RUN DATE 11/07/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0306 LOC 001 SUNNYSIDE CITYWIDE REG NY NY

E REGNY NY SALES REGISTER PAGE 1 - 1 SHP SENIOR HEALTH PARTNERS BILL WEEK ENDING 11/09/12

			S		•		DIES WESK SI	21110	11/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214784	11/02/12	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		57.00	I	
214785	11/02/12	000082	SENIOR HEALTH PARTNERS	BANKS, ANASTAZJ	8.00		114.00	I	
214786	10/26/12	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	4.00		57.00	I	
214787	11/02/12	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	10.00		142.50	I	
214788	11/02/12	000082	SENIOR HEALTH PARTNERS	CARRILLO, MARIA	2.25		32.06	I	
214789	11/02/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	7.00		99.75	I	
214790	11/02/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	7.00		99.75	I	
214791	11/02/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	14.00		199.50	I	
214792	11/02/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	10.00		142.50	I	
214793	11/02/12	000082	SENIOR HEALTH PARTNERS	GRAFSTEIN, LILL	5.00		1,000.00	I	
214794	11/02/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	23.00		327.75	I	
214795	11/02/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	10.00		142.50	I	
214796	11/02/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	78.00		1,111.50	I	
214797	11/02/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	38.00		541.50	I	
214798	10/26/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	10.00		142.50	I	
214799	11/02/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	5.00		71.25	I	
214800	11/02/12	000082	SENIOR HEALTH PARTNERS	MALDONADO, VICE	3.00		600.00	I	
214801	11/02/12	000082	SENIOR HEALTH PARTNERS	MALDONADO, VICE	1.00		200.00	I	
214802	11/02/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	44.00		627.00	I	
214803	11/02/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	20.00		285.00	I	
214804	11/02/12	000082	SENIOR HEALTH PARTNERS	RAMOS, EFRAIN	4.00		57.00	I	
214805	11/02/12	000082	SENIOR HEALTH PARTNERS	RAMOS, EFRAIN	4.00		57.00	I	
214806	11/02/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	8.00		114.00	I	
214807	11/02/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	5.00		71.25	I	
214808	11/02/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	10.00		142.50	I	
214809	11/02/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	16.00		228.00	I	
214810	11/02/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	16.00		228.00	I	
214811	10/19/12	000082	SENIOR HEALTH PARTNERS	VASQUEZ, CORNEL	16.00		228.00	Т	
					382.25	0.00			
				CATEGORY	382.25	0.00	7,118.81		
1									

RUN DATE	11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	2
SALES JRN	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	REG NY NY A L E S R E G I S T E R			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
01.401.0	11 /00 /10				0.4.00		242 22 -	
	11/02/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	24.00		349.92 I	
	11/02/12	000008	VISITING NURSE SERVICE	ABINANTI, IRENE	16.00		233.28 I	
214814	10/26/12	800000	VISITING NURSE SERVICE	ABREU, ANA	12.00		174.96 I	
	11/02/12	800000	VISITING NURSE SERVICE	ABREU, ANA	4.00		58.32 I	
214816	11/02/12	800000	VISITING NURSE SERVICE	ABREU, ANA	4.00		58.32 I	
214817	11/02/12	000008	VISITING NURSE SERVICE	ACOSTA, ALBERTO	10.00		145.80 I	
214818	11/02/12	800000	VISITING NURSE SERVICE	ACOSTA, ALBERTO	5.00		72.90 I	
214819	11/02/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	10.00		145.80 I	
214820	11/02/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	10.00		145.80 I	
	11/02/12	000008	VISITING NURSE SERVICE	ADAMES, RICARDO	20.00		291.60 I	
	11/02/12	000008	VISITING NURSE SERVICE	ADAMES, RICARDO	10.00		145.80 I	
	11/02/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM			131.22 I	
	11/02/12	000008	VISITING NURSE SERVICE	ADAMS, MYRIAM			255.16 I	
	11/02/12	000008	VISITING NURSE SERVICE	ADUN, JEANETTE			874.80 I	
	11/02/12	000008	VISITING NURSE SERVICE	ADUN, JEANETTE			174.96 I	
214020	11/02/12	000000	VIBITING NORSE SERVICE	ADON, GEARETTE	1.00		1/4.50 1	
				CUSTOMER	157.50	0.00	3,258.64	
				CATEGORY	157.50	0.00	3,258.64	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 3 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214827 11/02/12 214828 11/02/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	24.00 14.00		349.92 I 204.12 I
			CUSTOMER	38.00	0.00	554.04
			CATEGORY	38.00	0.00	554.04

RUN DATE	11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	4
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
				SALES REGISTER			BILL WEEK ENDIN	IG 11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214829	11/02/12	000008	VISITING NURSE SERVIC	E AGUILAR-PROCE,	14.00		204.12 I	<u>.</u>
214830	11/02/12	800000	VISITING NURSE SERVIC	E AGUILAR-PROCE,	6.50		94.77 I	<u>.</u>
214831	11/02/12	800000	VISITING NURSE SERVIC	E AKBAR, NASEEM	4.00		58.32 I	<u>-</u> -
214832	11/02/12	800000	VISITING NURSE SERVIC	E AKBAR, NASEEM	8.00		116.64 I	. -
				CUSTOMER	32.50	0.00	473.85	
				CATEGORY	32.50	0.00	473.85	

RUN DATE 11/07/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1	. –	5
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW	/O WALLS (LT
		S	SALES REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214833 11/02/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	15.00		218.70	I	
214834 11/02/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	10.00		145.80	I	
			CUSTOMER	25.00	0.00	364.50		
			CODICIEN	23.00	0.00	301.30		
			CATEGORY	25.00	0.00	364.50		

RUN DATE 11/07/12 - SUP					PAGE 1 -	6
SALES JRNL # 0306 LOC	001 SUNNYSIDE CITYWIDE R	EGNY NY ES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
						,,
INVOICE# DATE CUST	T NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214835 10/12/12 0000	008 VISITING NURSE SERVICE	ALFEREZ, GLORIA	6.00		87.48 I	
214836 11/02/12 0000		ALFEREZ, GLORIA	19.00		277.03 I	
214837 11/02/12 0000		ALFEREZ, GLORIA	12.00		174.96 I	
		CUSTOMER	37.00	0.00	539.47	
		CATEGORY	37.00	0.00	539.47	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ' CCL CONGREGATE CARI BILL WEEK ENDING :	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214838 11/02/12 214839 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	3.00		43.74 I 43.74 I	
			CUSTOMER	6.00	0.00	87.48	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE AD	8
SALES URNL # 0300	LOC 001		SALES REGISTER			BILL WEEK ENDI	-
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214840 11/02/12 214841 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	16.00 15.75		233.28 229.64	I I
			CUSTOMER	31.75	0.00	462.92	
			CATEGORY	31.75	0.00	462.92	

	11/07/12 NL # 0306	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	-
BALLS OR	1VL # 0500	100 001		ALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
214842	11/02/12	800000	VISITING NURSE SERVICE	ANANIA, GLYGERI	5.00		72.90	I
214843	11/02/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	8.00		116.64	I
214844	11/02/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	59.00		860.22	I
214845	11/02/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	23.50		342.63	I
214846	11/02/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	18.00		262.44	I
214847	11/02/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	15.50		225.99	I
214848	11/02/12	000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	4.00		58.32	I
214849	11/02/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	7.00		102.06	I
				CUSTOMER	140.00	0.00	2,041.20	
				CATEGORY	140.00	0.00	2,041.20	

RUN DATE 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214850 11/02/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	8.00		116.64 I
214851 11/02/12	800000	VISITING NURSE SERVICE	ANGULO, ELCY	8.00		116.64 I
214852 10/26/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	8.00		116.64 I
214853 11/02/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	16.00		233.28 I
214854 11/02/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	18.00		262.44 I
			CUSTOMER	58.00	0.00	845.64
			CATEGORY	58.00	0.00	845.64

			YSIDE CITYWIDE				PAGE 1 - 1:	1
SALES JRNL	4 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214855 1	1/02/12	800000	VISITING NURSE SERVICE	AOUN, ODETTE	12.00		174.96 I	
214856 1	1/02/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	14.00		204.12 I	
214857 1	11/02/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	15.00		218.70 I	
				CUSTOMER	41.00	0.00	597.78	
				CATEGORY	41.00	0.00	597.78	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	12
			SALES REGISTER			BILL WEEK ENDI	NG 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214858 10/26/12	000008	VISITING NURSE SERVICE	ASADOURIAN, COR	10.00		145.80	I
214859 11/02/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	20.00		291.60	I
214860 11/02/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	2.00		29.16	I
			CUSTOMER	32.00	0.00	466.56	
			CATEGORY	32.00	0.00	466.56	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		:	SALES REGISTER	2		BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214861 11/02/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	16.00		233.28 I
214862 11/02/12	000008	VISITING NURSE SERVICE	ASHLEY, CLYDE	8.00		116.64 I
214863 11/02/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	4.00		58.32 I
			CUSTOMER	28.00	0.00	408.24
			CATEGORY	28.00	0.00	408.24

RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	L –	14
SALES JRN	IL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I		
			2	SALES REGISTER			BILL WEEK EN	NDTNG	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214864	11/02/12	800000	VISITING NURSE SERVICE	BADILLO, JOVITA	4.00		58.32	I	
				CATEGORY	4.00	0.00	58.32		

RUN DATE 11/07/12 SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOI BILL WEEK ENDII	15 MEW/O WALLS (LT NG 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214865 11/02/12 214866 11/02/12 214867 11/02/12 214868 11/02/12 214869 11/02/12 214870 11/02/12	000008 000008 000008 000008 000008	VISITING NURSE SERVICE	BALLAS, VIOLA BALLAS, VIOLA BAQUERIZO, ANNA BAQUERIZO, ANNA BARDEANU, VICTO BARDEANU, VICTO	5.00 9.75 23.50 16.00 18.00 8.00		72.90 142.16 342.63 233.28 262.44 116.64	
			CUSTOMER	80.25	0.00	1,170.05	
			CATEGORY	80.25	0.00	1,170.05	

RUN DATE 11/07/12 -	- SUP SUNNYSIDE CITYWIDE				PAGE 1 -	16
SALES JRNL # 0306	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
	S	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214871 11/02/12	000008 VISITING NURSE SERVICE	BARDEANU, VICTO	8.00		116.64 I	
		CATEGORY	8.00	0.00	116.64	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 17 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214872 10/19/12 214873 11/02/12 214874 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BATTLE, JEANETT BATTLE, JEANETT BATTLE, JEANETT	10.00 27.50 14.00		145.80 I 400.96 I 204.12 I
			CUSTOMER	51.50	0.00	750.88
			CATEGORY	51.50	0.00	 750.88

RUN DATE 11/07/1 SALES JRNL # 030			REG NY NY			PAGE 1 - 1 ADU ADULT	8
BILLED CITYLE 030	0 100 001		SALES REGISTER				11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214875 11/02/1 214876 11/02/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.75 14.00		98.42 I 204.12 I	
			CUSTOMER	20.75	0.00	302.54	
			CATEGORY	20.75	0.00	302.54	

RUN DATE	11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- :	19
SALES JRI	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA	
				SALES REGISTER			BILL WEEK END	ING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214877	11/02/12	000008	VISITING NURSE SERVICE	BECERRA, FELIPE	24.00		349.92	I	
214878	11/02/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	16.00		233.28	I	
214879	11/02/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	96.00		1,399.68	I	
214880	11/02/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	44.00		641.52	I	
214881	11/02/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I	
				CUSTOMER	183.00	0.00	2,668.14		
				CATEGORY	183.00	0.00	2,668.14		

RUN DATE 11/07/12						PAGE 1 - 20
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214882 10/26/12 214883 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	12.00 4.00		174.96 I 58.32 I
			CUSTOMER	16.00	0.00	233.28
			CATEGORY	16.00	0.00	233.28

RUN DAT	E 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	
SALES J	RNL # 0306	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING 13	1/09/12
INVOICE:	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
214884	11/02/12	000008	VISITING NURSE SERVICE	BHATT, JYOTI	17.75		258.80 I	
214885	11/02/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	12.00		174.96 I	
				CUSTOMER	29.75	0.00	433.76	
				COSTONER	29.75	0.00	433.70	
				CATEGORY	29.75	0.00	433.76	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 22 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214886 11/02/12 214887 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 12.00		87.48 I 174.96 I
			CUSTOMER	18.00	0.00	262.44
			CATEGORY	18.00	0.00	262.44

RUN DATE 11/07/12 SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 23 ADU ADULT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214888 10/26/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	10.00		145.80 I
214889 11/02/12 214890 11/02/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 8.00		58.32 I 116.64 I
			CUSTOMER	22.00	0.00	320.76
			CATEGORY	22.00	0.00	320.76

