RUN DATE 01/25/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0265 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 1/27/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
SIMON, LUPE
4.00
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
4.00
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
VASQUEZ, CORNEL
4.00
SENIOR HEALTH PARTNERS
VOO, LUZ
4.00 181214 1/13/12 000082 104.80 I 181215 1/13/12 000082 104.80 I 314.40 181216 1/20/12 000082 181217 1/20/12 000082 363.53 181218 1/20/12 000082 419.20 181219 1/20/12 000082 209.60 181220 1/20/12 000082 52.40 181221 1/20/12 000082 262.00 181222 1/20/12 000082 419.20 181223 1/20/12 000082 262.00 181224 1/20/12 000082 432.30 181225 1/20/12 000082 1,768.50 181226 1/20/12 000082 209.60 181227 1/20/12 000082 62.23 181228 1/20/12 000082 995.60 181229 1/20/12 995.60 000082 181230 1/20/12 327.50 000082 181231 1/20/12 000082 52.40 419.20 181232 1/20/12 000082 181233 1/20/12 000082 52.40 181234 1/20/12 000082 524.00 181235 1/20/12 157.20 000082 181236 1/20/12 000082 52.40 _____ _____ 653.50 0.00 CUSTOMER 8,560.86

CATEGORY

653.50

0.00

8,560.86

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	2 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181237	1/20/12	800000	VISITING NURSE SERVICE	ABBOTT, FAY	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	3
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA	
			S	SALES REGISTER			BILL WEEK END	ING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181238	1/20/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	56.00		816.48	I	
181239	1/20/12	800000	VISITING NURSE SERVICE	ABREU, ANA	8.00		116.64	I	
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

			YSIDE CITYWIDE				PAGE 1 -	4
SALES JRN	NL # 0265	LOC 001		REG NY NY			LTC NURSING HOM	•
			S	SALES REGISTER			BILL WEEK ENDING	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181240	1/20/12	800000	VISITING NURSE SERVICE	ACUNA, JOSE	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE	DDG			PAGE 1 -	-
SALES JRN	L # U265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LHC BILL WEEK ENDI	
							D111	1,2,,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
181241	1/06/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	5.00		72.90	I
181242	1/20/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I
181243	1/20/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I
181244	1/20/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM	69.50		1,013.32	I
181245	1/20/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	24.00		349.92	I
				CUSTOMER	158.50	0.00	2,310.94	
					150 50	0.00	2 210 04	
				CATEGORY	158.50	0.00	2,310.94	

RUN DATE 01/25 SALES JRNL # 0			REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181246 1/13 181247 1/20	,	VISITING NURSE SERVICE VISITING NURSE SERVICE		7.00 40.00		102.06 I 583.20 I	
			CUSTOMER	47.00	0.00	685.26	
			CATEGORY	47.00	0.00	685.26	

1/27/12
SURPLUS

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	8 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181249	1/20/12	800000	VISITING NURSE SERVICE	AIOSA, MARIE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 01/25/1						PAGE 1	_	9
SALES JRNL # 026	5 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LI		1/27/12
						5111 N211 11.	2110	1,2,,12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181250 1/20/1	2 000008	VISITING NURSE SERVICE	AKBAR, NASEEM	12.00		174.96	I	
181251 1/20/1	2 000008	VISITING NURSE SERVICE	ALESSIU, AGRIPI	3.00		43.74	I	
181252 1/20/1	2 000008	VISITING NURSE SERVICE	ALFEREZ, GLORIA	20.00		291.60	I	
181253 1/20/1	2 000008	VISITING NURSE SERVICE	ALMANZAR, REMIG	1.00		14.58	I	
			CUSTOMER	36.00	0.00	524.88		
			CATEGORY	36.00	0.00	524.88		

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.0
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181254	1/20/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	55.50		809.20 I	
				CATEGORY	55.50	0.00	809.20	

			YSIDE CITYWIDE				PAGE 1	_	.1
SALES JRN	IL # U205	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LH BILL WEEK END		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181255 181256	1/20/12 1/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	56.00 54.00		816.48 787.32	I I	
				CUSTOMER	110.00	0.00	1,603.80		
				CATEGORY	110.00	0.00	1,603.80		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	.2
Bribbs order	L 0203	100 001		SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181257	1/20/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING F	HOMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENI	OING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
181258	1/20/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I
181259	1/20/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I
				CUSTOMER	81.00	0.00	1,180.98	
				CATEGORY	81.00	0.00	1,180.98	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	14 G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181260	1/20/12	800000	VISITING NURSE SERVICE	ANZALONE, LAWRE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		15
				SALES REGISTER			BILL WEEK END	ING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181261	1/20/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	20.00		291.60	I	
181262	1/20/12	800000	VISITING NURSE SERVICE	,	41.00		597.78	I	
181263	1/20/12	800000	VISITING NURSE SERVICE	ASGHAR, MUHAMMA	2.00		29.16	I	
				CUSTOMER	63.00	0.00	918.54		
				CATEGORY	63.00	0.00	918.54		

			YSIDE CITYWIDE				PAGE 1 -	16	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
181264	1/20/12	800000	VISITING NURSE SERVICE	ASH, MARIE	11.75		171.32 I		
				CATEGORY	11.75	0.00	171.32		

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RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181265	1/20/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

1:	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
Н	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	1/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	181266	1/20/12	800000	VISITING NURSE SERVICE	AVILA, ENIDIA	16.00		233.28 I	
					CATEGORY	16.00	0.00	233.28	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	.9
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181267	1/13/12	000008	VISITING NURSE SERVICE	AZAD, ABUL	22.00		320.76	I	
181268	1/20/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	16.00		233.28	I	
				CUSTOMER	38.00	0.00	554.04		
				CATEGORY	38.00	0.00	554.04		

			YSIDE CITYWIDE				PAGE 1 - 20	
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1 /07 /10
				SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181269	1/20/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	11.75		171.32 I	
181270	1/20/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30 I	
				CUSTOMER	46.75	0.00	681.62	
				CATEGORY	46.75	0.00	681.62	

RUN DATE 01/25/12 SALES JRNL # 0265	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING		21 /O WALLS (I.T.
SALES GIVINE # 0203	100 001		SALES REGISTER	1		BILL WEEK EN		1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181271 1/20/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	25.00		364.50	I	
181272 12/16/11	000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	8.00		116.64	I	
181273 1/20/12	000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48	I	
181274 1/20/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	44.75		652.46	I	
181275 1/20/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	49.50		721.71	I	
			CUSTOMER	183.25	0.00	2,671.79		
			CATEGORY	183.25	0.00	2,671.79		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	22
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181276	1/20/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE				11101	- 2	23
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			2	SALES REGISTER			BILL WEEK END	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181277	1/20/12	000008	VISITING NURSE SERVICE	BEGUM, IQBAL	2.00		29.16	I	
181278	1/20/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	139.00		2,026.62	I	
				CUSTOMER	141.00	0.00	2,055.78		
				CATEGORY	141.00	0.00	2,055.78		

				YSIDE CITYWIDE	DEG NV NV			PAGE 1 -	24
SALI	ES JRNL	. # U265	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	NG 1/27/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TY TYUOMA	P SURPLUS
1812	279	1/20/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	6.00		87.48	I.
					CATEGORY	6.00	0.00	 87.48	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	25
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	V/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181280	1/20/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	15.00		218.70 I	
181281	1/20/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	26
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDIN	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181282	1/20/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	30.00		437.40 I	
181283	1/20/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60 I	
				CUSTOMER	50.00	0.00	729.00	
				0001011211	50.00	0.00	723.00	
				CATEGORY	50.00	0.00	729.00	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRN	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181284	1/20/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	01/25/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	28	
SALES JR	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
				SALES REGISTER			BILL WEEK ENDIN	G 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
181285	1/20/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	16.00		233.28 I		
				CATEGORY	16.00	0.00	233.28		

			YSIDE CITYWIDE				PAGE 1	- 2	29
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		1 (05 (10
			:	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181286	1/20/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60	I	
181287	1/20/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	49.00		714.42	I	
				CUSTOMER	69.00	0.00	1,006.02		
				CATEGORY	69.00	0.00	1,006.02		

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181288	1/20/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CATEGORY	25.00	0.00	 364.50	

			YSIDE CITYWIDE				PAGE 1 -	31
SALES JRN	L # 0265	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
181289	1/20/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

l	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	32
l	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
l				S	SALES REGISTER			BILL WEEK ENDING	1/27/12
l									
l	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
l									
l	181290	1/20/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
l									
l									
l					CATEGORY	35.00	0.00	510.30	

RUN DATE 01/25						PAGE 1	-	33
SALES JRNL # 02	265 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
		S	SALES REGISTER	3		BILL WEEK EN	DING	1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181291 1/13	12 000008	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54	I	
181292 1/20	/12 000008	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54	I	
181293 1/20,	/12 000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	8.00		116.64	I	
181294 1/20,	12 000008	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48	I	
			CUSTOMER	190.00	0.00	2,770.20		
			CATEGORY	190.00	0.00	2,770.20		

ı	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	34
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
ı					SALES REGISTER			BILL WEEK ENDING	1/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	181295	1/20/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	56.00		816.48 I	
ı									
					CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1	- 3	35	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		1 /05 /10	
			S	ALES REGISTER			BILL WEEK ENI	DING	1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
181296	1/20/12	000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80	I		
181297	1/20/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	39.75		579.56	I		
181298	1/20/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	48.00		699.84	I		
181299	1/20/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	41.75		608.72	I		
				CUSTOMER	139.50	0.00	2,033.92			
				CATEGORY	139.50	0.00	2,033.92			

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADU	LT
			S	SALES REGISTER			BILL WEEK ENDING	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181300	1/20/12	000008	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE					37
SALES JRN	L # U205	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181301 181302	1/13/12 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CAMBARA, JOSEFA CAMBARA, JOSEFA	8.00 56.00		116.64 I 816.48 I	
101302	1/20/12	000000	VISITING NORSE SERVICE	CUSTOMER	64.00	0.00	933.12	
				COSTOMER	04.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

RUN DATE 01/25/12 - SUP SUNNYSIDE CITYWIDE	PAGE 1 - 38
SALES JRNL # 0265 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER	ADU ADULT BILL WEEK ENDING 1/27/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS	TAX AMT AMOUNT TYP SURPLUS
181303 1/20/12 000008 VISITING NURSE SERVICE CANDIDO, ELENA 9.00	131.22 I
CATEGORY 9.00	0.00 131.22

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 39	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			:	SALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181304	1/20/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	- 40
STEED STATE III SESS	200 001 2011112121 01111122	SALES REGISTE	R		BILL WEEK END	ING 1/27/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
181305 1/13/12 181306 1/20/12	000008 VISITING NURSE SERVI		6.00 12.00		87.48 174.96	I I
		CUSTOMER	18.00	0.00	262.44	
		_				
		CATEGORY	18.00	0.00	262.44	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	41
SALES JRN	IL # 0265	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181307	1/20/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				ME W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDI	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
181308	1/20/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30	I
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWI	IDE REG NY NY			PAGE 1 VCP CHOICE L		43
SALES OR	WH # 0205	100 001	SOUNTSIDE CITIWI	_	ISTER		BILL WEEK EN		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENC	CE HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181309	1/20/12	000008	VISITING NURSE SE	ERVICE CARDONA,	MARIA 10.00		145.80	I	
181310	1/13/12	800000	VISITING NURSE SE	ERVICE CARDOSO,	ORLAND 8.00		116.64	I	
181311	1/20/12	000008	VISITING NURSE SE	ERVICE CARDOSO,	ORLAND 56.00		816.48	I	
181312	1/13/12	000008	VISITING NURSE SE	ERVICE CARELA-RI	EYES, M 14.75		215.06	I	
181313	1/20/12	000008	VISITING NURSE SE	ERVICE CARELA-RI	EYES, M 19.75		287.96	I	
181314	1/20/12	000008	VISITING NURSE SE	ERVICE CARRALERO	O, ROSA 36.00		524.88	I	
181315	1/20/12	800000	VISITING NURSE SE	ERVICE CARTAFALS	SA, NEL 70.00		1,020.60	I	
				CUS	STOMER 214.50	0.00	3,127.42		
				CAS	TEGORY 214.50	0.00	3,127.42		

