUNNYSIDE COMMUNITY		GENAO, ANTONIO	8.00		116.00	I	
212495	9/28/12	000002	SUNNYSIDE COMMUNITY	SERVICES	GENAO, ANTONIO	8.00		116.00	I	
212496	10/05/12	000002	SUNNYSIDE COMMUNITY	SERVICES	GENAO, ANTONIO	8.00		116.00	I	
212497	9/28/12	000002	SUNNYSIDE COMMUNITY	SERVICES	MONTELEONE, CAL	4.00		58.00	I	
212498	10/05/12	000002	SUNNYSIDE COMMUNITY	SERVICES	RICKS, WALTER	8.00		116.00	I	
212499	10/05/12	000002	SUNNYSIDE COMMUNITY	SERVICES	RIZZO, SALVATOR	7.00		101.50	I	
					CUSTOMER	71.00	0.00	1,029.50		
212500	10/05/12	000040	DUISIN, CHRISTINE		DUISIN, XENIA	20.00		310.00	I	
212501	10/05/12	000078	MCDERMOTT, LOUISE		MCDERMOTT, LOUI	8.00		124.00	I	
					CATEGORY	99.00	0.00	1,463.50		

RUN DATE 10/10/12 SALES JRNL # 0302	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER			-	- 320 'S AID SOCIETY DING 10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
212502 9/21/12 212503 10/05/12 212504 10/05/12	000088 000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	DUNNE, MYEISHA DUNNE, MYEISHA SALAS, HELENA	5.00 25.00 7.75		77.50 387.50 120.13	I I I
212505 10/05/12 212506 10/05/12 212507 10/05/12	000088 000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	SALAS, HELENA VARGAS, BRANDON VARGAS, BRANDON	19.50 3.50 10.00		302.25 54.25 155.00	I I
212507 10/03/12 212508 10/05/12 212509 10/05/12	000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	VARGAS, BRANDON VARGAS, JOHN VARGAS, JOHN	3.50 10.00		54.25 155.00	I I
			CUSTOMER	84.25	0.00	1,305.88	
			CATEGORY	84.25	0.00	1,305.88	

RUN DATE 10/10/12 - SALES JRNL # 0302			REG NY NY SALES REGISTER			PAGE 1 - 321 PAR PRIVATE BILL WEEK ENDING 10/12/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
212510 10/05/12	000098	MILDRED PANSE	PANSE, MILDRED	20.00		310.00 I	
			CATEGORY	20.00	0.00	310.00	

RUN DATE 10/10/12 SALES JRNL # 0302	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWID:	REGNY NY SALES REGISTER			PAGE 1 - ELD ELDERSERVE BILL WEEK END	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
212511 10/05/12 212512 10/05/12	000101 ELDERSERVEHEALTH 000101 ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 19.50		356.25 277.88	I I
		CUSTOMER	44.50	0.00	634.13	
		CATEGORY	44.50	0.00	634.13	

RUN DATE 10/10/12 - SUP SUNNYSIDE CITY	WIDE		PAGE 1 - 3	323
SALES JRNL # 0302 LOC 001 SUNNYSII	DE CITYWIDE REG NY NY		PAR PRIVATE	
	SALES REGIST	E R	BILL WEEK ENDING	10/12/12
INVOICE# DATE CUST NO CUSTOMER	NAME REFERENCE	HOURS TAX AMT	T AMOUNT TYP	SURPLUS
212513 10/05/12 000143 ETTORE CO	OPPOLA COPPOLA, ETTOR	E 20.00	310.00 I	
	CATEGORY	20.00 0.00	310.00	

	10/10/12 - NL # 0302		YSIDE CITYWIDE REG SUNNYSIDE CITYWIDE REG SALE	NY NY SREGISTER					24 CARE MGMT 10/12/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212514 212515 212516 212517 212518 212519	10/05/12 10/05/12 10/05/12 10/05/12 10/05/12 10/05/12	000150 000150 000150 000150 000150 000150	COMPREHENSIVE CARE MANAGEMENT	GARCIA, MARIA MELAMED, ESTER PULLIAM, WILLIE ROSARIO, CELEST	16.00 40.00 12.00 30.00 5.00 25.00		225.60 564.00 169.20 423.00 70.50 352.50	I I I I	
				CUSTOMER	128.00	0.00	1,804.80		
				 CATEGORY	128.00	0.00	1,804.80		