RUN DATE 11/07/12 -		YSIDE CITYWIDE				PAGE 1 -	24
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214891 11/02/12	000008	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	4.00		58.32 I	
214892 11/02/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	8.00		116.64 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 11/07/12 - SALES JRNL # 0306		CITYWIDE YSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	25
SALES URNL # 0300	LOC UUI SUNNI		ALES REGISTER			BILL WEEK ENDING	G 11/09/12
INVOICE# DATE	CUST NO CUSTOM	MER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
214893 11/02/12 214894 11/02/12		ING NURSE SERVICE ING NURSE SERVICE	BOCANEGRA, GLAD BOCANEGRA, GLAD	4.00		58.32 I 116.64 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 -	26
SALES	JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214895	11/02/12	000008	VISITING NURSE SERVICE	BOJORQUEZDECHA,	6.00		87.48 I	
214896	11/02/12	800000	VISITING NURSE SERVICE	BOJORQUEZDECHA,	6.00		87.48 I	
				CUSTOMER	12.00	0.00	174.96	
1				CATEGORY	12.00	0.00	174.96	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27 ADU ADULT	
BALLS CRIVE # 0500	100 001		SALES REGISTER			BILL WEEK ENDING 11/09	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
214897 11/02/12 214898 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	14.00 7.00		204.12 I 102.06 I	
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 11 SALES JRNL		UNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		28
SALES UNIL	# 0300 LOC 00		SALES REGISTER			BILL WEEK ENI		11/09/12
INVOICE#	DATE CUST N	IO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	1/02/12 000008 1/02/12 000008		BONILLA, LYDIA BONILLA, LYDIA	8.00 8.00		116.64 116.64	I	
214900 11	1/02/12 000000	VISITING NORSE SERVICE	BONILLA, LIDIA					
			CUSTOMER	16.00	0.00	233.28		
			CATEGORY	16.00	0.00	233.28		

RUN DATE 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
		i	SALES REGISTER			BILL WEEK END	ING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214901 11/02/12	000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	10.00		145.80	I
214902 11/02/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	10.00		145.80	I
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 30 ADU ADULT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
214903 10/26/12	000008 VISITING NURSE SERVICE	BORGES, MARINA	6.00	87.48 I
		CATEGORY	6.00 0.00	87.48

	11/07/12 - NL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	31 A
				SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214904	11/02/12	800000	VISITING NURSE SERVICE	•	4.00		58.32 I	
214905	11/02/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	8.00		116.64 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 32 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TA	AX AMT	AMOUNT TYP SURPLUS
214906 11/02/12 214907 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		5.00 12.00		72.90 I 174.96 I
		CUSTOMER	17.00	0.00	247.86
		CATEGORY	17.00	0.00	247.86

			YSIDE CITYWIDE				PAGE 1		33
SALES JR	NL # 0306	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		11 /00 /10
			S Z	ALES REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214908	11/02/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	20.00		291.60	I	
214909	11/02/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	20.00		291.60	I	
214910	11/02/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	36.00		524.88	I	
214911	11/02/12	800000	VISITING NURSE SERVICE	BRACERO, HELEN	24.00		349.92	I	
214912	11/02/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	3.00		43.74	I	
214913	11/02/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	3.00		43.74	I	
214914	10/26/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	8.00		116.64	I	
214915	11/02/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	16.00		233.28	I	
214916	11/02/12	000008	VISITING NURSE SERVICE	BURNS, MARGARET	16.00		233.28	I	
				CUSTOMER	146.00	0.00	2,128.68		
				CATEGORY	146.00	0.00	2,128.68		

RUN DATE 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 34
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT
			SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214917 11/02/12	000008	VISITING NURSE SERVICE	BUSCARELLO, JOH	16.00		233.28 I
214918 11/02/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	16.00		233.28 I
			CUSTOMER	32.00	0.00	466.56
			CATEGORY	32.00	0.00	466.56

			YSIDE CITYWIDE							35
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE L		
				SALES R	EGISTE	E R		BILL WEEK EN	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214919	11/02/12	800000	VISITING NURSE SERVICE	CABA,	PURA	4.00		58.32	I	
214920	11/02/12	800000	VISITING NURSE SERVICE	CABA,	PURA	4.00		58.32	I	
					-		0.00	116.64		
					CUSTOMER	8.00	0.00	116.64		
					_					
					CATEGORY	8.00	0.00	116.64		

	- SUP SUNNYSIDE CITYWIDE	DE DEC NY NY			PAGE 1 - 36	
SALES JRNL # 0306	LOC 001 SUNNYSIDE CITYW	DE REGNY NY SALES REGIS:	ER		ADU ADULT BILL WEEK ENDING 11/	09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUI	RPLUS
214921 11/02/12 214922 11/02/12	000008 VISITING NURSE SI 000008 VISITING NURSE SI	•			72.90 I 72.90 I	
		CUSTOME	10.00	0.00	145.80	
		CATEGOR	10.00	0.00	145.80	

RUN DATE 11	L/07/12 - SUP	SUNNYSIDE CIT	YWIDE					PAGE	1 -	37
SALES JRNL	# 0306 LOC	001 SUNNYSI		REG NY	NY			VCP CHOICE		
			S A	LES	REGISTER			BILL WEEK H	NDING	11/09/12
INVOICE#	DATE CUST	NO CUSTOMER	NAME	RE	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214923 11	1/02/12 0000	008 VISITING	NURSE SERVICE	CAI	IPO, MATILDE	7.00		102.06	5 I	
					CATEGORY	7.00	0.00	102.06	 ;	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001		REG NY NY			PAGE 1 - ADU ADULT	38
BIEED CIAVE II 0300	100 001		SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214924 11/02/12 214925 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		28.00 20.00		408.24 I 291.60 I	
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE 11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
		S	ALES REGISTER			BILL WEEK ENDI	NG 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214926 11/02/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	30.50		444.69	I
214927 11/02/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	7.75		113.00	I
214928 11/02/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	15.25		222.35	I
214929 11/02/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	15.75		229.64	I
			CUSTOMER	69.25	0.00	1,009.68	
			CATEGORY	69.25	0.00	1,009.68	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 40 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214930 11/02/12 214931 11/02/12	000008 VISITING NURSE SERV VISITING NURSE SERV	·	24.00 12.00		349.92 I 174.96 I
		CUSTOMER	36.00	0.00	524.88
		CATEGORY	36.00	0.00	524.88

RUN DATE 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 41
SALES JRNL # 0306	LOC 001		REG NY NY			VCP CHOICE L	
			SALES REGISTER			BILL WEEK EN	DING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214932 11/02/12	000008	VISITING NURSE SERVICE	CAPORASO, VINCE	36.00		524.88	I
214933 11/02/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	24.00		349.92	I
			CUSTOMER	60.00	0.00	874.80	
			COBTORIER	00.00	0.00	071.00	
			CATEGORY	60.00	0.00	874.80	

RUN DATE 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 42
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		:	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214934 10/26/12	000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	6.00		87.48 I
214935 11/02/12	000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	11.00		160.38 I
214936 11/02/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	12.00		174.96 I
						400.00
			CUSTOMER	29.00	0.00	422.82
			CATEGORY	29.00	0.00	422.82

RUN DATE 11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	43
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
		S	ALES REGISTER			BILL WEEK ENDI	NG 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214937 11/02/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	37.25		543.11	I
214938 11/02/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	24.00		349.92	I
214939 11/02/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	8.00		116.64	I
214940 11/02/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	10.00		145.80	I
			CUSTOMER	79.25	0.00	1,155.47	
			CATEGORY	79.25	0.00	1,155.47	

			YSIDE CITYWIDE				-	44
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	11/09/12
			•				DILL WEEK ENDING	11/05/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214941 214942	11/02/12 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 4.00		58.32 I 58.32 I	
				CUSTOMER	8.00	0.00	116.64	
				CATEGORY	8.00	0.00	116.64	

ı	RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45
ı	SALES JRN	IL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				S	SALES REGISTER			BILL WEEK ENDIN	G 11/09/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	214943	11/02/12	800000	VISITING NURSE SERVICE	CARLOS, JULIA	4.00		58.32 I	
					CATEGORY	4.00	0.00	58.32	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 4 HOA HOSPICE ADULT BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214944 11/02/12 214945 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		23.75 12.00		346.28 I 174.96 I	
			CUSTOMER	35.75	0.00	521.24	
			CATEGORY	35.75	0.00	521.24	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 47 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214946 11/02/12 214947 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		22.00 15.75		320.76 I 229.64 I
			CUSTOMER	37.75	0.00	550.40
			CATEGORY	37.75	0.00	550.40

RUN DATE 11/07/12 -						11101	- 48	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	TNC 11/00/13)
			SALES REGISIER			BILL WEEK END.	ING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	3
214948 11/02/12	000008	VISITING NURSE SERVICE	CARUSO, GIUSEPP	3.00		43.74	I	
214949 11/02/12		VISITING NURSE SERVICE	CARUSO, GIUSEPP	6.00		87.48	Ī	
214950 11/02/12	800000	VISITING NURSE SERVICE	CASTANO, EDELMI	3.00		43.74	I	
			CUSTOMER	12.00	0.00	174.96		-
								-
			CATEGORY	12.00	0.00	174.96		

RUN DATE	11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	49
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S A	LES REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214951	11/02/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	8.00		116.64	I	
214952	11/02/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	21.00		306.18	I	
214953	11/02/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	7.00		102.06	I	
214954	10/26/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	5.00		72.90	I	
214955	11/02/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	19.00		277.02	I	
214956	11/02/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	10.00		145.80	I	
214957	11/02/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	6.00		87.48	I	
214958	11/02/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	12.00		174.96	I	
				CUSTOMER	88.00	0.00	1,283.04		
				CATEGORY	88.00	0.00	1,283.04		

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 50 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214959 10/26/12 214960 11/02/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	*	20.00 10.00		291.60 I 145.80 I
			CUSTOMER	30.00	0.00	437.40
			CATEGORY	30.00	0.00	437.40

RUN DATE	11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JR	NL # 0306	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214961	11/02/12	000008	VISITING NURSE SERVICE	CHAUCA, PEDRO	39.00		568.62 I	
214962	11/02/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	19.50		284.31 I	
				CUSTOMER	58.50	0.00	852.93	
				CATEGORY	58.50	0.00	852.93	

RUN DATE 11/07						PAGE 1 -	52
SALES JRNL # 0	306 FOC 001		REGNY NY SALES REGISTER			BILL WEEK ENDI	MEW/O WALLS (LT
		·				DIED WEEK ENDI	11/05/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
214062 10/26	/12 000000	VICIALNO MIDOR CEDVICE	OUT AND TO CE	7 00		100.06	-
214963 10/26 214964 11/02	,	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	7.00 21.00		102.06 306.18	<u>.</u> Т
214965 11/02	,	VISITING NURSE SERVICE	CHIANETTA, JOSE	14.00		204.12	± T
211703 11702	, 12 000000	VIBILING NORDE BERVICE					
			CUSTOMER	42.00	0.00	612.36	
			CATEGORY	42.00	0.00	612.36	

RUN DATE 11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	A L E S R E G I S T E R			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214966 11/02/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	11.75		171.32 I	
214967 11/02/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	15.50		225.99 I	
214968 11/02/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	16.50		240.57 I	
214969 11/02/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	14.00		204.12 I	
			CUSTOMER	57.75	0.00	842.00	
			CATEGORY	57.75	0.00	842.00	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	54 G 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
214970 11/02/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	2.00		29.16 I	
			CATEGORY	2.00	0.00	29.16	

-	11/07/12 NL # 0306	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOMEW	55 //O MALLS (LT
DALLS OR	иш # 0300	100 001		ALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214971	11/02/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	3.25		47.39 I	
214972	11/02/12	800000	VISITING NURSE SERVICE	COLLER, FELISA	8.00		116.64 I	
214973	11/02/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	4.00		58.32 I	
214974	11/02/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	8.00		116.64 I	
214975	11/02/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	24.00		349.92 I	
214976	11/02/12	000008	VISITING NURSE SERVICE	COLON, ANTONIA	12.00		174.96 I	
				CUSTOMER	59.25	0.00	863.87	
				CATEGORY	 59.25	0.00	863.87	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA	TE CA	
		:	SALES REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214977 11/02/12 214978 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		108.00 47.00		1,574.64 685.26	I	
			CUSTOMER	155.00	0.00	2,259.90		
			CATEGORY	155.00	0.00	2,259.90		