	01/25/12 - NL # 0265			REG NY NY			PAGE 1 - LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181316	1/20/12	000008	VISITING NURSE SERVICE	CARTAGENA, FRAN	55.50		809.20 I	
				CATEGORY	55.50	0.00	809.20	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB (ONLY
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181317	1/20/12	000008	VISITING NURSE SERVICE	CARUS, SYLVIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 -	46
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181318	1/20/12	800000	VISITING NURSE SERVICE	CASTANO, MARIA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE					47
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER	3		BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181319	1/20/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE				PAGE 1 -	48
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	1 /05 /10
			2	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181320	1/20/12	800000	VISITING NURSE SERVICE	CELIO, MARION	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	49
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
١				5	SALES REGISTER			BILL WEEK ENDING	3 1/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
ı									
ı	181321	1/20/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	12.00		174.96 I	
١									
ı									
ı					CATEGORY	12.00	0.00	174.96	

RUN DATE 01	1/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 50
SALES JRNL	# 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WALLS (LT
			i	SALES REGISTER			BILL WEEK EN	DING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
181322	1/13/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	4.00		58.32	I
181323	1/20/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	20.00		291.60	I
				CUSTOMER	24.00	0.00	349.92	
				0021011211	21.00	0.00	313.32	
				CAMEGODY	24.00	0.00	240.02	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181324	1/20/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1	-	
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			LAD NURSING H		1/27/12
				SALES REGISTER			DILL MEEK END	JING	1/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181325	1/13/12	000008	VISITING NURSE SERVICE	CHARLES, JOSE	16.00		233.28	т	
181326	1/20/12	000008	VISITING NURSE SERVICE	•	13.50		196.83	Ī	
							400 11		
				CUSTOMER	29.50	0.00	430.11		
				CATEGORY	29.50	0.00	430.11		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53
SALES JRN	1L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDING	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181327	1/20/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	54
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181328	1/20/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUI	N DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	55	
SA	LES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
					SALES REGISTER			BILL WEEK ENDING	G 1/27/12	
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
183	1329	1/20/12	800000	VISITING NURSE SERVICE	CHIPA, PANAGIOT	12.00		174.96 I		
					CATEGORY	12.00	0.00	174.96		

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE			I	PAGE 1 –	56
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY		I	LTC NURSING HOM	EW/O WALLS (LT
			\$	SALES REGISTER		I	BILL WEEK ENDING	3 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
181330	1/20/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	57
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181331	1/20/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	49.00		714.42 I	
181332	1/20/12	000008	VISITING NURSE SERVICE	CHU, MOLLY	32.00		466.56 I	
181333	1/20/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	32.50		473.86 I	
				CUSTOMER	113.50	0.00	1,654.84	
				CATEGORY	113.50	0.00	1,654.84	

			YSIDE CITYWIDE					58
SALES JRN	L # 0265	LOC 001		REG NY NY			LTC NURSING HOMEV	•
			S	ALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181334	1/20/12	000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	59
				SALES REGISTER			BILL WEEK ENDIN	IG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS
181335	1/20/12	000008	VISITING NURSE SERVICE	COLEMAN, JAMES	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE 01 SALES JRNL			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HON BILL WEEK ENDIN	60 MEW/O WALLS (LT NG 1/27/12
INVOICE#	DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		YP SURPLUS
181337 1 181338 1	./20/12 0 ./20/12 0	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	COLLER, FELISA COLLER, JOSE COLON, ANTONIA COLON, ISABEL	20.00 15.00 42.00 30.00		291.60 218.70 612.36 437.40	I I I
				CUSTOMER	107.00	0.00	1,560.06	
				CATEGORY	107.00	0.00	1,560.06	

RUN DATE SALES JRN	- , - ,		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 61 CCL CONGREGATE CARE	DDOCDAM
SALES URN	ш # 0205	LOC 001		SALES REGISTER			BILL WEEK ENDING 1	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
181340	1/20/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	01/25/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	62
SALES JRN	ъ # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181341	1/20/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 63	
SALES JRN	L # 0265	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181342	1/20/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN				REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181343	1/20/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	30.25		441.05 I	
				CATEGORY	30.25	0.00	441.05	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	65
SALES UKI	ш # 0205	LOC 001		SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181344 181345	1/20/12 1/13/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	COVALIU, SAVETA COVALIU, SIMION	1.00		14.58 I 58.32 I	
181346	1/20/12	000008	VISITING NURSE SERVICE	COVALIU, SIMION CUSTOMER	17.50 22.50	0.00	255.15 I 328.05	
				CATEGORY	22.50	0.00	328.05	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
SALES JRN	rL # 0265	LOC 001		REG NY NY			HOA HOSPICE ADUL	
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181347	1/20/12	800000	VISITING NURSE SERVICE	COX, PETRA	19.00		277.02 I	
				CATEGORY	19.00	0.00	277.02	

ı	RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	ME W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDI	NG 1/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	181348	1/20/12	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	38.75		564.98	Γ
ı									
ı									
ı					CATEGORY	38.75	0.00	564.98	

			YSIDE CITYWIDE				PAGE 1 -	68
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
181349	1/20/12	000008	VISITING NURSE SERVICE	CRUZ, JUANA	16.00		233.28	I
181350	1/20/12	800000	VISITING NURSE SERVICE	CURLEY, INGEBOR	25.00		364.50	I
				CUSTOMER	41.00	0.00	597.78	
				GAMEGODY.	41.00			
				CATEGORY	41.00	0.00	597.78	

RUN DAT	ΓΕ 01/25/12 ·	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	69
SALES 3	JRNL # 0265	LOC 001		REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	G 1/27/12
INVOICE	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
181351	1/20/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	70
511225 0141	2 0200	200 001		SALES REGISTER			BILL WEEK ENDIN	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181352	1/20/12	800000	VISITING NURSE SERVICE	DANIELS, DEIRDR	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

SALES JRNL # 0265 LOC 001 SUNNYSIDE CITYWIDE REG NY NY LTC NURSING HOM SALES REGISTER BILL WEEK ENDIN	MEW/O WALLS (LT
	NG 1/27/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TY	YP SURPLUS
181353 1/20/12 000008 VISITING NURSE SERVICE DANNY, RAMDULAR 56.00 816.48 I	I
CATEGORY 56.00 0.00 816.48	

RUN DATE 01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1		72
SALES JRNL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
		i	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181354 12/30/11	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	6.00		87.48	I	
181355 1/20/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	42.00		612.36	I	
			CUSTOMER	48.00	0.00	699.84		
			CATEGORY	48.00	0.00	699.84		

			NYSIDE CITYWIDE				PAGE 1 -	73
SALE	S JRNL # 02	65 LOC 001		REG NY NY			LAD NURSING HOM	
				SALES REGISTER			BILL WEEK ENDING	3 1/2//12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
1813	56 1/20/	12 000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	39.75		579.56 I	
				CATEGORY	39.75	0.00	579.56	

RUN DATE 01/25/12 SALES JRNL # 0265		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 74 HOMEW/O WALLS (LT DING 1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
181357 1/20/12 181358 1/20/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		38.00 35.00		554.04 510.30	I I
			CUSTOMER	73.00	0.00	1,064.34	
			CATEGORY	73.00	0.00	1,064.34	

			YSIDE CITYWIDE				PAGE 1	-	75
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		1 /07 /10
				SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181359	1/20/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	29.50		430.12	I	
181360	1/13/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32	I	
181361	1/20/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	23.00		335.34	I	
				CUSTOMER	56.50	0.00	823.78		
				CATEGORY	56.50	0.00	823.78		

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	76 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181362	1/20/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, ,
181363	1/20/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	78
SALES JRN	rL # 0265	LOC 001		REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181364	1/20/12	800000	VISITING NURSE SERVICE	DESENA, FRED	9.50		138.51 I	
				CATEGORY	9.50	0.00	138.51	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181365	1/20/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	43.50		634.24 I	
				CATEGORY	43.50	0.00	634.24	

			YSIDE CITYWIDE						. – 80	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE		NY			LTC NURSING		•
				SALES R	EGISTEI	₹		BILL WEEK EN	IDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
									_	
181366	1/20/12	800000	VISITING NURSE SERVICE	DIAZ,	HILDA	25.00		364.50	I	
					CATEGORY	25.00	0.00	364.50		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
181367 181368 181369 181370	1/20/12 1/20/12 1/20/12 1/20/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DIAZ, OLGA DIAZ, ROSA	35.00 42.00 36.00 70.00		510.30 612.36 524.88 1,020.60	I I I	
				CUSTOMER	183.00	0.00	2,668.14		
				CATEGORY	183.00	0.00	2,668.14		

ı	RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82
١	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
ı				S	SALES REGISTER			BILL WEEK ENDING	G 1/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	181371	1/20/12	800000	VISITING NURSE SERVICE	DIRADURIAN, HAR	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1 -	0.5
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			5	SALES REGISTER			BILL WEEK ENDI	ING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
181372	1/20/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	42.00		612.36	I
181373	1/20/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I
				CUSTOMER	62.00	0.00	903.96	
				COSTOMER	02.00	0.00	903.90	
				CATEGORY	62.00	0.00	903.96	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	4
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181374	1/20/12	800000	VISITING NURSE SERVICE	DOMINICK, GINA	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- ICSA	85
			Si	ALES REGISTER			BILL WEEK END	ING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181375	1/20/12	000008	VISITING NURSE SERVICE	DUGLUS, MAY RUT	36.00		524.88	I	
				CATEGORY	36.00	0.00	524.88		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181376	1/20/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	35.00		510.30 I	
				CATEGORY	35.00	0.00		

RUN DATE (01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87
SALES JRNI	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	
				SALES REGISTER			BILL WEEK ENDIN	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181377	1/13/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	1.00		14.58 I	
181378	1/20/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	15.00		218.70 I	
				CUSTOMER	16.00	0.00	233.28	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 01/25/12 - SALES JRNL # 0265	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITY	YWIDE REG NY NY SALES REGI	STER	V	PAGE 1 - TCP CHOICE LHCSA BILL WEEK ENDING	88 1/27/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181379 12/16/11 181380 12/23/11 181381 1/20/12	000008 VISITING NURSE 000008 VISITING NURSE 000008 VISITING NURSE	SERVICE ECHEGARAY,	MARI 7.00		102.06 I 102.06 I 568.62 I	
		CUST	OMER 53.00	0.00	772.74	
		CATE	GORY 53.00	0.00	772.74	

	01/25/12 - NL # 0265		IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 89 ADU ADULT	
511225 014	0203	200 001		SALES REGISTER				./27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
181382	1/20/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	3.75		54.68 I	
				CATEGORY	3.75	0.00	 54.68	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	90
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDING	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181383	1/20/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ! CCL CONGREGATE CAI BILL WEEK ENDING	91 RE PROGRAM 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181384 181385	1/13/12 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 20.00		58.32 I 291.60 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	92
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 1/27/12
			S	SALES REGISIER			PILL MEEK ENDIN	G 1/2//12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181386	1/20/12	000008	VISITING NURSE SERVICE	ESPEJO, GRACIEL	29.00		422.82 I	
				CATEGORY	29.00	0.00	422.82	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			S	SALES REGISTER			BILL WEEK ENDIN	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
181387	1/20/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	28.00		408.24	I
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	94 G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181388	1/20/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JR	NL # 0265	LOC 001		REG NY NY			VCP CHOICE LHC	
			:	SALES REGISTER			BILL WEEK ENDI	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
181389	1/20/12	800000	VISITING NURSE SERVICE	FAMBIATOS, PARA	14.75		215.06	I
				CATEGORY	14.75	0.00	215.06	