RUN DATE 10/10/	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 3:	25
SALES JRNL # 03	02 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE		
			SALES REGISTER			BILL WEEK EN	DING	10/12/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212520 10/05/	12 000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	48.00		816.00	I	
212521 10/05/	12 000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	120.00		1,860.00	I	
			CUSTOMER	168.00	0.00	2,676.00		
212522 10/05/	12 000167	AMY L. WELTMAN	LUSKIND, FRANCE	2.00		408.00	I	
212523 10/05/	12 000167	AMY L. WELTMAN	LUSKIND, FRANCE	5.00		930.00	I	
			CUSTOMER	7.00	0.00	1,338.00		
212524 10/05/	12 000179	DOROTHY TABICKMAN	TABICKMAN, DORT	16.00		248.00	I	
212525 10/05/	12 000183	STEPHEN EDEL	EDEL, CANDACE	15.75		267.75	I	
212526 10/05/	12 000183	STEPHEN EDEL	EDEL, CANDACE	65.00		1,007.50	I	
			CUSTOMER	80.75	0.00	1,275.25		
212527 10/05/	12 000189	RHONDA SCHWARTZ	SCHORR, NORMA	6.75		104.63	I	
			CATEGORY	278.50	0.00	5,641.88		

RUN DATE 10/10/12 - SALES JRNL # 0302			REG S A L E				PAGE 1 HHH HHH HOME BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212528 10/05/12 212529 10/05/12	000192 000192	HHH LONG TERM HOME H		TOVAR, ELENA TOVAR, ELENA	8.00 28.75		120.00 431.25	I I	
				CUSTOMER	36.75	0.00	551.25		
				CATEGORY	36.75	0.00	551.25		

RUN DATE 10/10/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0302 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER					PAGE 1 - 327 PAR PRIVATE BILL WEEK ENDING 10/12/12				
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
212530	10/05/12	000193	ALZHEIMER'S ASSOCIATION, NYC	ESPINOZA, LUPE	16.00		248.00	I	
212531 212532	10/05/12 10/05/12	002215 002215	KEITH SALMON KEITH SALMON	LAWRANCE, LILLA LAWRANCE, LILLA	8.00 12.00		136.00 186.00	I	
				CUSTOMER	20.00	0.00	322.00		
212533	10/05/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
212534	10/05/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
212535	10/05/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
212536 212537	10/05/12 10/05/12	009498 009498	LOUIS LE NOACH LOUIS LE NOACH	LENOACH, LOUIS LENOACH, LOUIS	5.75 3.00		97.75 46.50	I	
				CUSTOMER	8.75	0.00	144.25		
212538	10/05/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
212539	10/05/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
212540	10/05/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
212541	10/05/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
212542	10/05/12	010375	DOMINICA IRAOLA	IRAOLA, LILIAN	15.00		243.75	I	
212543	10/05/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	14.00		227.50	I	
212544	10/05/12	010529	STEPHEN WEISS	WEISS, STELLA	6.00		102.00	I	
212545 212546	10/05/12 10/05/12	010530 010530	DANA SITILDES DANA SITILDES	ANSELMI, PETER ANSELMI, PETER	10.00 19.50		170.00 302.25	I I	
				CUSTOMER	29.50	0.00	472.25		
212547	10/05/12	010952	ARISTA THEOHARIS	THEOHARIS, ARIS	18.00		279.00	I	
212548	10/05/12	011016	MICHAEL SIANO	SIANO, ANDREW	30.00		405.00	I	
212549	10/05/12	011027	SALVATORE DINARO	DINARO, SALVATO	12.00		186.00	I	
212550 212551	10/05/12 10/05/12	011060 011060	ROBIN WARREN CHARLES ROBIN WARREN CHARLES	WARREN, CYNTHIA WARREN, CYNTHIA	38.00 95.00		646.00 1,472.50	I	
				CUSTOMER	133.00	0.00	2,118.50		
212552	10/05/12	011245	SHEEHAN MARGARET	SHEEHAN, MARGAR	13.00		201.50	I	

RUN DATE 10/10/12 - SUP SUNNYSIDE CITYWIDE							PAGE 2 - 328			
SALES JRNL # 0302	LOC 001		REG NY NY			PAR PRIVATE				
		S A	LES REGISTE	R		BILL WEEK EN	DING	10/12/12		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS		
212553 10/05/12	011394	HELGA JENSEN	JENSEN, HELGA	16.00		272.00	I			
212554 10/05/12	011394	HELGA JENSEN	JENSEN, HELGA	25.00		387.50	I			
			_							
			CUSTOMER	41.00	0.00	659.50				
212555 10/05/12	011399	ALZHEIMER'S ASSOCIATION	CESPEDES, ANTON	4.75		80.75	I			
212556 10/05/12	011497	DOMINICK SAMPOGNA	SAMPOGNA, LUCY	12.00		186.00	I			
			_							
			CATEGORY	470.00	0.00	7,365.50				
			LOCATION	22,798.25	0.00	353,541.46				
			COMPANY	22,798.25	0.00	353,541.46				

RUN DATE 10/10/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 329
SALES JRNL # 0302 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 10/12/12

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

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