RUN DATE 11/07/12 SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 57 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
214979 11/02/12 214980 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	12.00 12.00		174.96 I 174.96 I
			CUSTOMER	24.00	0.00	349.92
			CATEGORY	24.00	0.00	349.92

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	58 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214981 11/02/12 214982 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	4.00 8.00		58.32 I 116.64 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00		

RUN DATE 11/0)7/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 59
SALES JRNL #	0306 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
		\$	SALES REGISTER			BILL WEEK END	ING 11/09/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
214983 10/2	26/12 000008	VISITING NURSE SERVICE	COSTA, ARSENE	8.00		116.64	I
214984 11/0	02/12 000008	VISITING NURSE SERVICE	COSTA, ARSENE	38.00		554.04	I
214985 11/0	02/12 000008	VISITING NURSE SERVICE	COSTA, ARSENE	16.00		233.28	I
			CUSTOMER	62.00	0.00	903.96	
			CATEGORY	62.00	0.00	903.96	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	60
BALLS SIGNE # 0300	HOC 001		SALES REGISTER			BILL WEEK ENDIN	G 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
214986 11/02/12 214987 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.25 7.50		47.39 I 109.35 I	
			CUSTOMER	10.75	0.00	156.74	
			CATEGORY	10.75	0.00	 156.74	

RUN DATE 11/07/12 SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AI BILL WEEK END	DULT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
214988 11/02/12 214989 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	COX, PETRA COX, PETRA	4.00 4.00		58.32 58.32	I I
			CUSTOMER	8.00	0.00	116.64	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/07/12			DEC My My				62
SALES JRNL # 0306	TOC 001		REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214990 11/02/12 214991 11/02/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 9.00		131.22 I 131.22 I	
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00	262.44	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	_	63
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY N	1A			LAD NURSING	HOME	W/O WALLS LT
			SALES RE	GISTE	R		BILL WEEK EN	DING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFER	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
214992 10/26/12	000008	VISITING NURSE SERVICE	CRUZ,	HECTOR	10.00		145.80	I	
214993 11/02/12	800000	VISITING NURSE SERVICE	CRUZ,	HECTOR	18.75		273.38	I	
214994 11/02/12	800000	VISITING NURSE SERVICE	CRUZ,	HECTOR	10.00		145.80	I	
				CUSTOMER	38.75	0.00	564.98		
				CATEGORY	38.75	0.00	564.98		

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 64	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	•
		\$	SALES REGISTER			BILL WEEK ENDING 11/09/	12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
214995 11/02/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	10.00		145.80 I	
214996 11/02/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	10.00		145.80 I	
214997 11/02/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	37.50		546.76 I	
214998 11/02/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	16.00		233.28 I	
			CUSTOMER	73.50	0.00	1,071.64	
			CATEGORY	73.50	0.00	1,071.64	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 6 VCP CHOICE LHCSA	65
SALES GIVE # 0500	100 001		SALES REGISTER				11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
214999 11/02/12 215000 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		16.50 12.00		240.57 I 174.96 I	
			CUSTOMER	28.50	0.00	415.53	
			CATEGORY	28.50	0.00	415.53	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 66 CCL CONGREGATE CARE : BILL WEEK ENDING 11	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
215001 11/02/12 215002 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	4.00 4.00		58.32 I 58.32 I	
			CUSTOMER	8.00	0.00	116.64	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215003 11/02/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	5.00		72.90 I	
215004 11/02/12	000008	VISITING NURSE SERVICE	DEJESUS, FELIX	10.00		145.80 I	
			CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNN	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 68 LTC NURSING HOMEW/O WALLS (LT
			SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215005 11/02/12	000008	VISITING NURSE SERVICE		26.00		379.08 I
215006 11/02/12	000008	VISITING NURSE SERVICE	DELACRUZ, SEFER	12.00		174.96 I
			CUSTOMER	38.00	0.00	554.04
			CATEGORY	38.00	0.00	554.04

RUN DATE 11/07/12						11102		69
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
		S	ALES REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215007 11/02/12	800000	VISITING NURSE SERVICE	DELOSSANTOS, MA	18.00		262.44	I	
215008 11/02/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	6.00		87.48	I	
215009 10/19/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	24.00		349.92	I	
215010 10/26/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	24.00		349.92	I	
215011 11/02/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	8.00		116.64	I	
215012 11/02/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	8.00		116.64	I	
215013 11/02/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	12.00		174.96	I	
215014 11/02/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	8.00		116.64	Ī	
215015 10/26/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	3.00		43.74	T	
215016 11/02/12	000008	VISITING NURSE SERVICE	DEZUMARAN, REBE	19.25		280.67	T	
215017 11/02/12	000008	VISITING NURSE SERVICE	DEZUMARAN, REBE	8.75		127.58	T	
213017 11/02/12	000000	VIBITING NORDE BERVICE	DEZONAKAN, KEDE			127.50		
			CUSTOMER	139.00	0.00	2,026.63		
			CODIONER	132.00	0.00	2,020.03		
			CATEGORY	139.00	0.00	2,026.63		
			CAILGORI	137.00	0.00	2,020.03		

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	-	NY E G I S T E	2 R			HOME	70 W/O WALLS LT 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215018 11/02/12 215019 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	HILDA HILDA	14.00 14.00		204.12 204.12	I	
				CUSTOMER	28.00	0.00	408.24		
				CATEGORY	28.00	0.00	408.24		

RUN DATE 11/07/12 SALES JRNL # 0306		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		71
SALES URNL # 0300	LOC 001		REG NY NY A L E S R E G I S T E F	2		BILL WEEK ENI		11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215020 10/19/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	7.00		102.06	I	
215021 11/02/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	7.00		102.06	I	
215022 11/02/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	14.00		204.12	I	
215023 11/02/12	000008	VISITING NURSE SERVICE	DIAZ, OLGA	20.00		291.60	I	
215024 11/02/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA			233.28	I	
215025 10/26/12		VISITING NURSE SERVICE	DIAZ, ROSA			87.48	I	
215026 11/02/12		VISITING NURSE SERVICE	DIAZ, ROSA			437.40	I	
215027 11/02/12		VISITING NURSE SERVICE	DIAZ, ROSA			174.96	I	
215028 11/02/12		VISITING NURSE SERVICE	DILLUVIO, MATTI			466.56	I	
215029 11/02/12		VISITING NURSE SERVICE	DILLUVIO, MATTI			291.60	I	
215030 11/02/12		VISITING NURSE SERVICE	DOMINGUEZ, MARI			174.96	I	
215031 11/02/12		VISITING NURSE SERVICE	DOMINGUEZ, MARI			174.96	I	
215032 10/19/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	8.00		116.64	I	
			CUSTOMER	196.00	0.00	2,857.68		
			CATEGORY	196.00	0.00	2,857.68		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 72 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215033 11/02/12 215034 11/02/12	000008 VISITING NURSE SERVICE 0000008 VISITING NURSE SERVICE	- · · ·	12.00 14.00		174.96 I 204.12 I
		CUSTOMER	26.00	0.00	379.08
		CATEGORY	26.00	0.00	379.08

RUN DATE 11/07/12 SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 73 CCL CONGREGATE CARE PROBILL WEEK ENDING 11/0	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
215035 11/02/12 215036 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 6.00		43.74 I 87.48 I	
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE 11/07/			DDG NV NV			PAGE 1 -	74
SALES JRNL # 03	06 LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDII	NG 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
215037 11/02/ 215038 11/02/		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	3.00 6.00		43.74 87.48	[[
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1		75
SALES UR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			CCL CONGREGAT BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215039 215040	11/02/12 11/02/12	000008 000008	VISITING NURSE SERVICE	· ·	4.00		58.32 116.64	I	
213040	11/02/12	000008	VISITING NURSE SERVICE	EPSIEIN, GEORGE	0.00		110.04		
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE	11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	76
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
				SALES REGISTER			BILL WEEK ENI	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215041	11/02/12	000008	VISITING NURSE SERVICE	ESPEJO, FLORENC	6.00		87.48	I	
215042	11/02/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	12.00		174.96	I	
				CUSTOMER	18.00	0.00	262.44		
				CATEGORY	18.00	0.00	262.44		

RUN DATE 11/07/12 SALES JRNL # 0306		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 77
BALLED CITYLE # 0500	100 001		LES REGISTE	R		BILL WEEK END	ING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215043 10/05/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	32.00		466.56	I
215044 10/12/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	56.00		816.48	I
215045 10/19/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	56.00		816.48	I
215046 10/26/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	48.00		699.84	I
215047 11/02/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	23.75		346.28	I
215048 11/02/12	000008	VISITING NURSE SERVICE	ESPIN, CESAR	16.00		233.28	I
215049 11/02/12	000008	VISITING NURSE SERVICE	ETTIN, RUTH	8.00		116.64	I
215050 11/02/12	000008	VISITING NURSE SERVICE	ETTIN, RUTH	8.00		116.64	I
			CUSTOMER	247.75	0.00	3,612.20	
			 CATEGORY	247.75	0.00	3,612.20	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	78
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			SALES REGISTER			BILL WEEK ENDIN	NG 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215051 11/02/12	000008	VISITING NURSE SERVICE	EVERETT, SHIRLE	7.00		102.06	Ε
215052 11/02/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	7.00		102.06	[
			CUSTOMER	14.00	0.00	204.12	
			COSTOMER	14.00	0.00	204.12	
			CATEGORY	14.00	0.00	204.12	

	11/07/12 NL # 0306	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	79
DALLES ON	MH # 0300	100 001		ALES REGISTER			BILL WEEK ENDI	NG 11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215053	10/12/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	10.00		145.80	I
215054	11/02/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	8.25		120.29	I
215055	10/26/12	800000	VISITING NURSE SERVICE	FAROUGIAS, ANGE	9.00		131.22	I
215056	11/02/12	000008	VISITING NURSE SERVICE	FAROUGIAS, ANGE	3.00		43.74	I
215057	11/02/12	000008	VISITING NURSE SERVICE	FAROUGIAS, ANGE	3.00		43.74	I
215058	11/02/12	000008	VISITING NURSE SERVICE	FAY, JULIA	10.00		145.80	I
215059	11/02/12	800000	VISITING NURSE SERVICE	FAY, JULIA	10.00		145.80	I
				CUSTOMER	53.25	0.00	776.39	
				CATEGORY	53.25	0.00	776.39	

RUN DATE 11/07/12 - SUP SUNI					PAGE 1 - 80	
SALES JRNL # 0306 LOC 001		REG NY NY			VCP CHOICE LHCSA	/00/10
	5	SALES REGISTER			BILL WEEK ENDING 11,	/09/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	URPLUS
215060 11/02/12 000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	23.75		346.28 I	
215061 11/02/12 000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	16.00		233.28 I	
		CUSTOMER	39.75	0.00	579.56	
		CATEGORY	39.75	0.00	579.56	

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		YP SURPLUS
215062 11/02/12 215063 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 6.00		43.74 87.48	I I
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	82
ı	SALES JRN	L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
ı				S	SALES REGISTER			BILL WEEK ENDIN	NG 11/09/12
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	215064	11/02/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	9.00		131.22	
ı									
ı					====				
ı					CATEGORY	9.00	0.00	131.22	

RUN DA	TE 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	3
SALES	JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215065	11/02/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215066 11/02/12 215067 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	22.00 8.00		320.76 I 116.64 I	
		CUSTOMER	30.00	0.00	437.40	
		CATEGORY	30.00	0.00	437.40	

RUN DATE	: 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 85	
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	ROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 11/	09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
215068	11/02/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

RUN DATE 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215069 11/02/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	2.50		36.45 I	
215070 11/02/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	14.00		204.12 I	
215071 11/02/12	800000	VISITING NURSE SERVICE	FONG, ALEFINA	4.00		58.32 I	
215072 11/02/12	000008	VISITING NURSE SERVICE	FONTEBOA, GUILL	15.00		218.70 I	
215073 11/02/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	10.00		145.80 I	
			CUSTOMER	45.50	0.00	663.39	
			CATEGORY	45.50	0.00	663.39	

DATE 11/07/12 - SUP SUNNYSIDE CITYWIDE	PAGE 1	- 87
S JRNL # 0306 LOC 001 SUNNYSIDE CITYWIDE REG NY NY	_	HOMEW/O WALLS (LT
SALES REGISTER	BILL WEEK ENI	
	DIEE WEEK EN	11/05/12
ICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS T	TAX AMT AMOUNT	TYP SURPLUS
TOTAL COST NO COSTONIAL NAME NEED NOT I	7110011	111 50111 205
74 11/02/12 000008 VISITING NURSE SERVICE FRED, EULALIA 24.00	349.92	I
75 11/02/12 000008 VISITING NURSE SERVICE FRED, EULALIA 16.00	233.28	I
76 10/26/12 000008 VISITING NURSE SERVICE FREIJOSO, ROSA 8.00	116.64	I
77 11/02/12 000008 VISITING NURSE SERVICE FREIJOSO, ROSA 14.50	211.41	I
78 11/02/12 000008 VISITING NURSE SERVICE FREIJOSO, ROSA 16.00	233.28	I
79 11/02/12 000008 VISITING NURSE SERVICE FUNES, GEORGINA 15.00	218.70	I
80 11/02/12 000008 VISITING NURSE SERVICE FUNES, GEORGINA 10.00	145.80	I
CUSTOMER 103.50	0.00 1,509.03	
CATEGORY 103.50	0.00 1,509.03	