- 96
ING 1/27/12
1/2//12
TYP SURPLUS
-
T

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0265	LOC 001		REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
181392	1/20/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	63.00		918.54	I
				CATEGORY	63.00	0.00	918.54	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	98
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181393	1/20/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	99
SALES JRN	և # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			5	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181394	1/20/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70	I	
1				CATEGORY	15.00	0.00	218.70		

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 100	
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING 1	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
181395	1/20/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.00		758.16 I	
				CATEGORY	52.00	0.00	758.16	

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 101	
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181396	1/20/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181397 181398 181399	1/20/12 1/20/12 1/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FOLLETTO, ROSIN FONTEBOA, GUILL FRAGALE, CONCET	34.50 35.00 4.00		503.01 510.30 58.32	I I I	
				CUSTOMER	73.50	0.00	1,071.63		
				CATEGORY	73.50	0.00	1,071.63		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 103
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	DMEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDI	ING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
181400	1/20/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48	I
181401	1/20/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	40.00		583.20	I
181402	1/20/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	35.50		517.59	I
				CUSTOMER	131.50	0.00	1,917.27	
				CATEGORY	131.50	0.00	1,917.27	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10)4
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	ALES REGISTER			BILL WEEK END	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181403	1/20/12	800000	VISITING NURSE SERVICE	GAID, ASILA	35.00		510.30	I	
181404	1/20/12	800000	VISITING NURSE SERVICE	GALLARDO, ZOILA	42.00		612.36	I	
181405	1/13/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	3.00		43.74	I	
181406	1/20/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22	I	
				CUSTOMER	89.00	0.00	1,297.62		
				CATEGORY	89.00	0.00	1,297.62		

RUN DATE 0)1/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	105
SALES JRNL	# 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDIN	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181407	1/13/12	800000	VISITING NURSE SERVICE	GALLO, BENJAMIN	8.00		116.64 I	
181408	1/20/12	800000	VISITING NURSE SERVICE	GALLO, BENJAMIN	54.00		787.32 I	
181409	1/20/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	12.00		174.96 I	
				CUSTOMER	74.00	0.00	1,078.92	
				CATEGORY	74.00	0.00	1,078.92	

			YSIDE CITYWIDE				PAGE 1	- 10	06
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181410	1/20/12	000008	VISITING NURSE SERVICE	GARCIA, ADRIANO	25.75		375.44	I	
181411	1/20/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	54.75		798.26	I	
				CUSTOMER	80.50	0.00	1,173.70		
				CATEGORY	80.50	0.00	1,173.70		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 107	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENI	DING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
181412	1/20/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40	I	
181413	1/20/12	800000	VISITING NURSE SERVICE	GARY, MIKE	35.00		510.30	I	
181414	1/20/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	32.00		466.56	I	
				CUSTOMER	97.00	0.00	1,414.26		
				CATEGORY	97.00	0.00	1,414.26		

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 108	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181415	1/20/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	47.75		696.20 I	
				CATEGORY	47.75	0.00	696.20	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	109
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181416	1/20/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

RUN DATE 01/25/12 SALES JRNL # 0265			REG NY NY			PAGE 1 - 110 ADU ADULT	
			SALES REGISTER			BILL WEEK ENDING 1/	27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
181417 1/20/12 181418 1/20/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	9.00 3.00		131.22 I 43.74 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 111	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181419	1/20/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

ı	RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11:	2
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	1/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	101400	1 /00 /10	000000	TITATETNA NIDAE ARRITAR	COMPE TOOPPING	05 00		264 FO T	
ı	181420	1/20/12	000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
ı									
					CATEGORY	25.00	0.00	364.50	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	.3
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181421	1/20/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	21.00		306.18	I	
181422	1/20/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	33.00		481.14	I	
				CUSTOMER	54.00	0.00	787.32		
				COSTOMER	34.00	0.00	707.32		
				CATEGORY	54.00	0.00	787.32		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 114	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			Š	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181423	1/20/12	000008	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	15
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181424	1/20/12	800000	VISITING NURSE SERVICE	GONZALEZ, ELSA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

	TE 01/25/12 JRNL # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 116 ADU ADULT BILL WEEK ENDING	1/27/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		SURPLUS
181425	1/20/12	800000	VISITING NURSE SERVICE	GONZALEZ, FLOR	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 11 HCSA	L7
			\$	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181426	1/13/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	24.00		349.92	I	
181427	1/20/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	23.00		335.34	I	
181428	1/20/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20	I	
				CUSTOMER	87.00	0.00	1,268.46		
				CATEGORY	87.00	0.00	1,268.46		

RUN D	ATE 01/25/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	118
SALES	JRNL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AID	S ADULT POPUL
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18142	1/20/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	48.25		703.49 I	
				CATEGORY	48.25	0.00	703.49	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 11	.9
SALES URI	IL # 0205	LOC 001		ALES REGISTER			BILL WEEK ENI		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181430 181431	1/20/12 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GUEVARA, ELENA GUTIERREZ, ANGE	83.00 40.00		1,210.14 583.20	I I	
	_,,			CUSTOMER	123.00	0.00	1,793.34		
				CATEGORY	123.00	0.00	1,793.34		

RUN DATE 01/25	/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	120
SALES JRNL # 0	265 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	BALES REGISTER			BILL WEEK ENDING	J 1/27/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
181432 1/20	/12 000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	24.50		357.21 I	
181433 1/20	/12 000008	VISITING NURSE SERVICE	HALPERN, SIDNEY	15.00		218.70 I	
181434 1/13	/12 000008	VISITING NURSE SERVICE	HENAO, BEATRIZ	10.00		145.80 I	
181435 1/20	/12 000008	VISITING NURSE SERVICE	HENAO, BEATRIZ	15.00		218.70 I	
			CUSTOMER	64.50	0.00	940.41	
			CATEGORY	64.50	0.00	940.41	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 -	
SALES JRN	L # UZ05	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181436	1/20/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	122
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
181437	1/20/12	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.23
SALES JRN	IL # 0265	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181438	1/20/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

			YSIDE CITYWIDE				11102	- 12	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H		,
			· ·	SALES REGISTER			BILL WEEK END	JING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181439	1/20/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		437.40	I	
181440	1/20/12	000008	VISITING NURSE SERVICE	HERRERA, HORACI	36.00		524.88	I	
181441	1/20/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20	I	
				CUSTOMER	106.00	0.00	1,545.48		
				 CATEGORY	106.00	0.00	1,545.48		

ı	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	25
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	1/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	181442	1/20/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
ı									
ı									
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 126	
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS ADULT POPUL	
			S	ALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181443	1/20/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	44.00		641.52 I	
				CATEGORY	44.00	0.00	641.52	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 12	7
511225 5141	_ 0200	200 001		SALES REGISTER			BILL WEEK END	ING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181444 181445	1/13/12 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	13.75 48.00		200.48 699.85	I	
101443	1/20/12	000008	VISITING NORSE SERVICE	INSERRA, CAIRER	40.00		099.00		
				CUSTOMER	61.75	0.00	900.33		
				CATEGORY	61.75	0.00	900.33		

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	28
SALES JRI	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181446	1/20/12	000008	VISITING NURSE SERVICE	IRUSTA, MARIA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				PAGE 1 - 12	9
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181447	1/20/12	800000	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
181448	1/20/12	800000	VISITING NURSE SERVICE	JAFFAI, ABDUL	4.00		58.32 I	
				CUSTOMER	34.00	0.00	495.72	
				0021011210	2 - 1 0 0	0.00		
				CATEGORY	34.00	0.00	495.72	

RUN DATE 01 SALES JRNL	L/25/12 - SUP		CITYWIDE	WIDE REG	NY NY			PAGE 1 LTC NURSING	- 13	
SALES ORNE	# 0205 LOC	. 001 5011	NIGIDE CITI	S A L E	=:= =:=			BILL WEEK EN		1/27/12
INVOICE#	DATE CUS	T NO CUST	OMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	1/20/12 000 1/20/12 000		TING NURSE S		JAGDE, MARIA JAKLITSCH, ELIZ	35.00 46.00		510.30 670.68	I I	
					CUSTOMER	81.00	0.00	1,180.98		
					CATEGORY	81.00	0.00	1,180.98		

			YSIDE CITYWIDE				PAGE 1 - 13	1
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181451	1/20/12	800000	VISITING NURSE SERVICE	JARA, DELIA	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	L32
DALLO OIGI	ш т 0205	100 001		SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181452	1/20/12	000008	VISITING NURSE SERVICE	JASZKOWSKI, GEN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : VCP CHOICE LHCSA	133
SALES URN.	ь # 0205	LOC UUI		SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181453	1/20/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	20.25		295.25 I	
				CATEGORY	20.25	0.00	295.25	

RUN DATE 01/25/12 - SALES JRNL # 0265	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE A	-	
		S	SALES REGISTER			BILL WEEK END	ING	1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181454 12/23/11 181455 1/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	JIANNARAS, ANNA JIANNARAS, ANNA	10.00		145.80 1,020.60	I I	
			CUSTOMER	80.00	0.00	1,166.40		
			CATEGORY	80.00	0.00	1,166.40		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 LTC NURSING E BILL WEEK END	IOMEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
181456	1/20/12	000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	14.25		207.77	I
				GAMPIGODY.	14.05			
				CATEGORY	14.25	0.00	207.77	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 136 ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING 1	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
181457 181458 181459	1/20/12 1/20/12 1/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JIMENEZ, BETTY JOHNSON, DOROTH JOHNSON, FANNY	15.00 20.00 16.00		218.70 I 291.60 I 233.28 I	
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

RUN DATE 01/25/ SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 137 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
181460 1/20/ 181461 1/20/		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	24.00 39.00		349.93 I 568.62 I
			CUSTOMER	63.00	0.00	918.55
			CATEGORY	63.00	0.00	918.55

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	8
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181462	1/20/12	000008	VISITING NURSE SERVICE	KAKOULLIS, FAY	12.00		174.96 I	
181463	1/20/12	000008	VISITING NURSE SERVICE	KALISZ, LORA	3.00		43.74 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181464 181465 181466	1/20/12 1/20/12 1/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KAUR, SARD KAUR, SHARAN KEARNEY, LORRAI	12.00 51.75 12.00		174.96 I 754.52 I 174.96 I	
				CUSTOMER	75.75	0.00	1,104.44	
				CATEGORY	75.75	0.00	1,104.44	

RUN DATE 0)1/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	0
SALES JRNL	4 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181467	1/20/12	000008	VISITING NURSE SERVICE	KING, JOSEPH	4.00		58.32	I	
181468	1/20/12	800000	VISITING NURSE SERVICE	KONSTANTINAKOS,	70.00		1,020.60	I	
				CUSTOMER	74.00	0.00	1,078.92		
				CATEGORY	74.00	0.00	1,078.92		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	1
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181469	1/20/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48 I	
				 CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 14 ADU ADULT	12
DALLO OIGN.	L # 0203	100 001		SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181470	1/20/12	800000	VISITING NURSE SERVICE	LANDETA, FERNAN	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	3
SALES JRN	ı∟ # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181471	1/13/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	8.00		116.64 I	
181472	1/20/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I	
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

 RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGIST	г к к		PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	, ,
181473	1/20/12	800000	VISITING NURSE SERVICE	LEE, GOCK HAN	5.75		83.84 I	
				CATEGORY	5.75	0.00	83.84	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	145
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE (
			5	SALES REGISTER	•		BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181474	1/13/12	000008	VISITING NURSE SERVICE	LEE, HEE	3.00		43.74 I	
181475	1/20/12	000008	VISITING NURSE SERVICE	LEE, HEE	9.00		131.22 I	
							154.06	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

	01/25/12 - L # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - : LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181476	1/20/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.47
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181477	1/20/12	800000	VISITING NURSE SERVICE	LEFF, MARTIN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 148 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181478	1/20/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	49
SALES JRN	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181479	1/20/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