RUN DATE 11/07/12 - SALES JRNL # 0306		YSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA
INVOICE# DATE	CUST NO CUSTON	MER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215081 10/26/12 215082 11/02/12 215083 11/02/12	000008 VISITI	ING NURSE SERVICE ING NURSE SERVICE ING NURSE SERVICE	GAID, ASILA GALLINA, VIRGIN GALLINA, VIRGIN	35.00 3.00 3.00		510.30 43.74 43.74	I I
			CUSTOMER	41.00	0.00	597.78	
			CATEGORY	41.00	0.00	 597.78	

RUN DATE	11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215084	11/02/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	8.00		116.64 I	
215085	11/02/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	16.00		233.28 I	
215086	11/02/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	4.00		58.32 I	
215087	11/02/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	7.75		113.00 I	
215088	11/02/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	18.00		262.44 I	
215089	11/02/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	12.00		174.96 I	
				CUSTOMER	65.75	0.00	958.64	
				CATEGORY	65.75	0.00	958.64	

RUN DATE 11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 90
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215090 11/02/12	800000	VISITING NURSE SERVICE	GARCIA, URANIA	12.00		174.96 I
215091 11/02/12	800000	VISITING NURSE SERVICE	GARCIA, URANIA	8.00		116.64 I
			CUSTOMER	20.00	0.00	291.60
			COSTOMER	20.00	0.00	291.00
			CATEGORY	20.00	0.00	291.60

RUN DATE 1	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	91
SALES JRNL	L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDI	ING 11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215092	9/28/12	800000	VISITING NURSE SERVIO	E GEBHARDT, DOROT	8.00		116.64	I
215093 1	10/19/12	800000	VISITING NURSE SERVIO	E GEBHARDT, DOROT	8.00		116.64	I
215094 1	10/26/12	800000	VISITING NURSE SERVIO	E GEBHARDT, DOROT	16.00		233.28	I
215095 1	11/02/12	800000	VISITING NURSE SERVIO	E GEBHARDT, DOROT	16.00		233.28	I
215096 1	11/02/12	800000	VISITING NURSE SERVIO	E GEBHARDT, DOROT	16.00		233.28	I
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

			YSIDE CITYWIDE				PAGE 1 -	- 92
SALES OR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	ING 11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TOUND T	TYP SURPLUS
215097 215098	11/02/12 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ ~ ~ ,	3.00		43.74 43.74	I I
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 11/07/12 -		YSIDE CITYWIDE				PAGE 1 -	93
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			SALES REGISTER			BILL WEEK ENDING	G 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
215099 11/02/12	000008	VISITING NURSE SERVICE	GEORGE, MERCEDE	14.00		204.12 I	
215100 11/02/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	7.00		102.06 I	
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 94 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215101 11/02/12 215102 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		20.25 14.00	295.25 I 204.12 I
		CUSTOMER	34.25 0.00	499.37
		CATEGORY	34.25 0.00	499.37

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 95 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215103 11/02/12 215104 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 16.00		349.92 I 233.28 I
			CUSTOMER	40.00	0.00	583.20
			CATEGORY	40.00	0.00	583.20

RUN DATE 11/07/12 -						PAGE 1 - 96	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		2	SALES REGISTER			BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215105 11/02/12	000008	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	5.00		72.90 I	
215106 11/02/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	10.00		145.80 I	
			CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		CYP SURPLUS
215107 11/02/12 215108 11/02/12 215109 11/02/12 215110 11/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOMEZ, ROSANA GOMEZ, ROSANA GOMEZ, VICTORIA GOMEZ, VICTORIA	14.00 7.00 8.00 5.00		204.12 102.06 116.64 72.90	I I I
			CUSTOMER	34.00	0.00	495.72	
			CATEGORY	34.00	0.00	495.72	

RUN DATE 11/	07/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	98
SALES JRNL #	0306 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215111 11/	02/12 000008	VISITING NURSE SERVICE	GONGORA, MARUJA	4.00		58.32 I	
			CATEGORY	4.00	0.00	58.32	

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	-	NY REGISTER			PAGE ADU ADULT BILL WEEK E	_	99
INVOICE# DATE	CUST NO CUSTOMER NAME		EFERENCE	HOURS	TAX AMT	AMOUNT		SURPLUS
215112 11/02/12	000008 VISITING NURSE	SERVICE GON	NZALEZ, CARLO	3.00		43.74	I	
			CATEGORY	3.00	0.00	43.74		

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
215113 11/02/12 215114 11/02/12 215115 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, CARLO GONZALEZ, DOLOR GONZALEZ, DOLOR	3.00 7.00 14.00		43.74 102.06 204.12	I I
			CUSTOMER	24.00	0.00	349.92	
			CATEGORY	24.00	0.00	349.92	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEF	2		PAGE 1 - 101 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215116 11/02/12 215117 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		15.00 10.00		218.70 I 145.80 I
			CUSTOMER	25.00	0.00	364.50
			CATEGORY	25.00	0.00	364.50

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 102
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215118 11/02/12	800000	VISITING NURSE SERVICE	GONZALEZ, EVA	18.00		262.44 I
215119 11/02/12	800000	VISITING NURSE SERVICE	GONZALEZ, EVA	12.00		174.96 I
			CUSTOMER	30.00	0.00	437.40
			CATEGORY	30.00	0.00	437.40

RUN DATE	11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 103	
SALES JRN	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
			:	SALES REGISTER			BILL WEEK ENDING 11/09/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
215120	10/19/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	6.00		87.48 I	
215121	11/02/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	9.00		131.22 I	
215122	11/02/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	6.00		87.48 I	
								-
				CUSTOMER	21.00	0.00	306.18	
								_
				CATEGORY	21.00	0.00	306.18	

-	11/07/12 NL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING 11,	/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SU	URPLUS
215123	10/19/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	24.00		349.92	I	
215124	10/26/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	24.00		349.92	I	
215125	11/02/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	8.00		116.64	I	
215126	11/02/12	800000	VISITING NURSE SERVICE	GOYES, ELBA	8.00		116.64	I	
215127	11/02/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	8.00		116.64	I	
215128	11/02/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	16.00		233.28	I	
				CUSTOMER	88.00	0.00	1,283.04		
				CATEGORY	88.00	0.00	1,283.04		

RUN DATE 11/07/12 - SALES JRNL # 0306		UNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	103
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
215129 10/26/12 215130 11/02/12 215131 11/02/12	000008 VIS	SITING NURSE SERVICE SITING NURSE SERVICE SITING NURSE SERVICE	GREENBAUM, MASA GREENBAUM, MASA GREENBAUM, MASA	4.00 30.00 8.00		58.32 437.40 116.64	I I
			CUSTOMER	42.00	0.00	612.36	
			CATEGORY	42.00	0.00	612.36	

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 106 LAA LOMBARDI AIDS ADULT POPUL BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215132 11/02/12 215133 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		20.50 13.00	298.89 I 189.54 I
		CUSTOMER	33.50 0.00	488.43
		CATEGORY	33.50 0.00	488.43

RUN DATE 11/07/1						-	107
SALES JRNL # 030	6 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS	-
			SALES KEGISIEK			BILL MEEK ENDII	NG 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
015104 11/00/1	0 000000		G	22.00		401 14	-
215134 11/02/1 215135 11/02/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	GUEVARA, ELENA GUEVARA, ELENA	33.00 24.00		481.14 349.92	L T
215135 11/02/1		VISITING NURSE SERVICE	GUEVARA, ELENA GUTIERREZ, ANGE	60.00		874.80	L T
215137 11/02/1		VISITING NORSE SERVICE	GUTIERREZ, ANGE	24.00		349.92	Ī
,							
			CUSTOMER	141.00	0.00	2,055.78	
			CATEGORY	141.00	0.00	2,055.78	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 108 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215138 11/02/12 215139 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	,	16.00 16.00	233.28 I 233.28 I
		CUSTOMER	32.00 0.00	466.56
		CATEGORY	32.00 0.00	 466.56

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 109
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215140 11/02/12	000008	VISITING NURSE SERVICE	HARRISON, GLORI	16.00		233.28 I
215141 11/02/12	800000	VISITING NURSE SERVICE	HARRISON, GLORI	16.00		233.28 I
215142 10/26/12	800000	VISITING NURSE SERVICE	HENAO, VICTORIA	4.00		58.32 I
215143 11/02/12	800000	VISITING NURSE SERVICE	HENAO, VICTORIA	1.00		14.58 I
			CUSTOMER	37.00	0.00	539.46
			CATEGORY	37.00	0.00	539.46

RUN DATE 11/07/12 - SUP SUI					PAGE 1 - 110)
SALES JRNL # 0306 LOC 003		REG NY NY			ADU ADULT	
	S A	LES REGISTER			BILL WEEK ENDING 1	1/09/12
INVOICE# DATE CUST NO	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215144 11/02/12 000008	VISITING NURSE SERVICE	HENAO, VICTORIA	8.00		116.64 I	
		CATEGORY	8.00	0.00	116.64	

RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 111	
SALES JRN	IL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 11/09/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215145	11/02/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 112 ADU ADULT
		\$	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215146 11/02/12 215147 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	HENRIQUEZ, MARI HENRIOUEZ, MARI	8.00 16.00		116.64 I 233.28 I
215147 11/02/12	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	16.00		253.20 1
			CUSTOMER	24.00	0.00	349.92
			CATEGORY	24.00	0.00	349.92

RUN DATE 11/07/12 SALES JRNL # 0306		NNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
215148 11/02/12 215149 11/02/12		ITING NURSE SERVICE ITING NURSE SERVICE	HERNANDEZ, JUAN HERNANDEZ, JUAN	6.00 12.00		87.48 I 174.96 I	
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00	262.44	

RUN DATE 11/07/12 -	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 114
SALES JRNL # 0306	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		ADU ADULT
		SALES REGISTER		BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215150 11/02/12	000008 VISITING NURSE SERV	ICE HERNANDEZ, MARI	20.00	291.60 I
215151 11/02/12	000008 VISITING NURSE SERV	ICE HERNANDEZ, MARI	10.50	153.09 I
		CUSTOMER	30.50 0.00	444.69
		CATEGORY	30.50 0.00	444.69

RUN DATE 11/07/12 - ST	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 115
SALES JRNL # 0306 LO	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LHCSA
	S	SALES REGISTER		BILL WEEK ENDING 11/09/12
INVOICE# DATE C	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215152 11/02/12 00	000008 VISITING NURSE SERVICE	HERNANDEZ, MERC	12.00	174.96 I
215153 11/02/12 00	000008 VISITING NURSE SERVICE	HERNANDEZ, MERC	12.00	174.96 I
		CUSTOMER	24.00 0.00	349.92
		CODIONIER	21.00	313.32
		CATEGORY	24.00 0.00	349.92

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 116 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215154 11/02/12 215155 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· ·	12.00 12.00		174.96 I 174.96 I
			CUSTOMER	24.00	0.00	349.92
			CATEGORY	24.00	0.00	349.92

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	W/O WALLS LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215156 11/02/12 215157 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	8.00 4.00		116.64 I 58.32 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

RUN DATE 11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 118
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK END	ING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215158 11/02/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	31.75		462.92	I
215159 11/02/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	15.00		218.70	I
215160 11/02/12	000008	VISITING NURSE SERVICE	HUNGRIA, SABINA	17.50		255.15	I
215161 11/02/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	14.00		204.12	I
			CUSTOMER	 78.25	0.00	1,140.89	
			COSTOMER	70.25	0.00	1,140.09	
			CATEGORY	78.25	0.00	1,140.89	

	11/07/12 - NL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 119 VCP CHOICE LHCSA BILL WEEK ENDING 1	1/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215162 215163	10/19/12 10/26/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00		291.60 I 291.60 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RU	IN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 120	
SA	LES JRN	IL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/C	WALLS LT
					SALES REGISTER			BILL WEEK ENDING 11	./09/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
21	.5164	10/26/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	5.00		72.90 I	
					CATEGORY	5.00	0.00	72.90	

RUN DATE 11	/07/12 - SUP	SUNNYSIDE CITY	YWIDE				PAGE 1	12	1
SALES JRNL :	# 0306 LOC	001 SUNNYSII	DE CITYWIDE	REG NY NY			LAA LOMBARDI	AIDS .	ADULT POPUL
				SALES REGI	STER		BILL WEEK EN	IDING	11/09/12
INVOICE#	DATE CUST	r no customer	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215165 10	/05/12 0000	008 VISITING	NURSE SERVICE	E INOSTROZA,	RAPH 14.00		204.12	I	
215166 11	/02/12 0000	008 VISITING	NURSE SERVICE	E INOSTROZA,	RAPH 17.00		247.86	I	
215167 11	/02/12 0000	008 VISITING	NURSE SERVICE	E INOSTROZA,	RAPH 7.00		102.06	I	
				CHAM	OMED 20.00				
				CUST	OMER 38.00	0.00	554.04		
				CATE	GORY 38.00	0.00	554.04		

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215168 11/02/12 215169 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	INSERRA, CATHER INSERRA, CATHER	27.50 6.00		400.96 87.48	I I
			CUSTOMER	33.50	0.00	488.44	
			CATEGORY	33.50	0.00	488.44	

RUN DATE 11/07/12 SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215170 11/02/12 215171 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ISKENDERIAN, KA ISKENDERIAN, KA	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 11/07/12 SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 CCL CONGREGATE CA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215172 10/19/12 215173 10/26/12 215174 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JACKSON, REGINA	6.00 6.00 3.00		87.48 I 87.48 I 43.74 I	
			CUSTOMER	15.00	0.00	218.70	
			CATEGORY	15.00	0.00	218.70	

	SUP SUNNYSIDE CITYWIDI LOC 001 SUNNYSIDE C	ITYWIDE REG NY NY	r GISTER		PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	E REFERE	ENCE HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
215175 11/02/12 215176 11/02/12	000008 VISITING NURS		SCH, ELIZ 14.00 SCH, ELIZ 15.75		204.13 229.64	I I
		C	CUSTOMER 29.75	0.00	433.77	
		(CATEGORY 29.75	0.00	433.77	

RUN DATE 11/07/12 - S	SUP SUNNYSIDE CITYWIDE			PAGE 1	- 126
SALES JRNL # 0306 L	OC 001 SUNNYSIDE CITYWIDE	REG NY NY		VCP CHOICE LH	CSA
		SALES REGISTE:	R	BILL WEEK END	ING 11/09/12
INVOICE# DATE C	UST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	AMOUNT	TYP SURPLUS
015177 11/00/10 0	AAAAAA MARAHAMA MARAHAMA	TOD TAMES DAVINA	14 05	207 77	-
	000008 VISITING NURSE SERV		14.25		I
215178 11/02/12 0	000008 VISITING NURSE SERV	ICE JAMES, DAVINA	10.00	145.80	I
215179 10/26/12 0	00008 VISITING NURSE SERV	ICE JAMISON, BESSIE	4.00	58.32	I
215180 10/19/12 0	00008 VISITING NURSE SERV	ICE JARAMILLO PAL,	12.00	174.96	I
215181 10/26/12 0	00008 VISITING NURSE SERV	ICE JARAMILLO PAL,	12.00	174.96	I
215182 11/02/12 0	000008 VISITING NURSE SERV	ICE JARAMILLO PAL,	8.00	116.64	I
215183 11/02/12 0	000008 VISITING NURSE SERV	ICE JARAMILLO PAL,	4.00	58.32	I
215184 11/02/12 0	00008 VISITING NURSE SERV	ICE JEWAT, LUCILLE	55.00	801.90	I
215185 11/02/12 0	00008 VISITING NURSE SERV	ICE JEWAT, LUCILLE	22.00	320.76	I
215186 11/02/12 0	00008 VISITING NURSE SERV	ICE JHAVERI, RAMESH	16.00	233.28	I
215187 11/02/12 0	00008 VISITING NURSE SERV	ICE JHAVERI, RAMESH	8.00	116.64	I
		CUSTOMER	165.25 0.00	2,409.35	
		CATEGORY	165.25 0.00	2,409.35	

	E 11/07/12 - RNL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 HOA HOSPICE A BILL WEEK END	-	11/09/12
INVOICE#	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215188 215189	11/02/12 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JIANNARAS, ANNA JIANNARAS, ANNA	50.00		729.00 291.60	I I	
				CUSTOMER	70.00	0.00	1,020.60		
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			-	- 128 DMEW/O WALLS (LT ING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215190 11/02/12	000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	6.00		87.48	I
			CATEGORY	6.00	0.00	87.48	

RUN DATE 11/07/12 SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END	- 129 ING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
215191 10/19/12	000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	4.00		58.32	I
215192 10/26/12	000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	16.00		233.28	I
215193 11/02/12	000008	VISITING NURSE SERVICE	JOHNSON, DOROTH	2.75		40.10	I
215194 11/02/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	8.00		116.64	I
			CUSTOMER	30.75	0.00	448.34	
			CATEGORY	30.75	0.00	448.34	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 130 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215195 11/02/12 215196 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	·	13.00 5.00	189.54 I 72.90 I
		CUSTOMER	18.00 0.00	262.44
		CATEGORY	18.00 0.00	262.44

ı	RUN DATE 1	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.31
ı	SALES JRNI	և # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	11/09/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	215197	11/02/12	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	5.00		72.90 I	
					CATEGORY	5.00	0.00	72.90	

ı	RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 132	2
ı	SALES JRN	L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				S	SALES REGISTER			BILL WEEK ENDING 1	1/09/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	215198	11/02/12	800000	VISITING NURSE SERVICE	KAKOULLIS, FAY	1.00		14.58 I	
					CATEGORY	1.00	0.00	14.58	

RUN DATE 11/07/12 -	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 133
SALES JRNL # 0306	LOC 001 SUNNYSIDE CITY			VCP CHOICE LHCSA
		SALES REGISTE	R	BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
215199 11/02/12	000008 VISITING NURSE	SERVICE KAUR, SHARAN	16.00	233.28 I
		- CATEGORY	16.00 0.0	0 233.28

			YSIDE CITYWIDE				PAGE 1 - 1	
SALES	JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
				SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215200	11/02/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 135
SALES JRI	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK END	ING 11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
015001	11 /00 /10	000000		***************************************	0.00		116 64	-
215201	11/02/12	800000	VISITING NURSE SERVICE	E KNOWLES, ANAMAR	8.00		116.64	L
				CAREGODY	0.00	0.00	116 64	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 136
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215202 11/02/12	000008	VISITING NURSE SERVICE	KOSTIKIAN, MARI	5.00		72.90 I
215203 11/02/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	15.50		225.99 I
			CUSTOMER	20.50	0.00	298.89
			CATEGORY	20.50	0.00	298.89

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	137 NG 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215204 11/02/12 215205 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	LANDAU, BERNARD LANDAU, BERNARD	3.00 3.00		43.74 43.74	I I
			CUSTOMER	6.00	0.00	87.48	
			CATEGORY	6.00	0.00	87.48	

RUN DATE 11/07/12 - SALES JRNL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	200
			SALES REGISTER			BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215206 10/26/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	8.00		116.64	I
215207 11/02/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	15.00		218.70	I
215208 11/02/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	15.25		222.35	I
			CUSTOMER	38.25	0.00	557.69	
			CATEGORY	38.25	0.00	557.69	

RUN DATE 1 SALES JRNL	11/07/12 - SUI L # 0306 LOG		IDE CITYWIDE SUNNYSIDE CITYWIDE		NY EGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 1	
				зацьз к.	EGISIER	-		DILL MEEV EN	DING	11/09/12
INVOICE#	DATE CU:	ST NO CU	USTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
			ISITING NURSE SERVICH ISITING NURSE SERVICH		, MICHAEL , MICHAEL	6.00 3.00		87.48 43.74	I	
					CUSTOMER	9.00	0.00	131.22		
					CATEGORY	9.00	0.00	131.22		

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY 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
215211 11/02/12	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	4.00		58.32	Ι
			CATEGORY	4.00	0.00	58.32	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 141 ADU ADULT BILL WEEK ENDING 11/09/2	12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
215212 10/26/12 215213 11/02/12 215214 11/02/12	000008 V	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LENDOIRO, JUAN LENDOIRO, JUAN LENDOIRO, JUAN	8.00 4.00 8.00		116.64 I 58.32 I 116.64 I	
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 142
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
		S	ALES REGISTER			BILL WEEK ENDI	ING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215215 11/02/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	22.25		324.41	I
215216 11/02/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	16.00		233.28	I
215217 11/02/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	45.25		659.75	I
215218 11/02/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	15.00		218.70	I
			CUSTOMER	98.50	0.00	1,436.14	
			CATEGORY	98.50	0.00	1,436.14	

RUN DATE 11,	/07/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 143
SALES JRNL ‡	# 0306 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		S A	LES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215219 10	/26/12 000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	8.00		116.64 I
	/02/12 000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	16.00		233.28 I
	/19/12 000008	VISITING NURSE SERVICE	LOGAN, ADELE	6.00		87.48 I
215222 11,	/02/12 000008	VISITING NURSE SERVICE	LOGAN, ADELE	12.00		174.96 I
215223 11,	/02/12 000008	VISITING NURSE SERVICE	LOGAN, ADELE	12.00		174.96 I
			CUSTOMER	54.00	0.00	787.32
			CATEGORY	54.00	0.00	787.32

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 144 VCP CHOICE LHCSA BILL WEEK ENDING 11/09	9/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
215224 10/05/12 215225 10/26/12 215226 11/02/12 215227 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LONDONO, AMIRA LONDONO, AMIRA LONDONO, AMIRA LONDONO, AMIRA	10.00 20.00 38.50 20.00		145.80 I 291.60 I 561.33 I 291.60 I	
			CUSTOMER	88.50	0.00	1,290.33	
			CATEGORY	88.50	0.00	1,290.33	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 145 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX A	MT AMOUNT TYP SURPLUS
215228 11/02/12 215229 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	24.00 12.00	349.92 I 174.96 I
		CUSTOMER	36.00 0.	00 524.88
		CATEGORY	36.00 0.	00 524.88

	07/12 - SUP SUNN					PAGE 1 -	
SALES JRNL #	0306 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHO	· · -
		•	SALES REGISIER			PILL MEEK END	ING 11/09/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
015000 11/	00/10 000000		10000 1100	15 00		010 50	_
	02/12 000008 02/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	15.00 5.00		218.70 72.90	I T
213231 11/	02/12 000000	VISITING NORSE SERVICE	HOPEZ, ANGELICA				
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

RUN DATE 11/07/12 -	- SUP SUNNYS	SIDE CITYWIDE					PAGE 1 -	147
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY I	NY			ADU ADULT	
		S	ALES RI	EGISTE	R		BILL WEEK ENDIN	IG 11/09/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFEI	RENCE	HOURS	TAX AMT	TY TYUOMA	P SURPLUS
215232 10/26/12	000008 V	VISITING NURSE SERVICE	LUNA,	YSABEL	40.00		583.20	- -
215233 11/02/12	000008 V	VISITING NURSE SERVICE	LUNA,	YSABEL	24.00		349.92	- -
215234 11/02/12	000008 V	VISITING NURSE SERVICE	LUNA,	YSABEL	16.00		233.28	• •
							1 166 40	
				CUSTOMER	80.00	0.00	1,166.40	
				CATEGORY	80.00	0.00	1,166.40	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 148 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215235 10/12/12 215236 10/19/12 215237 11/02/12 215238 11/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LYMN, ANGIE LYMN, ANGIE LYMN, ANGIE LYMN, ANGIE	15.00 29.00 7.00 14.00		218.70 I 422.82 I 102.06 I 204.12 I
			CUSTOMER	65.00	0.00	947.70
			CATEGORY	65.00	0.00	947.70

			YSIDE CITYWIDE				PAGE 1 -	149
SALES JRN	1L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDIN	G 11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215239	11/02/12	000008	VISITING NURSE SERVICE	MACCHIA, CATHY	16.00		233.28 I	
215240	11/02/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	5.00		72.90 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 150 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215241 10/19/12 215242 10/26/12 215243 11/02/12 215244 11/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MAGILLIGAN, LOR MAGILLIGAN, LOR MAGILLIGAN, LOR MAGILLIGAN, LOR	6.00 18.00 12.00 12.00		87.48 I 262.44 I 174.96 I 174.96 I
			CUSTOMER	48.00	0.00	699.84
			CATEGORY	48.00	0.00	699.84