	E 01/25/12 - RNL # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 150 ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181480	1/20/12	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	6.25		91.13 I	
				CATEGORY	6.25	0.00	91.13	

	TE 01/25/12 · JRNL # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 15 VCP CHOICE LHCSA	1
SALES	UKNL # 0205	LOC 001		SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181481	1/20/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 01/25/1			REG NY NY				- 152
SALES JRNL # 026	5 LOC 001		REGNY NY SALES REGISTER			BILL WEEK EN	HOMEW/O WALLS (LT DING 1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
181482 1/20/1 181483 1/20/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	32.00 39.00		466.56 568.62	I
101403 1/20/1	2 000008	VISITING NORSE SERVICE	LOGAN, ADELE				
			CUSTOMER	71.00	0.00	1,035.18	
			CATEGORY	71.00	0.00	1,035.18	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	153 A
			\$	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
181484	1/20/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	60.00		874.80 I	
181485	1/20/12	800000	VISITING NURSE SERVICE	LOOR, MAURA	8.00		116.64 I	
181486	1/20/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	34.75		506.66 I	
				CUSTOMER	102.75	0.00	1,498.10	
				CATEGORY	102.75	0.00	1,498.10	

	01/25/12 - JL # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 15- AUR ADULT REHAB ON: BILL WEEK ENDING	=
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181487	1/20/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	9.00		131.22 I	
				 CATEGORY	9.00	0.00	131.22	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 155	
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	•
			S	ALES REGISTER			BILL WEEK ENDING 1/27/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
181488	1/20/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE 0 SALES JRNL		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 15	6
SALES UKNL	1 # 0205	LOC UUI		SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	1/20/12 1/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	LOPEZDELCASTIL, LORIA, DIANA	70.00 28.00		1,020.60 408.25	I I	
				CUSTOMER	98.00	0.00	1,428.85		
				CATEGORY	98.00	0.00	1,428.85		

	/25/12 - SUP SUN					-	157
SALES JRNL	# 0265 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	
		S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181491 1	/20/12 000008	VISITING NURSE SERVICE	LUCES, LETICIA	20.00		291.60 I	
181492 1	/20/12 000008	VISITING NURSE SERVICE	LYMN, ANGIE	29.00		422.82 I	
			CUSTOMER	49.00	0.00	714.42	
			CODIONER	17.00	0.00	, 11.12	
			CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	158
				ALES REGISTER			BILL WEEK ENDIN	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181493	1/20/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	59
SALES JRN	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181494	1/20/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 16 HCSA	50
			Ş	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181495	1/20/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72	I	
181496	1/20/12	800000	VISITING NURSE SERVICE	MANGAN, JOHN	20.00		291.60	I	
181497	1/20/12	000008	VISITING NURSE SERVICE	MANNINO, FRANCE	77.00		1,122.66	I	
				CUSTOMER	181.00	0.00	2,638.98		
				CATEGORY	181.00	0.00	2,638.98		

RUN DATE 01/25/12 SALES JRNL # 0265	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 161 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
181498 1/20/12 181499 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		42.00 18.00		612.36 I 262.44 I
			CUSTOMER	60.00	0.00	874.80
			CATEGORY	60.00	0.00	874.80

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	162
DALLS OWN	L # 0203	100 001		SALES REGISTER			BILL WEEK ENDIN	IG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	ZT TRUOMA	P SURPLUS
181500	1/20/12	800000	VISITING NURSE SERVICE	MANTILLA, CLEME	15.00		218.70	<u>.</u>
				CATEGORY	15.00	0.00	218.70	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	163
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			;	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181501	1/20/12	800000	VISITING NURSE SERVICE	MARINO, ANN	20.00		291.60 I	
				 CATEGORY	20.00	0.00	291.60	

		01/25/12 - L # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18	1502	1/20/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
					CATEGORY	25.00	0.00	364.50	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 165
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HOMEW/O WALLS (LT
			i	SALES REGISTER			BILL WEEK EN	DING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
181503	1/13/12	000008	VISITING NURSE SERVICE	MARMOL, LIDIA	2.50		36.45	I
181504	1/20/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.75		637.88	I
				CUSTOMER	46.25	0.00	674.33	
				COBTORER	10.23	0.00	071.33	
				CATEGORY	46.25	0.00	674.33	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	66
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181505	1/20/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	9.00		131.22 I	
181506	1/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RU	N DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 167	
SA	LES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	1/27/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18	31507	1/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
					CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE	DDG 1911 1911				- 16	58
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		1/27/12
			•				5122 W22K 2K	- 1110	1,2,,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
101500	1 /00 /10	000000	TITATETNA NUDAR ARRITAR	MARKETING MARCA	20.00		427 40	-	
181508	1/20/12	000008	VISITING NURSE SERVICE	, -	30.00		437.40	<u> </u>	
181509	1/20/12	000008	VISITING NURSE SERVICE	•	17.75		258.80	Τ	
181510	1/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	84.00		1,224.72	I	
				CUSTOMER	131.75	0.00	1,920.92		
				CATEGORY	131.75	0.00	1,920.92		

RUN I	DATE 01/25/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	169	
SALES	S JRNL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDI	NG 1/27/12	
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
18153	11 1/20/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	37.75		550.40	I	
				CATEGORY	37.75	0.00	550.40		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
SALES UKN	ц # 0205	TOC 001		SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181512	1/20/12	800000	VISITING NURSE SERVICE	MASI, RAFFAELE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

	01/25/12 - JL # 0265			REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181513	1/20/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	39.50		575.92 I	
				CATEGORY	39.50	0.00	575.92	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END	1,2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
181514 181515 181516	1/20/12 1/13/12 1/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MAZZONE, FRANCE MCBRAYER, SYLVI MCBRAYER, SYLVI	63.00 12.00 168.00		918.54 174.96 2,449.44	I I
				CUSTOMER	243.00	0.00	3,542.94	
				CATEGORY	243.00	0.00	3,542.94	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 173	3
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181517	1/20/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	- 174 DING 1/	27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SU	RPLUS
181518	1/20/12	800000	VISITING NURSE SERVICE	MCPARTLAN, CATH	6.00		87.48	I	
				CATEGORY	6.00	0.00	87.48		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 175	
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 1/27/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
181519	1/20/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	20.00		291.60 I	
181520	1/20/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	24.00		349.92 I	
				CUSTOMER	44.00	0.00	641.52	-
				CATEGORY	44.00	0.00	641.52	-

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181521	1/20/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	38.25		557.70 I	
				CATEGORY	38.25	0.00	557.70	

ı	RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 177	
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING 1/27/12	
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
ı									
ı	181522	1/20/12	000008	VISITING NURSE SERVICE	MELILLO, GRACE	20.00		291.60 I	
ı									
ı									
ı					CATEGORY	20.00	0.00	291.60	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 178	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS ADULT POPU	L
			S	ALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181523	1/20/12	800000	VISITING NURSE SERVICE	MENDEZ, NELLY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	01/25/12 - L # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	179
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181524	1/20/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	70.25		1,024.25 I	
							1 004 05	
				CATEGORY	70.25	0.00	1,024.25	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 180	
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	SALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181525	1/20/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I	
				CATEGORY	39.00	0.00	 568.62	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 18	31	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L			
			S	BALES R	EGISTER			BILL WEEK EN	DING	1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
181526	1/20/12	000008	VISITING NURSE SERVICE	MEND	OZA, VALENT	18.75		273.38	Т		
101010	1,20,12	00000	VIBILING MONDE BENVIOL	1.21.2	O211, VIII2111	10.75		273.30	_		
1					CATEGORY	18.75	0.00	273.38			

RUN DATE 01/25 SALES JRNL # 0		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 18	2
		S	SALES REGISTER			BILL WEEK ENI	DING	1/27/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181527 1/20 181528 1/20		VISITING NURSE SERVICE VISITING NURSE SERVICE	MILEO, MARY MILONE, NILZA	22.75 2.00		331.70 29.16	I I	
			CUSTOMER	24.75	0.00	360.86		
			CATEGORY	24.75	0.00	360.86		

RUN DATE ()1/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 18	33
SALES JRNI	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA	re car	RE PROGRAM
			5	SALES REGI	STER		BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181529	1/20/12	800000	VISITING NURSE SERVICE	MOLINA, AN	JA 1.00		14.58	I	
				CATE	 CORY 1.00	0.00	1/ EQ		
				CATE	GORY 1.00	0.00	14.58		

RUN DATE	01/25/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	184
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
101530	1 /00 /10	00000	THE THE NEW AND SERVICE	MONGEDDAE DODI	10 00		145 00 7	-
181530	1/20/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	10.00		145.80 I	L
				CATEGORY	10.00	0.00	145.80	
				CATEGORI	10.00	0.00	143.00	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 18	35
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181531	1/20/12	800000	VISITING NURSE SERVICE	MONTES, MARTA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 01/25/ SALES JRNL # 02			REG NY NY			PAGE 1 - 18 ADU ADULT	6
DALLO ORUL # 02	05 Loc 001		SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181532 1/20/ 181533 1/20/		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	2.00 9.00		29.16 I 131.22 I	
			CUSTOMER	11.00	0.00	160.38	
			CATEGORY	11.00	0.00	160.38	

RU	N DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	87
SA	LES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING	1/27/12
TAT	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
TIM	AOICE#	DAIL	CUSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNI IIP	SURPLUS
18	1534	1/20/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 188	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
			S	SALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181535	1/20/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

	01/25/12 - IL # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	189
				SALES REGISTER			BILL WEEK ENDING	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
181536	1/20/12	800000	VISITING NURSE SERVICE	MORALES, GENERO	83.75		1,221.08 I	
				 CATEGORY	83.75	0.00	1,221.08	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	0
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	SALES REGISTER			BILL WEEK ENI	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181537	1/20/12	000008	VISITING NURSE SERVICE	NAGY, GEORGE	41.00		597.78	I	
181538	1/20/12	800000	VISITING NURSE SERVICE	NARANJO, HENRY	47.00		685.26	I	
				CUSTOMER	88.00	0.00	1,283.04		
				CATEGORY	88.00	0.00	1,283.04		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 191	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 1	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
181539	1/20/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 192	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 1/2	7/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
181540	1/20/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	19.75		287.96 I	
				CATEGORY	19.75	0.00	287.96	

			YSIDE CITYWIDE				PAGE 1 -	
SALE	S JRNL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
				SALES REGISIER			BILL WEEK ENDING	1/2//12
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
1815	41 1/20/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	94
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181542	1/20/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	60.75		885.74 I	
				CATEGORY	60.75	0.00	 885.74	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		95 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP	SURPLUS
						TAX ANT		-	DOKELOD
181543 181544	1/06/12 1/13/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NIEVES, NANCY	9.00		131.22 131.22	I	
181545	1/20/12	800000	VISITING NURSE SERVICE	NIEVES, NANCY	45.00 		656.10 	I 	
				CUSTOMER	63.00	0.00	918.54		
				CATEGORY	63.00	0.00	918.54		