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	151
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215245 11/02/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	60.00		874.80 I	
215246 11/02/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	24.00		349.92 I	
215247 11/02/12	800000	VISITING NURSE SERVICE	MALDONADO, DOMI	6.00		87.48 I	
215248 11/02/12	800000	VISITING NURSE SERVICE	MALDONADO, DOMI	6.00		87.48 I	
			CUSTOMER	96.00	0.00	1,399.68	
			CATEGORY	96.00	0.00	1,399.68	

		11/07/12 - L # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 15 ADU ADULT	2
٥	MIN CHIR	ш # 0300	LOC 001		SALES REGISTER			BILL WEEK ENDING	11/09/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	215249	10/26/12	800000	VISITING NURSE SERVICE	MALDONADO, MARI	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

RUN DATE 11	./07/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 153
SALES JRNL	# 0306 LOC 001	SUNNYSIDE CITYWIDE RE	EG NY NY			VCP CHOICE LHO	CSA
		S A L	ES REGISTER			BILL WEEK END	ING 11/09/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
215250 11	/02/12 000008	VISITING NURSE SERVICE	MALDONADO, MARI	5.00		72.90	I
215251 11	/02/12 000008	VISITING NURSE SERVICE	MANGAN, JOHN	12.00		174.96	I
215252 11	./02/12 000008	VISITING NURSE SERVICE	MANGAN, JOHN	8.00		116.64	I
215253 11	./02/12 000008	VISITING NURSE SERVICE	MANNINO, FRANCE	3.00		524.88	I
215254 11	./02/12 000008	VISITING NURSE SERVICE	MANNINO, FRANCE	1.00		174.96	I
			CUSTOMER	29.00	0.00	1,064.34	
			CATEGORY	29.00	0.00	1,064.34	

RUN DATE 11/07/12 SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 154 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215255 11/02/12 215256 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		24.00 12.00		349.92 I 174.96 I
			CUSTOMER	36.00	0.00	524.88
			CATEGORY	36.00	0.00	 524.88

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 155 CCL CONGREGATE CARE PROGRAM BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215257 10/26/12 215258 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	6.50 12.00		94.77 I 174.96 I
			CUSTOMER	18.50	0.00	269.73
			CATEGORY	18.50	0.00	269.73

RUN DATE 11/07/12 - SALES JRNL # 0306		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215259 10/19/12	000008	VISITING NURSE SERVICE	MARMOL ESPINAL,	5.00		72.90 I	
215260 10/26/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	10.00		145.80 I	
215261 11/02/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	5.00		72.90 I	
215262 11/02/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	10.00		145.80 I	
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215263 11/02/12 215264 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	7.75 14.00		113.00 I 204.12 I	
			CUSTOMER	21.75	0.00	317.12	
			CATEGORY	21.75	0.00	317.12	

RUN DATE 11/07/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN	HCSA	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215265 10/19/ 215266 11/02/ 215267 11/02/	12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, CAMIL MARTINEZ, CAMIL MARTINEZ, CAMIL	6.00 3.00 3.00		87.48 43.74 43.74	I I I	
			CUSTOMER	12.00	0.00	174.96		
			CATEGORY	12.00	0.00	174.96		

RUN DATE 11/07/12 - SALES JRNL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 159 CCL CONGREGATE CARE	
			SALES REGISTER			BILL WEEK ENDING 1	1/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215268 11/02/12 215269 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	30.00		437.40 I 291.60 I	
215209 11/02/12	000006	VISITING NURSE SERVICE	MARIINEZ, ELENA	20.00		291.00 1	
			CUSTOMER	50.00	0.00	729.00	
			CATEGORY	50.00	0.00	729.00	

			SIDE CITYWIDE					-	- 1	60
SALES JRNL	# 0306 LO	OC 001	SUNNYSIDE CITY	WIDE REGI		1 E D		VCP CHOICE I		11/00/10
				SALE	S REGIST	L K		BILL WEEK EN	IDING	11/09/12
INVOICE#	DATE CU	JST NO (CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215270 10	0/26/12 00	<i>I</i> 80000	VISITING NURSE	SERVICE	MARTINEZ, MARG	A 6.00)	87.48	I	
215271 13	1/02/12 00	<i>7</i> 80000	VISITING NURSE	SERVICE	MARTINEZ, MARG	A 6.00)	87.48	I	
215272 10	0/26/12 00	<i>J</i> 80000	VISITING NURSE	SERVICE	MARTINEZ, MART	'A 18.00)	262.44	I	
215273 13	1/02/12 00	7 80000	VISITING NURSE	SERVICE	MARTINEZ, ROSA	26.00)	860.23	I	
215274 11	1/02/12 00	7 80000	VISITING NURSE	SERVICE	MARTINEZ, ROSA	12.50)	342.63	I	
					QUIGHOMED		0.00	1,640.26		
					CUSTOMER	68.50	0.00	1,040.20		
					CATEGORY	68.50	0.00	1,640.26		

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 161 LTC NURSING HOMEW/O WA BILL WEEK ENDING 11/0	•
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
215275 11/02/12 215276 11/02/12	000008 VISITING NURSE SERV 000008 VISITING NURSE SERV	•	7.75 12.00		113.00 I 174.96 I	
		CUSTOMER	19.75	0.00	287.96	
		CATEGORY	19.75	0.00	287.96	

		- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 162
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
			\$	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215277	11/02/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	18.00		262.44 I
215278	11/02/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	12.00		174.96 I
				CUSTOMER	30.00	0.00	437.40
				CATEGORY	30.00	0.00	437.40

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 163	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215279 11/02/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	30.00		437.40 I	
215280 11/02/12	800000	VISITING NURSE SERVICE	MAZZONE, FRANCE	18.00		262.44 I	
215281 11/02/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	96.00		1,399.68 I	
215282 11/02/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	48.00		699.84 I	
			CUSTOMER	192.00	0.00	2,799.36	
			CATEGORY	192.00	0.00	2,799.36	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 164
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
			SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215283 11/02/12	000008	VISITING NURSE SERVICE	MCGUIRE, HELEN	32.00		466.56 I
215284 11/02/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	8.00		116.64 I
			CUSTOMER	40.00	0.00	583.20
			CODIONEIC	10.00	0.00	303.20
			CATEGORY	40.00	0.00	583.20

RUN DATE 11/07/12 -	SUP SUNNYSIDE CIT	TYWIDE				PAGE 1 -	- 165
SALES JRNL # 0306	LOC 001 SUNNYSI	IDE CITYWIDE REG	NY NY			ADU ADULT	
		SALE	S REGISTER			BILL WEEK ENDI	ING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER	R NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215285 10/12/12	000008 VISITING	G NURSE SERVICE	MEJIA, CLAUDIO	7.00		102.06	I
215286 10/26/12	000008 VISITING	G NURSE SERVICE	MEJIA, CLAUDIO	14.00		204.12	I
215287 11/02/12	000008 VISITING	G NURSE SERVICE	MEJIA, CLAUDIO	12.50		182.25	I
			CUSTOMER	33.50	0.00	488.43	
			CATEGORY	33.50	0.00	488.43	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 166
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
			SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215288 11/02/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	6.00		87.48 I
215289 11/02/12	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	11.50		167.67 I
215290 11/02/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	11.00		160.39 I
215291 11/02/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	8.00		116.64 I
			CUSTOMER	36.50	0.00	532.18
			CATEGORY	36.50	0.00	532.18

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			1 - 167 NURSING HOMEW/O WALLS (LT WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS T	TMA XA	AMOUNT TYP SURPLUS
215292 11/02/12 215293 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- ,	8.00 7.00		116.64 I 102.06 I
		CUSTOMER	15.00	0.00	218.70
		CATEGORY	15.00	0.00	 218.70

RUN DATE 11/07/12 -			DDG 191			PAGE 1 - 168	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 11/09/12	
		•	SALES REGISIER			BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215294 11/02/12	000008	VISITING NURSE SERVICE	MENDEZ, ADA	6.00		87.48 I	
215295 11/02/12	800000	VISITING NURSE SERVICE	MENDEZ, ADA	12.00		174.96 I	
			CUSTOMER	18.00	0.00	262.44	
			COSTOMER	18.00	0.00	202.44	
			CATEGORY	18.00	0.00	262.44	

RUN DATE 11/07/12 - SALES JRNL # 0306		JNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 169 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUS	STOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215296 11/02/12 215297 11/02/12		SITING NURSE SERVICE	MENDEZ, NELLY MENDEZ, NELLY	8.00 4.00		116.64 I 58.32 I
			CUSTOMER	12.00	0.00	174.96
			CATEGORY	12.00	0.00	174.96

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 170 LTC NURSING HOMEW/O WALLS (L BILL WEEK ENDING 11/09/12	Т
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215298 10/26/12 215299 11/02/12 215300 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MENDOZA, JULIO MENDOZA, JULIO MENDOZA, JULIO	14.00 16.50 5.00		204.12 I 240.57 I 72.90 I	
			CUSTOMER	35.50	0.00	517.59	
			CATEGORY	35.50	0.00	517.59	

RUN DATE 1	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	171
SALES JRNL	4 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215301 1	11/02/12	000008	VISITING NURSE SERVICE	MILEO, MARY	11.50		167.67 I	
				CATEGORY	11.50	0.00	167.67	

	L/07/12 - SUP SUNN					PAGE 1 - 15	72
SALES JRNL	# 0306 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	11 /00 /10
		S	ALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215302 10	0/26/12 000008	VISITING NURSE SERVICE	MIRANDA, LUIS	3.00		43.74 I	
215303 11	1/02/12 000008	VISITING NURSE SERVICE	MIRANDA, LUIS	3.00		43.74 I	
215304 11	1/02/12 000008	VISITING NURSE SERVICE	MIRANDA, LUIS	3.00		43.74 I	
215305 10	0/19/12 000008	VISITING NURSE SERVICE	MONTOYA, ROSALB	3.00		43.74 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

	ΓΕ 11/07/12 - JRNL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 17 VCP CHOICE LHCSA	'3
			2	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215306	11/02/12	800000	VISITING NURSE SERVICE	MONTOYA, ROSALB	4.00		58.32 I	
				 CATEGORY	4.00	0.00	 58.32	

RUN DATE 11/07/12 - SALES JRNL # 0306		REGNY NY SALES REGISTER		PAGE 1 - 174 ADU ADULT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215307 10/19/12	000008 VISITING NURSE SERVICE	MOORE, JOSEPH	3.00	43.74 I
		CATEGORY	3.00 0.00	43.74

RUN DATE 11/07/12						PAGE 1 - 175
SALES JRNL # 0306	LOC 001		REG NY NY			VCP CHOICE LHCSA
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215308 11/02/12	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	10.00		145.80 I
215309 11/02/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	10.00		145.80 I
			CUSTOMER	20.00	0.00	291.60
			CATEGORY	20.00	0.00	291.60

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215310 11/02/12 215311 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		18.00 12.00		262.44 I 174.96 I	
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 11/07/12 SALES JRNL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 177 ADU ADULT	
SALES GIVE # 0300	100 001		SALES REGISTER			BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215312 11/02/12 215313 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NAGY, GEORGE NAGY, GEORGE	7.00 14.00		102.06 I 204.12 I	
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 178 CCL CONGREGATE CARE F BILL WEEK ENDING 11/	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
215314 11/02/12 215315 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		4.00		58.32 I 116.64 I	
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	 174.96	

ı	RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 179	
ı	SALES JRN	L # 0306	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				:	SALES REGISTER			BILL WEEK ENDING 11/0	09/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
	215316	11/02/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	8.00		116.64 I	
					CATEGORY	8.00	0.00	116.64	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 180
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING F	HOMEW/O WALLS (LT
		S	ALES REGISTER			BILL WEEK ENI	DING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215317 11/02/12	000008	VISITING NURSE SERVICE	NIDO, MICHAEL	21.00		306.18	I
215318 11/02/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	13.50		196.83	I
			CUSTOMER	34.50	0.00	503.01	
			CATEGORY	34.50	0.00	503.01	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 CCL CONGREGATE CA BILL WEEK ENDING	RE PROGRAM
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215319 10/26/12 215320 11/02/12 215321 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NIETO RAMOS, JO	9.00 9.00 9.00		131.22 I 131.22 I 131.22 I	
			CUSTOMER	27.00	0.00	393.66	
			CATEGORY	27.00	0.00	393.66	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	82 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215322 11/02/12 215323 11/02/12 215324 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NINO, CARMEN	10.00 4.00 8.00		145.80 I 58.32 I 116.64 I	
			CUSTOMER	22.00	0.00	320.76	
			CATEGORY	22.00	0.00	320.76	