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 196	
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181546	1/20/12	800000	VISITING NURSE SERVICE	NIGRO, CATHERIN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	7
SALES JRN	IL # 0265	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTE	R		BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181547	1/20/12	800000	VISITING NURSE SERVICE	NINO, CARMEN	20.00		291.60 I	
				 CATEGORY	20.00	0.00		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	98
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181548	1/20/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	25.25		368.15	I	
181549	1/20/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	33.50		488.43	I	
				CUSTOMER	58.75	0.00	856.58		
				COSTONER	30.73	0.00	030.30		
				CATEGORY	58.75	0.00	856.58		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	9
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			i	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181550	1/20/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	49.00		714.42	I	
181551	1/20/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	I	
				CUSTOMER	92.00	0.00	1,341.36		
				CATEGORY	92.00	0.00	1,341.36		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 200	
SALES JRN	և # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 1/27	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	DII.T
INVOICE#	DAIE	COST NO	COSTONER NAME	KEPEKENCE	1100115	IAA ANI	AMOUNT TIE SUKE	пор
181552	1/20/12	800000	VISITING NURSE SERVICE	ORTIZ, AMALFIS	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	1
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181553	1/20/12	800000	VISITING NURSE SERVICE	ORTIZ, LILIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 01 SALES JRNL		SUNNYSIDE CITYWIDE 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 20 ADU ADULT	2
DALLES UNIN	# 0203 LOC	OUT SOMNISIDE CITIWIDE	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	1/20/12 0000 1/20/12 0000		- , -	6.00 6.00		87.48 I 87.48 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITY	WIDE REG	NY NY			PAGE 1 VCP CHOICE L	- 20)3
	0203	200 001	501.115122 0111	S A L E		R		BILL WEEK EN		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181556	1/13/12	000008	VISITING NURSE	SERVICE	OSPINA, ANA	4.00		58.32	I	
181557	1/20/12	800000	VISITING NURSE	SERVICE	OSPINA, ANA	8.00		116.64	I	
181558	1/20/12	000008	VISITING NURSE	SERVICE	PANASKAROLIDIS,	35.75		521.24	I	
181559	1/20/12	000008	VISITING NURSE	SERVICE	PAPAZIAN, MANNI	50.00		729.00	I	
181560	1/20/12	000008	VISITING NURSE	SERVICE	PAPOUTSIS, MARY	6.00		87.48	I	
181561	1/20/12	000008	VISITING NURSE	SERVICE	PAPP, TEREZIA	3.00		43.74	I	
181562	1/20/12	800000	VISITING NURSE	SERVICE	PARETTI, MARIE	46.25		674.33	I	
					CUSTOMER	153.00	0.00	2,230.75		
					CATEGORY	153.00	0.00	2,230.75		

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 204
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
181563	1/20/12	800000	VISITING NURSE SERVICE	PARK, SUNG	20.00		291.60 I
				CATEGORY	20.00	0.00	 291.60

	01/25/12 - L # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S F	REG NY NY A L E S R E G I S T E R			PAGE 1 - 205 ADU ADULT BILL WEEK ENDING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
181564	1/20/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	20.00		291.60 I
				CATEGORY	20.00	0.00	291.60

RUN DATE 0)1/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 206
SALES JRNL	# 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			S	SALES REGISTER			BILL WEEK ENDI	ING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
181565	1/20/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	40.75		594.14	I
181566	1/20/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	24.75		360.86	I
				CUSTOMER	65.50	0.00	955.00	
				CATEGORY	65.50	0.00	955.00	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 20 ADU ADULT BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181567	1/20/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
					SALES REGISTER			BILL WEEK ENDING	1/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	181568	1/20/12	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	42.00		612.36 I	
ı					CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181569	1/20/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	37.50		546.75 I	
				CATEGORY	37.50	0.00		

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 23 ADU ADULT BILL WEEK ENDING	1/27/12
INVOICE	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181570	1/20/12	000008	VISITING NURSE SERVICE	PERSAUD, RITA	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 2	11
SALES URI	IL # 0205	TOC 001		ALES REGISTER			BILL WEEK EN		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181571	1/20/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	35.75		521.24	I	
181572	1/20/12	000008	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	I	
181573	1/20/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	19.75		287.96	I	
181574	1/20/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	39.25		572.27	I	
181575	1/13/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	6.00		87.48	I	
181576	1/20/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	36.00		524.88	I	
				CUSTOMER	139.75	0.00	2,037.57		
				CATEGORY	139.75	0.00	2,037.57		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 212 ADU ADULT	
SALES OWN	L # 0203	100 001		SALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181577	1/20/12	800000	VISITING NURSE SERVICE	POLISHOOK, FRAN	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 213	
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S	ALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181578	1/20/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181579 181580 181581	1/13/12 1/20/12 1/20/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PUISELLO, CIRA PUISELLO, CIRA PULLIZA, DIANNE	4.00 38.00 43.00		58.32 554.04 626.94	I I I	
				CUSTOMER	85.00	0.00	1,239.30		
				CATEGORY	85.00	0.00	1,239.30		

			YSIDE CITYWIDE	556 377 377				215
SALES JRN.	L # 0265	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	•
TATIOTCH	DAME	GIIGE NO	GUGEOMED NAME	DEFEDENCE	HOHDG	77 7 7 M	AMOTINE ENT	alibbi iid
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
181582	1/20/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	216
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDI	ES PEDIATRIC
ı				S	SALES REGISTER			BILL WEEK ENDING	1/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	181583	1/20/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
ı									
ı									
ı					CATEGORY	40.00	0.00	583.20	

RUN DATE 01/25/12 SALES JRNL # 0265		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 217 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
181584 1/20/12 181585 1/20/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	43.00 25.00		626.94 I 364.50 I
			CUSTOMER	68.00	0.00	991.44
			CATEGORY	68.00	0.00	991.44

			YSIDE CITYWIDE				PAGE 1	- 218
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REH	
			S	SALES REGISTER			BILL WEEK END	ING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
181586	1/13/12	000008	VISITING NURSE SERVICE	RAMOS, JENNIFER	8.00		116.64	I
181587	1/20/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	45.00		656.10	I
				CUSTOMER	53.00	0.00	772.74	
				CODIONER	33.00	0.00	772.71	
				CATEGORY	53.00	0.00	772.74	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 219 CSA	
	- "			SALES REGISTER			BILL WEEK END		/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SU	URPLUS
181588 181589	1/20/12 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMPHAL, INDRIA RANDAZZO, ROSAL	11.75 16.00		171.32 233.28	I T	
101303	1/20/12	000000	VISITING NORSE SERVICE	, 					
				CUSTOMER	27.75	0.00	404.60		
				CATEGORY	27.75	0.00	404.60		

RUN DATE 01/25/12	- SUP SUN	YSIDE CITYWIDE				PAGE 1 - 2	20
SALES JRNL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	
		S	ALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181590 1/13/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74 I	
181591 1/20/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48 I	
			CUSTOMER	9.00	0.00	131.22	
			0001011211	2.00	0.00		
			GAMEGODY.			121 22	
			CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE 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
181592	1/20/12	800000	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60 I]
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 222 ADU ADULT BILL WEEK ENDING 1/27/	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	
181593	1/20/12	800000	VISITING NURSE SERVICE	RICOTTA, SAVERI	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	223
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
ı				S	SALES REGISTER			BILL WEEK ENDIN	rG 1/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	181594	1/20/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, OL	16.00		233.28 I	
ı									
ı									
ı					CATEGORY	16.00	0.00	233.28	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	4
SALES JRN	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
T1770 T G7	D. 7. 77. 7	G11GE 110	GUGEOVED MANE	2222224	******		3140171F F115	arra ar rea
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181595	1/20/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	55.75		812.84 I	
101393	1/20/12	000008	VISITING NORSE SERVICE	RIVADENEIRA, RO	55.75		012.04 1	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	225
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			5	SALES REGISTER			BILL WEEK ENDI	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
181596	1/20/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	15.00		218.70	I
				CATEGORY	15.00	0.00	218.70	

RUN DATE 01/25/12 SALES JRNL # 0265		REG NY NY SALES REGISTER			PAGE 1 - 226 ADU ADULT BILL WEEK ENDING 1/27/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
181597 1/06/12 181598 1/20/12	000008 VISITING NURSE SERVICE 000008 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

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	27
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181599	1/20/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	228
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı					SALES REGISTER			BILL WEEK ENDING	1/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	181600	1/20/12	000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE 01/25/						PAGE 1 - 2:	29
SALES JRNL # 02	65 LOC 001		REG NY NY			ADU ADULT	1 /07 /10
			SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181601 1/20/	12 000008	VISITING NURSE SERVICE	RIVERA, LEONOR	4.00		58.32 I	
181602 1/20/	12 000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
			CUSTOMER	32.00	0.00	466.56	
			CARRICODY	32.00	0.00	466.56	
			CATEGORY	34.00	0.00	400.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE:	R		PAGE 1 - 230 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181603 181604	1/20/12 1/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, , , , ,	36.50 11.00		532.18 I 160.38 I	
				CUSTOMER	47.50	0.00	692.56	
				 CATEGORY	47.50	0.00	 692.56	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			2	SALES REGISTER			BILL WEEK ENDIN	IG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181605	1/20/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	232
SALES JRN	L # 0265	LOC 001		REG NY NY			LTC NURSING HOMEW	·
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181606	1/20/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	233	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA	
			5	SALES REGISTER			BILL WEEK ENDI	NG 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
								_	
181607	1/20/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	16.25		236.93	I	
				CATEGORY	16.25	0.00	236.93		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 234 ADU ADULT	
DALLO OIG	и н одоз	100 001		SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181608	1/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	42.00		612.36 I	
				CATECORY	42 00		612 36	
101000	1/20/12	000008	VIOLITING MORSE SERVICE	CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB	
			2	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181609	1/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ISAB	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 01/25/12						11102	- 23	
SALES JRNL # 0265	LOC 001		REG NY NY			CCL CONGREGA		
		:	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181610 11/25/11	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	12.00		174.96	I	
181611 1/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72	I	
			CUSTOMER	96.00	0.00	1,399.68		
			CATEGORY	96.00	0.00	1,399.68		

	RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	37
	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	1/27/12
ı									
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	181612	1/20/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	25.00		364.50 I	
ı					CATEGORY	25.00	0.00	364.50	

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	238
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181613	1/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 239	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				HOMEW/O WALLS (L	T
			:	SALES REGISTER			BILL WEEK EN	DING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
181614	1/20/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20	I	
181615	1/20/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	31.50		459.28	I	
				CUSTOMER	71.50	0.00	1,042.48		
				CATEGORY	71.50	0.00	1,042.48		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	240
				ALES REGISTER			BILL WEEK ENDING	, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
181616	1/20/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	241
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	SALES REGI	STER		BILL WEEK ENDI	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
181617	1/20/12	800000	VISITING NURSE SERVICE	ROMERO, SAN	NTHY 56.00		816.48	I
1				CATE	GORY 56.00	0.00	816.48	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	-	NY			LTC NURSING		O WALLS (LT
				SALES R	EGIST	E R		BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181618 181619	1/20/12 1/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	FLOR ANA	56.00 40.00		816.48 583.20	I I	
					CUSTOMER	96.00	0.00	1,399.68		
					CATEGORY	96.00	0.00	1,399.68		

			YSIDE CITYWIDE				-	43
SALES JI	RNL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	1/27/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181620	1/20/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	55.75		812.84 I	
				CATEGORY	 55.75	0.00	 812.84	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	4
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			\$	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181621	1/20/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
181622	1/20/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	35.50		517.59	I	
181623	1/20/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	22.50		328.05	I	
				CUSTOMER	74.00	0.00	1,078.92		
				CATEGORY	74.00	0.00	1,078.92		

			YSIDE CITYWIDE					- 24	15
SALES JRNL	# 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		1 (00 (10
			٤	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181624	1/20/12	000008	VISITING NURSE SERVICE	ROSEN, BESSIE	15.00		218.70	I	
181625	1/20/12	800000	VISITING NURSE SERVICE	RUBIN, EVGENY	12.00		174.96	I	
				CUSTOMER	27.00	0.00	393.66		
				CATEGORY	 27.00	0.00	393.66		

ı	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	246
ı	SALES JRN	L # 0265	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı					SALES REGISTER			BILL WEEK ENDING	1/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	181626	1/20/12	800000	VISITING NURSE SERVICE	RUEDA, INES	46.75		681.62 I	
					CATEGORY	46.75	0.00	681.62	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 - 247	
SALES JRN	L # U265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			LTC NURSING HOMEW/O BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181627 181628	1/06/12 1/20/12	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 SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 24 ADU ADULT BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181629	1/20/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	9.50		138.51 I	
				CATEGORY	9.50	0.00	138.51	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
181630	1/20/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	30.50		444.69 I	
				CATEGORY	30.50	0.00	444.69	