RUN DATE 11/07/12 SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 183 IOMEW/O WALLS (LT DING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215325 10/19/12 215326 10/26/12 215327 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NOBOADESALAZAR, NOBOADESALAZAR, NOBOADESALAZAR,	6.00 6.00 16.00		87.48 87.48 233.28	I I I
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	28.00	0.00	408.24	

RUN DATE 11/07/1	2 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 1	84
SALES JRNL # 030	6 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
		S	SALES REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215328 11/02/1	2 000008	VISITING NURSE SERVICE	NUZIALE, CONCET	20.50		298.90	I	
215329 11/02/1	2 000008	VISITING NURSE SERVICE	NUZIALE, CONCET	14.00		204.12	I	
215330 11/02/1	2 000008	VISITING NURSE SERVICE	OCHOA, LUIS	15.00		218.70	I	
215331 11/02/1	2 000008	VISITING NURSE SERVICE	OCHOA, LUIS	14.00		204.12	I	
215332 11/02/1	2 000008	VISITING NURSE SERVICE	ORNANO, BOLIVAR	4.00		58.32	I	
215333 11/02/1	2 000008	VISITING NURSE SERVICE	ORNANO, BOLIVAR	8.00		116.64	I	
215334 10/26/1	2 000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	10.00		145.80	I	
215335 11/02/1	2 000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	16.00		233.28	I	
215336 11/02/1	2 000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	20.00		291.60	I	
215337 11/02/1		VISITING NURSE SERVICE	PAPAZIAN, MANNI	10.00		145.80	I	
215338 11/02/1		VISITING NURSE SERVICE	PAPOUTSIS, MARY	6.00		87.48	I	
215339 10/26/1		VISITING NURSE SERVICE	PAPP, TEREZIA			43.74	T	
215340 11/02/1		VISITING NURSE SERVICE	PARETTI, MARIE			233.28	T	
215341 11/02/1		VISITING NURSE SERVICE	PARETTI, MARIE	8.00		116.64	T	
213311 11,02,1	2 000000	VIBITING NORDE BERVICE						
			CUSTOMER	164.50	0.00	2,398.42		
			0001011210		0.00	_,3,0,12		
			CATEGORY	164.50	0.00	2,398.42		
						,		

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HOA HOSPICE AD BILL WEEK ENDI	ULT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215342 11/02/12 215343 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PARTAGAS, ANA PARTAGAS, ANA	4.00 4.00		58.32 58.32	I I
			CUSTOMER	8.00	0.00	116.64	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/07/12 SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 186 VCP CHOICE LHCSA BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215344 11/02/12 215345 11/02/12 215346 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PENA, VICTORIA PENA, VICTORIA PENAGOS, MARIA	11.25 12.00 5.00		164.03 I 174.96 I 72.90 I	
			CUSTOMER	28.25	0.00	411.89	
			CATEGORY	28.25	0.00	411.89	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215347 11/02/12	800000	VISITING NURSE SERVICE	PEREA, LUIS	4.00		58.32 I	
			CATEGORY	4.00	0.00	58.32	

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 188 VCP CHOICE LHCSA BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215349 11/02/12	800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ MONSER, C PEREZ, GLADYS PEREZ, GLADYS	13.75 16.00 16.00		200.48 I 233.28 I 233.28 I	
			CUSTOMER	45.75	0.00	667.04	
			CATEGORY	45.75	0.00	667.04	

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNNY	SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 189 ADU ADULT
BALLS CIUL # 0500	100 001		SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215351 11/02/12 215352 11/02/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ, JOAQUIN PEREZ, JOAQUIN	6.00 6.00		87.48 I 87.48 I
			CUSTOMER	12.00	0.00	174.96
			CATEGORY	12.00	0.00	174.96

			YSIDE CITYWIDE						90
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215353	11/02/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	16.00		233.28	I	
215354	10/12/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	1.00		14.58	I	
215355	11/02/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	10.00		145.80	I	
215356	11/02/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	5.00		72.90	I	
215357	11/02/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	12.00		174.96	I	
215358	11/02/12	000008	VISITING NURSE SERVICE	PLACIDO, MERCED	6.00		87.48	I	
215359	10/26/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	6.00		87.48	T	
215360	11/02/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	10.00		145.80	T	
215361	11/02/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	11.75		171.32	T	
213301	11/02/12	000000	VIBILING NORDE BERVICE						
				CUSTOMER	77.75	0.00	1,133.60		
				CODIGIDIC	, 3	0.00	1,133.00		
				CATEGORY	77.75	0.00	1,133.60		
				CATEGORI	11.13	0.00	1,133.00		

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 191 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215362 11/02/12 215363 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		23.00 16.00	335.34 I 233.28 I
		CUSTOMER	39.00 0.00	568.62
		CATEGORY	39.00 0.00	 568.62

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 192	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215364 11/02/12	000008	VISITING NURSE SERVICE	PUISELLO, CIRA	16.00		233.28 I	
215365 11/02/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	9.00		131.22 I	
			CUSTOMER	25.00	0.00	364.50	
			CATEGORY	25.00	0.00	364.50	

RUN DATE 11/07/1 SALES JRNL # 030		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215366 9/14/1 215367 11/02/1 215368 11/02/1	.2 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	QUATTROCCHI, FI QUAY, JOSEPHINE QUAY, JOSEPHINE	6.00 1.00 2.00		87.48 14.58 29.16	I I
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE 11/07/	12 - SUP SUNI	NYSIDE CITYWIDE				PAGE 1	- 194	
SALES JRNL # 03	06 LOC 001		REG NY NY			VCP CHOICE LE		
		i	SALES REGISTER			BILL WEEK ENI	OING 11/09	/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURP	LUS
215369 11/02/	12 000008	VISITING NURSE SERVICE	QUINTERO, INES	6.00		87.48	I	
215370 11/02/	12 000008	VISITING NURSE SERVICE	QUINTERO, INES	12.00		174.96	I	
			CUSTOMER	18.00	0.00	262.44		
			CATEGORY	18 00	0.00	262 44		
			QUINTERO, INES	12.00	0.00	174.96	I I	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING	- 195 HOMEW/O WALLS (LT DING 11/09/12
INVOICE# DATE	CUST NO C	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215371 11/02/12 215372 11/02/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	~ '	34.75 13.50		506.66 196.83	I
			CUSTOMER	48.25	0.00	703.49	
			CATEGORY	48.25	0.00	703.49	

RUN DATE 11/07/12 -	SUP SUNN	YSIDE CITYWIDE			j	PAGE 1	- 196	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
		:	SALES REGISTER		1	BILL WEEK EN	DING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
215373 11/02/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	6.00		87.48	I	
215374 11/02/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	6.00		87.48	I	
215375 11/02/12	800000	VISITING NURSE SERVICE	RAJA, HANIFA	6.00		87.48	I	
215376 11/02/12	800000	VISITING NURSE SERVICE	RAJA, HANIFA	12.00		174.96	I	
			CUSTOMER	30.00	0.00	437.40		
			CATEGORY	30.00	0.00	437.40		

RUN DATE 11/07/12 - SALES JRNL # 0306		NNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 197 LAP LOMBARDI AIDES PEDIATRIC BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUST	TOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215377 11/02/12 215378 11/02/12		ITING NURSE SERVICE	RAMIREZ, ANA RAMIREZ, ANA	8.00 16.00		116.64 I 233.28 I
			CUSTOMER	24.00	0.00	349.92
			CATEGORY	24.00	0.00	349.92

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING	- 198 HOMEW/O WALLS (LT DING 11/09/12
INVOICE# DATE	CUST NO CU	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215379 11/02/12 215380 11/02/12		SITING NURSE SERVICE	,	22.00 14.00		320.76 204.12	I I
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 11/07/12	2 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 199	
SALES JRNL # 0306	5 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS L	Т
		5	SALES REGISTER			BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215381 11/02/12	2 000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	12.00		174.96 I	
			CATEGORY	12.00	0.00	 174.96	

RUN DATE 1	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	200
SALES JRNI	L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C.	ARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215382	11/02/12	800000	VISITING NURSE SERVICE	RAMOS, ISMAEL	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 11/07/12 - SALES JRNL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 201 VCP CHOICE LHCSA
		\$	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215383 11/02/12	000008	VISITING NURSE SERVICE	RAMPHAL, INDRIA	4.00		58.32 I
215384 10/19/12	800000	VISITING NURSE SERVICE	REINA, JOSE	8.00		116.64 I
215385 11/02/12	000008	VISITING NURSE SERVICE	RICCA, MARIE	11.50		167.67 I
215386 11/02/12	000008	VISITING NURSE SERVICE	RICCA, MARIE	8.00		116.64 I
			CUSTOMER	31.50	0.00	459.27
			CATEGORY	31.50	0.00	459.27

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE (BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215387 11/02/12 215388 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		21.00 13.75		306.18 I 200.48 I	
			CUSTOMER	34.75	0.00	506.66	
			CATEGORY	34.75	0.00	506.66	

RUN DATE 11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 203
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		\$	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215389 11/02/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	16.00		233.28 I
215390 11/02/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	8.00		116.64 I
			CUSTOMER	24.00	0.00	349.92
			CATEGORY	24.00	0.00	349.92

RUN DATE 11/07	//12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 204
SALES JRNL # 0	306 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA
		S	ALES REGISTER			BILL WEEK END	ING 11/09/12
INVOICE# DAT	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215391 11/02	2/12 000008	VISITING NURSE SERVICE	RIVERA, CARMEN	18.00		262.44	I
215392 11/02	2/12 000008	VISITING NURSE SERVICE	RIVERA, CARMEN	12.00		174.96	I
215393 10/19	/12 000008	VISITING NURSE SERVICE	RIVERA, ERNESTO	8.00		116.64	I
215394 11/02	2/12 000008	VISITING NURSE SERVICE	RIVERA, ERNESTO	4.00		58.32	I
215395 11/02	2/12 000008	VISITING NURSE SERVICE	RIVERA, ERNESTO	8.00		116.64	I
			CUSTOMER	50.00	0.00	729.00	
			CATEGORY	50.00	0.00	729.00	

RUN DATE 11/07/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 205	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS	(LT
		\$	SALES REGISTER			BILL WEEK ENDING 11/09/12	2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	5
215396 10/19/12	000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	4.00		58.32 I	
215397 11/02/12	000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	4.00		58.32 I	
215398 11/02/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	8.00		116.64 I	
			CUSTOMER	16.00	0.00	222 20	-
			COSTOMER	16.00	0.00	233.28	
							_
			CATEGORY	16.00	0.00	233.28	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 206
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		5	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215399 11/02/12	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	12.00		174.96 I
215400 11/02/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	8.00		116.64 I
			CUSTOMER	20.00	0.00	291.60
			CATEGORY	20.00	0.00	291.60

RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	207
SALES JRN	IL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215401	11/02/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	8.00		116.64 I	
				CATEGORY	8.00	0.00		

RUN DATE 11/07/	12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	208
SALES JRNL # 03	06 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		5	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215402 11/02/	12 000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	12.00		174.96 I	
			CATEGORY	12.00	0.00		

RUN DATE 11/07/12 SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE C BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215403 9/21/12 215404 11/02/12 215405 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, MARC	12.00 33.50 24.00		174.96 I 488.43 I 349.92 I	
			CUSTOMER	69.50	0.00	1,013.31	
			CATEGORY	69.50	0.00	1,013.31	

RUN DATE 11/07	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	210
SALES JRNL # 0	306 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			SALES REGISTER	2		BILL WEEK ENDING	G 11/09/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215406 10/26	/12 000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	15.00		218.70 I	
215407 11/02	/12 000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	5.00		72.90 I	
215408 11/02	/12 000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	10.00		145.80 I	
			CUSTOMER	30.00	0.00	437.40	
			CATEGORY	30.00	0.00	437.40	

RUN DATE 11/07/12 SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
215409 10/19/12 215410 11/02/12 215411 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RODRIGUEZ, PORF RODRIGUEZ, PORF RODRIGUEZ, PORF	21.00 28.00 14.00		306.18 408.24 204.12	I I I
			CUSTOMER	63.00	0.00	918.54	
			CATEGORY	63.00	0.00	918.54	

RUN DATE 11/07/12 - SALES JRNL # 0306		NYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 212 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTO	OMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215412 11/02/12 215413 11/02/12		TING NURSE SERVICE	RODRIGUEZ, ROQU RODRIGUEZ, ROQU	20.75 12.00		302.54 I 174.96 I
			CUSTOMER	32.75	0.00	477.50
			CATEGORY	32.75	0.00	477.50