ı	RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	0
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING	1/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	181631	1/20/12	800000	VISITING NURSE SERVICE	SAKELL, CHRYSAN	36.00		524.88 I	
					CATEGORY	36.00	0.00	 524.88	
ı					CAILGORI	50.00	0.00	J44.00	

RUN DATE 01/25/12 - SALES JRNL # 0265		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA	27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SUI	RPLUS
181632 12/30/11 181633 1/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 68.00		87.48 991.44	I I	
			CUSTOMER	74.00	0.00	1,078.92		
			CATEGORY	74.00	0.00	1,078.92		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 252 ADU ADULT	2
SALES UKI	ш # 0205	LOC 001		SALES REGISTER				1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181634	1/20/12	800000	VISITING NURSE SERVICE	SALCEDO, JOSE	3.00		43.74 I	
				CAREGODY			42.74	
1				CATEGORY	3.00	0.00	43.74	

ı	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	53
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				:	SALES REGISTER			BILL WEEK ENDING	1/27/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	181635	1/20/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
ı									
ı									
ı					CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181636	1/20/12	000008	VISITING NURSE SERVICE	SALVUCCI, YOLAN	15.75		229.64	I	
181637	1/20/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	16.00		233.28	I	
181638	1/20/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	48.00		699.84	I	
				CUSTOMER	79.75	0.00	1,162.76		
				CATEGORY	79.75	0.00	1,162.76		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	55
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181639	1/20/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 256	
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 1	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
181640	1/20/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	20.00		291.60 I	
181641	1/20/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.00		524.88 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 257	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WA	,
			S	SALES REGISTER			BILL WEEK ENDING 1/2	7/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
181642	1/20/12	800000	VISITING NURSE SERVICE	SEO, INJA	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				PAGE 1 -	250
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
				SALES REGISTER			BILL WEEK END:	ING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
181643	1/20/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	54.75		798.27	I
181644	1/20/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	56.00		816.48	I
				CUSTOMER	110.75	0.00	1,614.75	
				COSTONER	110.75	0.00	1,014.75	
				CATEGORY	110.75	0.00	1,614.75	

			YSIDE CITYWIDE				PAGE 1 - 25	9
SALES JRN	L # 0265	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181645	1/20/12	800000	VISITING NURSE SERVICE	SEXTON, MARY	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 26	50
DILLED GIAN	11 11 0203	100 001		SALES REGISTER			BILL WEEK ENI		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181646	1/20/12	000008	VISITING NURSE SERVICE		42.00		612.36	I	
181647	1/20/12	000008	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	4.00		58.32	Τ	
				CUSTOMER	46.00	0.00	670.68		
				CATEGORY	46.00	0.00	 670.68		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME		
511225 0141	_	200 001		SALES REGISTER			BILL WEEK ENDING		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
181648	1/20/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I		
				CATECORY	42.00		 612 36		
				 CATEGORY	42.00	0.00	612.36		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	SALES REGISTER			BILL WEEK END	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181649 181650	1/20/12 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SINGH, BADREE SINGH, JAMOONIE	27.00 15.00		393.66 218.70	I I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

			YSIDE CITYWIDE					263
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEN BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181651	1/20/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
1				CATEGORY	5.00	0.00	72.90	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	264
SALES JRN	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			:	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181652	1/20/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	01/25/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	265
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			S	ALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181653	1/20/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	266	
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				Ş	SALES REGISTER			BILL WEEK ENDING	1/27/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	181654	1/20/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	52.50		765.45 I		
ı										
ı										
ı					CATEGORY	52.50	0.00	765.45		

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUL	
Brilles order	L 0203	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181655	1/20/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 268 ADU ADULT	
				GALES REGISTER			BILL WEEK ENDING 1/27/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JUS
181656 181657	1/20/12 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	STERGIOU, GLORI STICKELL, BLANC	8.00 31.00		116.64 I 451.99 I	
				CUSTOMER	39.00	0.00	568.63	
				CATEGORY	 39.00	0.00	 568.63	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	69
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181658	1/20/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	270
SALES JRN	NL # 0265	LOC 001		REG NY NY			LTC NURSING HOM	•
			S	ALES REGISTER			BILL WEEK ENDIN	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181659	1/20/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - : ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181660	1/20/12	800000	VISITING NURSE SERVICE	TABICKMAN, DORO	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	272
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181661	1/20/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	54.50		794.61 I	
				CATEGORY	54.50	0.00	794.61	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181662	1/20/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	4
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181663	1/20/12	800000	VISITING NURSE SERVICE	TAVANO, SILVIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 275
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
181664	1/20/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	20.00		291.60 I
				CATEGORY	20.00	0.00	 291.60

RUN DATE (SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	276
			:	SALES REGISTER			BILL WEEK ENDI	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
181665	1/20/12	800000	VISITING NURSE SERVICE		6.00		87.48	I
181666	1/20/12	800000	VISITING NURSE SERVICE	TEJADA, BALDOME	4.00		58.32 	1
				CUSTOMER	10.00	0.00	145.80	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE				PAGE 1 -	= : :
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	
			2	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181667	1/20/12	800000	VISITING NURSE SERVICE	TEMBELIS, DAPHN	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	278
SALES JRI	NL # 0265	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181668	1/20/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	79
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181669	1/20/12	000008	VISITING NURSE SERVICE	TISHCOFF, HERTA	9.00		131.22 I	
181670	1/20/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	19.75		287.96 I	
				CUSTOMER	28.75	0.00	419.18	
				CATEGORY	28.75	0.00	419.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 28	0
511225 0141	2 0200	200 001		SALES REGISTER	1		BILL WEEK END		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181671 181672	1/20/12 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TORO, PURA TORRES, LUZ M	84.00 70.00		1,224.72 1,020.60	I T	
101072	1, 20, 12		VIDITING NONDE BENVIOL	CUSTOMER	154.00	0.00	2,245.32		
				CATEGORY	154.00	0.00	2,245.32		

ı	RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	81
ı	SALES JRN	L # 0265	LOC 001		CITYWIDE REG NY NY			LTC NURSING HOMEW	
ı				:	SALES REGISTER			BILL WEEK ENDING	1/27/12
	INVOICE#	DAME	CIICE NO	CUSTOMER NAME	DEFEDENCE	HOURS	max amm	AMOUNT TYP	GIIDDI IIG
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	181673	1/20/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	18.00		262.44 I	
ı									
ı					CAMPICODY.	10.00	0.00		
ı					CATEGORY	18.00	0.00	262.44	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	282
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181674	1/20/12	000008	VISITING NURSE SERVICE	TROVATO, MILLIE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 01/25/12 - SALES JRNL # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 28 HCSA	33
		\$	SALES REGISTER			BILL WEEK ENI	DING	1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181675 1/20/12	000008	VISITING NURSE SERVICE		20.00		291.60	I	
181676 12/30/11 181677 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 55.00		116.64 801.92	I	
1010// 1/20/12	000000	VISITING NORSE SERVICE	15011505, FOTIN					
			CUSTOMER	83.00	0.00	1,210.16		
			CATEGORY	83.00	0.00	1,210.16		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 284 LTC NURSING HOMEW/O WALLS (LT	
SALES URN	L # 0205	LOC 001		REGNY NY SALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181678	1/20/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	85
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181679	1/20/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	286
			S	ALES REGISTER			BILL WEEK ENDING	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181680	1/20/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	5.00		874.80 I	
				CATEGORY	5.00	0.00	874.80	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 28	37	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L	HCSA		
			S	SALES R	EGISTER			BILL WEEK EN	DING	1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
181681	1/20/12	000008	VISITING NURSE SERVICE	UGUR	LUYAN, KARA	2.00		349.92	I		
					CATEGORY	2.00	0.00	349.92			

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 288	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	Į.
			S	ALES REGISTER			BILL WEEK ENDING 1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181682	1/20/12	800000	VISITING NURSE SERVICE	URBINA, ANA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

)1/25/12 - _ # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 28 ADU ADULT	39
SA.	TES OKNI	1 # 0205	LOC 001		SALES REGISTER				1/27/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
18	1683	1/20/12	800000	VISITING NURSE SERVICE	URENA, MARIA	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 290	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 1	/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
181684	1/20/12	800000	VISITING NURSE SERVICE	VALENCIANO-ROJ,	44.00		641.52 I	
				CATEGORY	44.00	0.00	641.52	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	291
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181685	1/20/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 0		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 292 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	1/20/12 1/20/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		5.75 6.00		83.84 I 87.48 I
				CUSTOMER	11.75	0.00	171.32
				CATEGORY	 11.75	0.00	171.32

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	293
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181688	1/20/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	4
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181689	1/20/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	32.50		473.86	I	
181690	1/20/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	21.00		306.18	I	
181691	1/20/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	39.00		568.62	I	
				CUSTOMER	92.50	0.00	1,348.66		
				CATEGORY	92.50	0.00	1,348.66		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	5
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181692	1/20/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 296	5
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181693	1/20/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	44.00		641.52 I	
				CATEGORY	44.00	0.00	641.52	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	297
SALES JRN	IL # 0265	LOC 001		REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181694	1/20/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1 - 29	98
SALES JR	NL # 0265	TOG 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
						11111 11111		Sorti Eos
181695	1/20/12	800000	VISITING NURSE SERVICE	VIGGIANO, DOROT	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 299)
ı	SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
				S	SALES REGISTER			BILL WEEK ENDING	1/27/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	181696	1/20/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	01/25/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	00
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181697	1/20/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	01
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181698	1/20/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 302 LTC NURSING HOMEW/O WALLS (LT
				SALES REGISTEF			BILL WEEK ENDING 1/27/12	
INVOICE		CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
181699	1/20/12	000008	VISITING NURSE SERVICE	VITO, CARMEN	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
			S	SALES REGISTER			BILL WEEK ENDI	NG 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
181700 181701	1/20/12 1/20/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	VIVACQUA, EMMA VOLASTRO, JOHN	70.00 3.00		1,020.60 43.74	I I
181702	1/20/12	800000	VISITING NURSE SERVICE	WALLE, ILEANA	20.00		291.60	I
				CUSTOMER	93.00	0.00	1,355.94	
				CATEGORY	93.00	0.00	1,355.94	

RUN DATE	01/25/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	304
SALES JRN	rL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	G 1/27/12
TATTOTOTOT	DAME	GIIGE NO	CHCEOMED NAME	DEFEDENCE	HOHD	max avm	AMOUNTE TO	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181703	1/20/12	000008	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40 I	
101703	1/20/12	00000	VIBITING NORSE BERVICE	WEINIAGO, BOBAN	30.00		157.10	
				CATEGORY	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	305	
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	1/27/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
101504	1 /00 /10				1.5 0.0				
181704	1/20/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28 I		
				GARRIGODY	16.00	0.00	222 20		
				CATEGORY	16.00	0.00	233.28		

RUN DA	ATE 01/25/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 306	
SALES	JRNL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE F	ROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING 1/	27/12
INVOIC	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
181705	5 1/20/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

			YSIDE CITYWIDE					07
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	1 /05 /10
			2	SALES REGISTER			BILL WEEK ENDING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181706	1/20/12	000008	VISITING NURSE SERVICE	ZAMBRANO, CRUZM	25.50		371.79 I	
181707	1/20/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	21.00		306.18 I	
				CUSTOMER	46.50	0.00	677.97	
				CATEGORY	46.50	0.00	677.97	

RUN DATE 01/25/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 308 SALES JRNL # 0265 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 1/27/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 181708 332.00 I 1/20/12 000010 181709 278.88 I 1/13/12 000010 181710 1/20/12 000010 181711 1/20/12 000010 181712 1/20/12 000010 181713 1/20/12 000010 181714 1/20/12 000010 181715 1/20/12 000010 181716 12/30/11 000010 181717 1/20/12 000010 181718 1/20/12 000010 181719 1/20/12 000010 181720 1/13/12 000010 181721 1/20/12 000010 181722 1/20/12 000010 181723 1/20/12 000010 181724 1/20/12 000010 181725 1/20/12 000010 181726 1/20/12 000010 181727 1/20/12 000010 181728 1/20/12 000010 181729 1/20/12 000010 181730 1/20/12 000010 181731 1/20/12 000010 181732 1/20/12 000010 181733 11/25/11 000010 181734 1/20/12 000010 181735 1/20/12 000010 181736 1/20/12 000010 181737 1/20/12 000010 181738 1/20/12 000010 181739 1/20/12 000010 181740 1/20/12 000010 181741 1/20/12 000010 181742 1/20/12 000010 181743 1/20/12 000010 181744 12/02/11 000010 181745 1/20/12 000010 181746 1/20/12 000010 GUILDNET 181747 1/13/12 000010 GUILDNET 181748 12/09/11 000010 GUILDNET 181749 000010 GUILDNET 1/06/12 000010 GUILDNET 181750 1/06/12 181751 1/20/12 000010 181752 1/20/12 000010 181753 1/20/12 000010 181754 1/20/12 000010 181755 1/20/12 000010 GUILDNET

1/20/12 000010 GUILDNET

181756

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 2	- 30)9
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			GUI GUILDNET		
				SALES	REGISTE	R		BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181757	1/20/12	000010	GUILDNET	C 7	ALJANIN, DILJA	61.00		810.08	I	
181758	1/13/12	000010	GUILDNET		ANCHEZ, ELIZAB	47.00		624.16	1	
181759	1/20/12	000010	GUILDNET		HELTON, AGUEDA	27.75		368.52	I	
181760	1/13/12	000010	GUILDNET	SC	OMRAJ, UMILLA	10.00		132.80	I	
181761	1/20/12	000010	GUILDNET	TO	DROSSIAN, PARI	28.00		371.84	I	
181762	1/20/12	000010	GUILDNET	VI	ILLACRES, LUZ	8.00		106.24	I	
181763	1/20/12	000010	GUILDNET		LAHOS, MARIE			929.60	Т	
181764	1/20/12	000010	GUILDNET		EISZ, KLARA			106.24	T	
181765	1/20/12	000010	GUILDNET		EST, BALDWIN			212.48	T	
181766	1/13/12	000010	GUILDNET		HITLEY, MYRNA	24.00		318.72	T	
181767	1/20/12	000010	GUILDNET		I, CARLOS			318.72	T	
181768	1/20/12	000010	GUILDNET		IANTSELIS, VIR	7.00		1,260.00	<u>+</u>	
181769	1/20/12	000010	GUILDNET		ARE, GLORIA			743.68	1	
181770	1/20/12	000010	GUILDNET	Zt	JMAETA, FANNY	64.00		849.92	Ι	
					CUSTOMER	2,234.50	0.00	34,342.32		
					CATEGORY	2,234.50	0.00	34,342.32		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 -	- 31	LO
SALES JRN	ъ # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FIR	RST	
				SALES REGISTER	3		BILL WEEK END	ING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7		SURPLUS
181771	1/13/12	000122	HEALTH FIRST	AUER, BARBARA	5.00		84.40	I	
181772	1/13/12	000122	HEALTH FIRST	AUER BARBARA	21.00		354.48	Ī	
181773	1/20/12	000122	HEALTH FIRST	BEGIIM MANWARA	28.00		472.64	Ī	
181774	1/20/12	000122	HEALTH FIRST	BHATRO, KOWSTLI	56.00		945.28	Ī	
181775	1/20/12	000122	HEALTH FIRST	BOCHENEC JOLAN	36.00		607.68	Ī	
181776	1/20/12	000122	HEALTH FIRST	CARMONA. LUZ	40.00		675.20	Ī	
181777	1/20/12	000122	HEALTH FIRST	CARRION. MARIA	48.00		810.24	Ī	
181778	1/20/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	Ī	
181779	1/20/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
181780	1/13/12	000122	HEALTH FIRST	CORTES DE GALIN	60.00		1.012.80	I	
181781	1/20/12	000122	HEALTH FIRST	DORNELLAS, STEL	8.00		135.04	I	
181782	1/20/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64	Ī	
181783	1/20/12	000122	HEALTH FIRST	ESTEVES, JOSE	63.00		1.063.44	Ī	
181784	1/20/12	000122	HEALTH FIRST	FERGERSON, TINA	35.00		590.80	Ī	
181785	1/20/12	000122	HEALTH FIRST	FERRERA, FRANCI	12.00		202.56	I	
181786	1/20/12	000122	HEALTH FIRST	FONTANES, PEDRO	24.00		405.12	I	
181787	1/20/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
181788	1/20/12	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
181789	1/20/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
181790	1/20/12	000122	HEALTH FIRST	HERRING, CHARLE	8.00		135.04	I	
181791	1/20/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
181792	1/20/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
181793	1/20/12	000122	HEALTH FIRST	LAZALA, GLADYS	168.00		2,835.84	I	
181794	1/20/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	77.00		1,299.76	I	
181795	1/20/12	000122	HEALTH FIRST	MACARENA, SAHAR	63.00		1,063.44	I	
181796	1/20/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
181797	1/20/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
181798	1/20/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	I	
181799	1/20/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
181800	1/20/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	3.00		50.64	I	
181801	1/20/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
181802	1/20/12	000122	HEALTH FIRST	SALHUANA, YOLAN	19.75		333.38	I	
181803	1/20/12	000122	HEALTH FIRST	SPIVEY, PATRICI	8.00		135.04	I	
181804	1/13/12	000122	HEALTH FIRST	ST ROMAINE, CLA	76.00		1,282.88	I	
181805	1/20/12	000122	HEALTH FIRST	SURIEL, GERTRUD	28.00		472.64	I	
181806	1/20/12	000122	HEALTH FIRST	TEJADA, PAULA	32.00		540.16	I	
181807	1/20/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12	I	
				AUER, BARBARA AUER, BARBARA BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD TEJADA, PAULA WILLIAMS, RODNE	1,327.75	0.00	22,412.42		
				CATEGORY	1,327.75	0.00	22,412.42		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE REG SUNNYSIDE CITYWIDE REG SALE				PAGE 1	- 31	L1
SALES JR	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			NHP NEIGHBORI	HOOD I	HEALTH
			SALE	S REGISTER	5		BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181808	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	AHMED, UMARA	56.00		945.28	I	
181809	12/16/11	000120	NEIGHBORHOOD HEALTH PROVIDERS	AKHTAR, SELINA	13.50		227.88	I	
181810	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	BRATHWAITE, DON	32.00		540.16	I	
181811	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
181812	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
181813	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	11.00		185.68	I	
181814	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
181815	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	36.00		607.68	I	
181816	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHALIL, RASHAN	29.00		489.52	I	
181817	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHAN, FARUQUE	18.00		303.84	I	
181818	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHERIN	34.00		573.92	I	
181819	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES, EDWIN	42.00		708.96	I	
181820	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	30.00		506.40	I	
181821	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	22.00		371.36	I	
181822	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I	
181823	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SALVATO, MARY	56.00		945.28	I	
181824	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SANCHEZ, CHRIST	9.00		151.92	I	
181825	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SCOTT, MICHAEL	40.00		675.20	I	
181826	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	SHEPPARD, ERMA	70.00		1,181.60	I	
181827	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WELLS, WYNORIA	15.75		265.86	I	
181828	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	34.00		573.92	I	
			NEIGHBORHOOD HEALTH PROVIDERS						
							11,820.22		

SALES JRNL # 0265 LOC 001 SUNNYSIDE CITYWIDE REG NY NY FID NY CATHOLIC/FIDEL	:S !7/12
	7/12
SALES REGISTER BILL WEEK ENDING 1/	,,, 12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SU	PLUS
101020 1/20/12 000126 NVG GARWOLTG/FIDELIG DARTOR TOGE 62 00 1 062 44 T	
181829 1/20/12 000126 NYS CATHOLIC/FIDELIS BATISTA, JOSE 63.00 1,063.44 I	
181830	
181831	
181832 1/20/12 000126 NYS CATHOLIC/FIDELIS LITMAN, GAIL 20.00 337.60 I	
181833	
181834	
181835 1/20/12 000126 NYS CATHOLIC/FIDELIS PANOS, DESPINA 63.00 1,063.44 I	
181836	
181837	
181838	
181839	
CUSTOMER 529.00 0.00 8,929.52	
CATEGORY 529.00 0.00 8,929.52	

	01/25/12 · NL # 0265	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED H	- 31	.3
SALES ON	NU # 0203	100 001	SOUNTSIDE CITIWIDE	SALES REGISTER	}		BILL WEEK EN		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181840	1/06/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	147.00		2,522.52	I	
181841	1/20/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
181842	1/06/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	168.00		2,882.88	I	
181843	1/06/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	168.00		2,882.88	I	
181844	12/02/11	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	76.00		1,304.16	I	
181845	1/06/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	84.00		1,441.44	I	
181846	1/06/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	44.25		759.33	I	
				CUSTOMER	725.25	0.00	12,445.29		
				CATEGORY	725.25	0.00	12,445.29		

		- SUP SUNN LOC 001	YSIDE CITYWIDE	DEC NY NY			-	- 31	.4
SALES JRN	L # UZ05	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			EHP EMBLEM H		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181847	1/20/12	000114	EMBLEM HEALTH	COPE, WILLIE	83.00		1,162.00	I	
181848	1/20/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
181849	1/20/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
181850	1/20/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
181851	1/20/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	47.75		668.50	I	
				CUSTOMER	256.75	0.00	3,602.00		
				CATEGORY	256.75	0.00	3,602.00		

			YSIDE CITYWIDE					PAGE 1	- 31	.5
SALES JRI	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG :	NY NY			HIP HEALTH I	NSURAN	ICE PLAN
			S	ALE	NY NY S REGISTEF	?		BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181852	1/20/12	000136	HEALTH INSURANCE PLAN O		AHMAD, AMATUL	14.00		236.32	I	
181853	1/20/12	000136	HEALTH INSURANCE PLAN O	F NY	BORLAZA, FRANCI	84.00		1,417.92	I	
181854	1/20/12	000136	HEALTH INSURANCE PLAN O	F NY	CIPRIAN, JACQUE	8.00		135.04	I	
181855	1/20/12	000136	HEALTH INSURANCE PLAN O	F NY	DE JESUS, TIBUR	63.00		1,063.44	I	
181856	1/20/12	000136	HEALTH INSURANCE PLAN O	F NY	GOMES, AGUSTINA	63.00		1,063.44	I	
181857	1/20/12	000136	HEALTH INSURANCE PLAN O	F NY	LOYOLA, MARIA	40.00		675.20	I	
181858	1/20/12	000136	HEALTH INSURANCE PLAN O	F NY	ORR, LOUISE	34.50		582.36	I	
181859	12/09/11	000136	HEALTH INSURANCE PLAN O	F NY	PARADISE, ANITA				I	
181860	1/20/12	000136	HEALTH INSURANCE PLAN O	F NY	SHAH, HANSIKABE	4.00		67.52	I	
181861	1/20/12	000136	HEALTH INSURANCE PLAN O	F NY	TOWLES, ADA	20.00		337.60	I	
181862	1/20/12	000136	HEALTH INSURANCE PLAN OF		WILLIAMS, DIANE			337.60	I	
181863	1/06/12	000136	HEALTH INSURANCE PLAN O		ZAMBRANO, ZOILA			202.56	T	
101000	1,00,12	000100	112112111 1112011111102 12111 0							
					CUSTOMER	513.00	0.00	8,659.44		
					COSTONER	313.00	0.00	5,555.11		
					CATEGORY	513.00	0.00	8,659.44		
1					CATEGORI	313.00	0.00	0,000.44		

RUN DATE	01/25/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 31	-6
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HPS HEALTH PL	JUS	
				SALES REGISTER			BILL WEEK END	ING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181864	1/13/12	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	30.00		510.00	I	
181865	1/20/12	000138	HEALTH PLUS PHSP, INC	VAZQUEZ, ARCADI	8.00		136.00	I	
181866	1/20/12	000138	HEALTH PLUS PHSP, INC	VEGA, GLORIA	35.00		595.00	I	
181867	1/13/12	000138	HEALTH PLUS PHSP, INC	WALTERS, BYRON	50.00		850.00	I	
181868	1/13/12	000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	36.00		612.00	I	
				CUSTOMER	159.00	0.00	2,703.00		
				CATEGORY	159.00	0.00	2,703.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 AFF AFFINITY BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181869 181870 181871	1/20/12 1/13/12 1/20/12	000142 000142 000142	AFFINITY HEALTH PLUS AFFINITY HEALTH PLUS AFFINITY HEALTH PLUS	HERNANDEZ, ANTO PURNELL, ROSE M VAMVAKAS, SOPHI	40.00 28.00 40.00		960.00 672.00 960.00	I I I	
				CUSTOMER	108.00	0.00	2,592.00		
				CATEGORY	108.00	0.00	2,592.00		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTE			PAGE 1	- 31	18
SALES JR	NL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLUS	HEAL	LTH
				SALES REGISTE	R		BILL WEEK END	ING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181872	1/20/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	72.00		1,234.80	I	
181873	1/20/12	000130	METROPLUS HEALTH	ANDERSON, BETH	42.00		720.30	I	
181874	1/20/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
181875	1/20/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	28.00		480.20	I	
181876	1/20/12	000130	METROPLUS HEALTH	BESANT, NAOMI	23.00		394.45	I	
181877	1/20/12	000130	METROPLUS HEALTH	BRACERO, HELEN	56.00		960.40	I	
181878	1/06/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	88.00		1,509.20	I	
181879	1/20/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I	
181880	1/20/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50	I	
181881	12/23/11	000130	METROPLUS HEALTH	DAVIS, ANGIE	135.00		2,315.25	I	
181882	1/20/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00	I	
181883	1/13/12	000130	METROPLUS HEALTH	DURAHAM, CYNTHI	8.00		137.20	I	
181884	1/20/12	000130	METROPLUS HEALTH	GALAS, TERESA	37.00		634.55	I	
181885	1/13/12	000130	METROPLUS HEALTH	GONZALEZ, CARLO	5.00		85.75	I	
181886	1/20/12	000130	METROPLUS HEALTH	MANIACI, VINCEN	168.00		2,881.20	I	
181887	1/20/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
181888	1/20/12	000130	METROPLUS HEALTH	PERSAD, USHA	71.00		1,217.65	I	
181889	1/20/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	I	
181890	1/20/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	6.00		102.90	I	
181891	1/20/12	000130	METROPLUS HEALTH	RYALS, CHARLES	35.00		600.25	I	
181892	1/20/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	30.00		514.50	I	
181893	1/06/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA ANDERSON, BETH ARIAS, NORA BEDOYA, MONICA BESANT, NAOMI BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DURAHAM, CYNTHI GALAS, TERESA GONZALEZ, CARLO MANIACI, VINCEN MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE VALLE, BLASINA	66.00		1,131.90	I	
							19,533.85		
							19,533.85		

RUN DATE SALES JRN	- , - ,	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AMG AMERIGRO	- 31	L9
	_ 0200	200 001	SOUTH CITTURE	SALES REGISTER			BILL WEEK EN		1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181894	1/20/12	000132	AMERIGROUP	FERNANDEZ, NORK	42.00		708.54	I	
181895	1/13/12	000132	AMERIGROUP	GERGIS, NIMR	43.00		725.41	I	
181896	1/20/12	000132	AMERIGROUP	GIAMBRONE, JOSE	7.00		118.09	I	
181897	1/20/12	000132	AMERIGROUP	GUERRA, LORRAIN	60.00		1,012.20	I	
181898	1/20/12	000132	AMERIGROUP	PRUITT, JOHNNY	4.00		67.48	I	
				CUSTOMER	156.00	0.00	2,631.72		
				CATEGORY	156.00	0.00	2,631.72		

			YSIDE CITYWIDE					PAGE 1 -	- 32	0
SALES JRN	L # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG				WEL WELCARE OF		
				SALE	S REGISTER			BILL WEEK ENDI	ING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT 7	ΓΥΡ	SURPLUS
181899	1/20/12	000124	WELCARE OF NEW YORK,	INC.	GENAO, DANIELA	54.75		941.70	I	
181900	1/20/12	000124	WELCARE OF NEW YORK,	INC.	MARTINEZ, MARIA	42.00		722.40	I	
181901	1/20/12	000124	WELCARE OF NEW YORK,	INC.	RAMIREZ, ALIDA	62.00		1,066.40	I	
181902	1/06/12	000124	WELCARE OF NEW YORK,	INC.	RANJITSINGH, ES	8.00		137.60	I	
					CUSTOMER	166.75	0.00	2,868.10		
					CATEGORY	166.75	0.00	2,868.10		

RUN DATE	01/25/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	321
SALES JRN	IL # 0265	LOC 001	SUNNYSIDE CITYWIDE	REG N				NPS NY PRESBYTE	
				SALES	REGISTER			BILL WEEK ENDIN	G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181903	1/20/12	000134	NY-PRESBYTERIAN SYSTEM	1 SELECT	KARASSAVIDIS, A	35.00		600.60 I	
					CATEGORY	35.00	0.00	600.60	

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NY NY			PAGE 1 PAR PRIVATE	- 32	22
SALES OIGN	11 # 0203	100 001	S A L E				BILL WEEK EN	DING	1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181904 181905 181906 181907	1/20/12 1/20/12 1/20/12 1/20/12	000002 000002 000002 000002	SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS BUTLER, MARY MOSCOSO, MARIA MOSCOSO, TIRSO	4.00 7.75 4.00 4.00		58.00 112.38 58.00 58.00	I I I	
181908	1/20/12	000002	SUNNYSIDE COMMUNITY SERVICES	SAK, FIRDEVS CUSTOMER	8.00 27.75	0.00	116.00 402.38	I 	
181909	1/20/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	15.00		232.50	I	
181910 181911	1/20/12 1/20/12	000049 000049	ELIZABETH SETON PEDIATRIC CTR ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE MORSHELINA, NAS	25.00 12.00		344.75 165.48	I I	
				CUSTOMER	37.00	0.00	510.23		
181912	1/20/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
181913	1/20/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	94.75	0.00	2,607.11		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CAS CHILDREN		SOCIETY
INVOICE#	DATE	CUST NO	CUSTOMER NAME	ALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK EN AMOUNT	DING	1/27/12 SURPLUS
181914 181915	1/20/12 1/20/12	000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE	20.00		310.00 93.00	I	
181916 181917	1/20/12 1/20/12	000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	GIL, MARANGELI JOHNSON, CAMRYN	6.00 20.00		93.00 310.00	I	
181918 181919 181920	1/20/12 1/20/12 1/20/12	000088 000088 000088	CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY CHILDREN'S AID SOCIETY	REDDICK, LORENZ REDDICK, TRINIT SALAS, HELENA	20.00 20.00 28.00		310.00 310.00 434.00	I I I	
				CUSTOMER	120.00	0.00	1,860.00		
				 CATEGORY	120.00	0.00	1,860.00		

RUN DATE 01/25/1	2 - SUP SUNI	NYSIDE CITYWIDE					PAGE 1	- 32	24
SALES JRNL # 026	5 LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			GHC GIRLING	HEALTH	CARE OF NY
			SALE	S REGISTER			BILL WEEK EN	DING	1/27/12
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181921 1/20/1	2 000090	GIRLING HEALTH CARE	OF NY	ALEKSANDROVA, S	6.00		78.00	I	
181922 11/11/1	1 000090	GIRLING HEALTH CARE	OF NY	AMABILE, ANTOIN	2.75		35.75	I	
181923 1/20/1	2 000090	GIRLING HEALTH CARE	OF NY	BHATT, JYOTI	16.00		208.00	I	
181924 1/13/1	2 000090	GIRLING HEALTH CARE	OF NY	DIRADOURIAN, NI	24.00		312.00	I	
181925 1/20/1	2 000090	GIRLING HEALTH CARE	OF NY	GOVERDOVSKIY, N	4.00		52.00	I	
				CUSTOMER	52.75	0.00	685.75		
				CATEGORY	52.75	0.00	685.75		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 325 PAR PRIVATE BILL WEEK ENDING 1/	27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
181926	1/20/12	000098	MILDRED PANSE	PANSE, MILDRED	16.00		248.00 I	
				CATEGORY	16.00	0.00	248.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 32 ELD ELDERSERVEHEAI BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181927 181928 181929 181930	1/20/12 1/06/12 1/13/12 1/20/12	000101 000101 000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY BLACK, DOROTHY BLACK, DOROTHY	20.00 4.00 4.00 17.00		270.00 I 54.00 I 54.00 I 229.50 I	
				CUSTOMER	45.00	0.00	607.50	
				CATEGORY	45.00	0.00	607.50	

	01/25/12 · NL # 0265		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - PAR PRIVATE BILL WEEK ENDIN	327 G 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
181931	1/20/12	000143	ETTORE COPPOLA	COPPOLA, ETTORE	15.75		250.13 I	
181932	1/20/12	000145	LARRY EISENBERG	BERGER, TESS	53.00		848.50 I	
				CATEGORY	68.75	0.00	1,098.63	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S 2	REGNY NY ALES REGISTER			PAGE 1 - 3 CCM COMPREHENSIVE BILL WEEK ENDING	CARE MGMT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
181933	1/20/12	000150	COMPREHENSIVE CARE MANAGE	EMENT ROSARIO, CELEST	31.50		413.28 I	
				CATEGORY	31.50	0.00	413.28	

	01/25/12 · NL # 0265	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T F	I R		PAGE 1 PAR PRIVATE BILL WEEK EN	- 3:	29 1/27/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
181934	1/20/12	000151	MICHAEL SIANO	SIANO, ANDREW	20.00		270.00	I	
181935 181936 181937	1/06/12 1/13/12 1/20/12	000153 000153 000153	PATRICIA RUECKHER PATRICIA RUECKHER PATRICIA RUECKHER	RUECKHER, PATRI RUECKHER, PATRI RUECKHER, PATRI	3.00 6.00 12.00		46.50 93.00 186.00	I I I	
				CUSTOMER	21.00	0.00	325.50		
181938	1/20/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
181939	1/20/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
181940	1/20/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
181941	1/20/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
181942	1/20/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
181943	1/20/12	006337	STEPHEN EDEL	EDEL, CANDACE	80.50		1,271.76	I	
181944	1/20/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	33.50		524.50	I	
181945	1/20/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
181946	1/20/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
181947	1/20/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
181948	1/20/12	008764	PATRICIA PHILION	GAFFNEY, FREDER	8.00		124.00	I	
181949	1/20/12	009036	MR. FERNANDO RIVERA	RIVERA, ALCIRA	9.00		139.50	I	
181950	1/20/12	009226	ALZHEIMER'S ASSOCIATION	CARDENAS, GUSTA	8.00		124.00	I	
181951 181952	12/30/11 1/06/12	009264 009264	ALZHEIMER'S ASSOCIATION ALZHEIMER'S ASSOCIATION	VALENTIN, JOSE	6.00		97.50 32.50	I	
				CUSTOMER	8.00	0.00	130.00		
181953	1/20/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
181954	1/20/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	9.00		139.50	I	
181955	1/20/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
181956	1/20/12	009632	KELLY SHAFFER	KELLY, PATRICK	12.00		186.00	I	
181957	1/20/12	997760	MARASA, ANTONIO	MARASA, ANTONIO	9.00		121.50	I	
				CATEGORY	501.00	0.00	7,806.76		
				LOCATION	23,155.50		355,302.25		
				COMPANY	23,155.50	0.00	355,302.25		

RUN DATE 01/25/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 330
SALES JRNL # 0265 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER BILL WEEK ENDING 1/27/12

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

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