RUN DATE 11/07/						PAGE 1 - 213	
SALES JRNL # 03	06 LOC 001		REG NY NY			ADU ADULT	
		\$	SALES REGISTER			BILL WEEK ENDING 11	1/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
215414 10/19/	12 000008	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	8.00		116.64 I	
			GATTIGODY.			116.64	
			CATEGORY	8.00	0.00	116.64	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	.4
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
		:	SALES REGISTE	R		BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215415 10/26/12	000008	VISITING NURSE SERVICE	ROLON, JUANITA	8.00		116.64 I	
215416 11/02/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	16.00		233.28 I	
215417 11/02/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	16.00		233.28 I	
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

	11/07/12 - NL # 0306	- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215418 215419 215420	10/19/12 11/02/12 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ROMERO, SANTHY ROMERO, SANTHY ROMERO, SANTHY	8.00 6.00 7.75		116.64 87.48 113.00	I I
				CUSTOMER	21.75	0.00	317.12	
				CATEGORY	21.75	0.00	317.12	

RUN DATE 11/07/12 - SUP SUNNY	SIDE CITYWIDE				PAGE 1 -	216
SALES JRNL # 0306 LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			LTC NURSING HO	MEW/O WALLS (LT
	SALE	S REGISTER			BILL WEEK ENDI	NG 11/09/12
INVOICE# DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215421 11/02/12 000008	VISITING NURSE SERVICE	ROMO, FLOR	8.00		116.64	Т
, , , , , , , , , , , , , , , , , , , ,	VISITING NURSE SERVICE	ROMO, FLOR	16.00		233.28	± T
		*	8.00		116.64	± -
	VISITING NURSE SERVICE	ROSA, ANA				1
215424 11/02/12 000008	VISITING NURSE SERVICE	ROSA, ANA	8.00		116.64	I
		CUSTOMER	40.00	0.00	583.20	
		CATEGORY	40.00	0.00	583.20	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWID			PAGE 1 - 217 ADU ADULT
		SALES REGISTER		BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215425 10/26/12	000008 VISITING NURSE SER		8.00	116.64 I
215426 11/02/12 215427 11/02/12	000008 VISITING NURSE SER 000008 VISITING NURSE SER		8.00 8.00	116.64 I 116.64 I
		CUSTOMER	24.00 0.00	349.92
		CATEGORY	24.00 0.00	349.92

RUN DATE 11/07/12							- 21	8
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			VCP CHOICE LE		11/09/12
		2				D111 1111 111	211.0	11,00,11
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
015400 11/00/10	000000	VICIALNO MIDOS GEDVICE	DOGA THE E	0 00		116 64	-	
215428 11/02/12		VISITING NURSE SERVICE	ROSA, LUZ E	8.00		116.64	<u> </u>	
215429 11/02/12		VISITING NURSE SERVICE	ROSA, MANOLO	4.00		58.32	Τ	
215430 11/02/12	800000	VISITING NURSE SERVICE	ROSA, MANOLO	4.00		58.32	I	
215431 11/02/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	7.00		102.06	I	
215432 11/02/12	000008	VISITING NURSE SERVICE	ROSARIO, ELSA	14.00		204.12	I	
215433 11/02/12	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	5.00		72.90	I	
215434 11/02/12	000008	VISITING NURSE SERVICE	ROSARIO, MARIA	4.00		58.32	I	
215435 11/02/12	000008	VISITING NURSE SERVICE	ROSARIOBREU, EM	10.00		145.80	I	
215436 11/02/12	000008	VISITING NURSE SERVICE	RUEDA, INES	33.00		481.14	I	
215437 11/02/12	800000	VISITING NURSE SERVICE	RUEDA, INES	14.00		204.12	I	
			CUSTOMER	103.00	0.00	1,501.74		
			CATEGORY	103.00	0.00	1,501.74		

	SUP SUNNYSIDE CITYWIDE			PAGE 1 - 219
SALES JRNL # 0306	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		ADU ADULT BILL WEEK ENDING 11/09/12
		SALES REGISIER		BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
015430 11 (00 (10	000000	Durage Wester	40.00	502 00 T
215438 11/02/12 215439 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	•	40.00	583.20 I 291.60 I
215439 11/02/12	000006 VISITING NORSE SERVICE	RUSSO, MONICA		291.00 1
		CUSTOMER	60.00 0.00	874.80
		CATEGODY.	60.00	074 00
		CATEGORY	60.00 0.00	874.80

R	RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	220
S	SALES JRN	1L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				S	SALES REGIS	TER		BILL WEEK ENDIN	G 11/09/12
I	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
2	215440	11/02/12	800000	VISITING NURSE SERVICE	SALADIN, MARI	A 33.00		481.14 I	
					CATEGOR	Y 33.00	0.00	481.14	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 221 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215441 11/02/12 215442 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		18.00 12.00		262.44 I 174.96 I
			CUSTOMER	30.00	0.00	437.40
			CATEGORY	30.00	0.00	437.40

			YSIDE CITYWIDE				PAGE 1	- 2	22
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	ALES REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215443	11/02/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	14.00		204.12	I	
215444	11/02/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	13.25		193.19	I	
215445	11/02/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	21.00		306.18	I	
215446	11/02/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	14.00		204.12	I	
215447	11/02/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	12.00		174.96	I	
215448	11/02/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	12.00		174.96	I	
				CUSTOMER	86.25	0.00	1,257.53		
				CATEGORY	86.25	0.00	1,257.53		

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 223 ADU ADULT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215449 11/02/12 215450 11/02/12 215451 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SANDOVAL, FANNY SANTOS, LETY SANTOS, LETY	4.00 4.00 4.00		58.32 I 58.32 I 58.32 I
			CUSTOMER	12.00	0.00	174.96
			CATEGORY	12.00	0.00	174.96

	11/07/12 - NL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 2	24
SALES UK	иг # 0306	TOC 001		ALES REGISTER	1		BILL WEEK EN		11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215452	11/02/12	000008	VISITING NURSE SERVICE	SANTOS, LETY	4.00		58.32	I	
215453	11/02/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	11.00		160.38	I	
215454	11/02/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	16.00		233.28	I	
215455	11/02/12	800000	VISITING NURSE SERVICE	SCRO, WILLIAM	20.00		291.60	I	
215456	11/02/12	800000	VISITING NURSE SERVICE	SCRO, WILLIAM	8.00		116.64	I	
215457	11/02/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	6.00		87.48	I	
215458	11/02/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	6.00		87.48	I	
215459	11/02/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	28.50		415.53	I	
215460	11/02/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	10.00		145.80	I	
				CUSTOMER	109.50	0.00	1,596.51		
				CATEGORY	109.50	0.00	1,596.51		

RUN DATE 11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 225
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S A	LES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215461 11/02/12	800000	VISITING NURSE SERVICE	SERRA, JOSE	11.00		160.38 I
215462 11/02/12	800000	VISITING NURSE SERVICE	SERRA, JOSE	7.00		102.06 I
215463 11/02/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	16.00		233.28 I
215464 11/02/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	13.00		189.54 I
			CUSTOMER	47.00	0.00	685.26
			CATEGORY	47.00	0.00	685.26

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 220 VCP CHOICE LHCSA BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215465 11/02/12 215466 10/26/12 215467 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SHARMA, DEROPDI SIFFETI, ROHAFZ SIFFETI, ROHAFZ	5.00 10.00 5.00		72.90 I 145.80 I 72.90 I	
			CUSTOMER	20.00	0.00	291.60	
			CATEGORY	20.00	0.00	291.60	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 227 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215468 11/02/12 215469 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE		6.00 11.00		87.48 I 160.38 I
		CUSTOMER	17.00	0.00	247.86
		CATEGORY	17.00	0.00	 247.86

			TYSIDE CITYWIDE	DDG NV NV					28
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		11/09/12
				SALES REGISIER			DITT MEEV FINI	JING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215470	10/19/12	000008	VISITING NURSE SERVICE	SINGH, BADREE	6.00		87.48	I	
215471	11/02/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	4.25		61.97	I	
215472	11/02/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	6.00		87.48	I	
215473	10/19/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	3.00		43.74	I	
215474	11/02/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	3.00		43.74	I	
215475	11/02/12	000008	VISITING NURSE SERVICE	SINGH, JAMOONIE	3.00		43.74	I	
				CUSTOMER	25.25	0.00	368.15		
				CATEGORY	25.25	0.00	368.15		

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 229 LTC NURSING HOMEW/O WALLS (LT
		·	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215476 11/02/12 215477 11/02/12	000008	VISITING NURSE SERVICE	, -	10.00		145.80 I 72.90 I
213177 11702712	000000	VIBILING NORDE BERVICE				
			CUSTOMER	15.00	0.00	218.70
			CATEGORY	15.00	0.00	218.70

	7/12 - SUP SUN 0306 LOC 001		REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGAT BILL WEEK ENI		RE PROGRAM
INVOICE# DA	re cust no	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215478 11/0 215479 11/0		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	8.00 4.00		116.64 58.32	I I	
			CUSTOMER	12.00	0.00	174.96		
			CATEGORY	12.00	0.00	174.96		

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 231 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CU	USTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215480 11/02/12 215481 11/02/12		ISITING NURSE SERVICE ISITING NURSE SERVICE	, ,	6.00 12.00		87.48 I 174.96 I
			CUSTOMER	18.00	0.00	262.44
			CATEGORY	18.00	0.00	262.44

RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	232
SALES JRNI	L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215482	11/02/12	000008	VISITING NURSE SERVICE	SOTO, MARCELINA	4.00		58.32 I	
215483	11/02/12	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	4.00		58.32 I	
215484	11/02/12	800000	VISITING NURSE SERVICE	STAFILIAS, EVAN	40.00		583.20 I	
215485	11/02/12	800000	VISITING NURSE SERVICE	STAFILIAS, EVAN	16.00		233.28 I	
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

RUN DATE 11	1/07/12 - SUP SU	JNNYSIDE CITYWIDE				PAGE 1 -	233
SALES JRNL	# 0306 LOC 00)1 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDI	NG 11/09/12
INVOICE#	DATE CUST N	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
215486 11	1/02/12 000008	3 VISITING NURSE SERVICE	STALZER, STEPHA	8.00		116.64	I
215487 11	1/02/12 000008	3 VISITING NURSE SERVICE	STALZER, STEPHA	8.00		116.64	I
215488 10	0/12/12 000008	3 VISITING NURSE SERVICE	STAMBOULIDIS, V	8.00		116.64	I
215489 11	1/02/12 000008	3 VISITING NURSE SERVICE	STAMBOULIDIS, V	29.00		422.83	I
215490 11	1/02/12 000008	3 VISITING NURSE SERVICE	STAMBOULIDIS, V	16.00		233.28	I
			CUSTOMER	69.00	0.00	1,006.03	
			CATEGORY	69.00	0.00	1,006.03	

ı	RUN DATE 1	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	34
ı	SALES JRNL	1 # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	1
ı				S	SALES REGISTER			BILL WEEK ENDING	11/09/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	215491 1	11/02/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	6.00		87.48 I	
					CATEGORY	6.00	0.00	87.48	

	11/07/12 - NL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 23	5
DALLO OK	NE # 0500	100 001		A L E S R E G I S T E R			BILL WEEK END		11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215492	11/02/12	000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	4.00		58.32	I	
215493	11/02/12	800000	VISITING NURSE SERVICE	STENOS, MOSHOUL	4.00		58.32	I	
215494	10/26/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	4.00		58.32	I	
215495	11/02/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	4.00		58.32	I	
215496	11/02/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	6.00		87.48	I	
215497	11/02/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	12.00		174.96	I	
215498	11/02/12	800000	VISITING NURSE SERVICE	STROBL, ALFRED	12.00		174.96	I	
215499	11/02/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	5.00		72.90	I	
215500	11/02/12	000008	VISITING NURSE SERVICE	SUAREZ, MARINA	3.50		51.03	I	
				CUSTOMER	54.50	0.00	794.61		
				CATEGORY	 54.50	0.00	 794.61		

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEF	2		PAGE 1 LTC NURSING I BILL WEEK ENI		O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215501 11/02/12 215502 11/02/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SUAREZ, TULIA SUAREZ, TULIA	18.00 12.00		262.44 174.96	I I	
			CUSTOMER	30.00	0.00	437.40		
			CATEGORY	30.00	0.00	437.40		

RUN DATE 11/07	/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 -	237
SALES JRNL # 0	306 LOC 001		REG NY NY			VCP CHOICE LHCS	
		S	SALES REGISTER			BILL WEEK ENDIN	G 11/09/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215503 11/02	/12 000008	VISITING NURSE SERVICE	TABOADA, ELIZAB	16.00		233.28 I	
			CATEGORY	16.00	0.00	233.28	

	SUP SUNNYSIDE CITYW LOC 001 SUNNYSIDE					PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER N	AME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215504 11/02/12 215505 11/02/12		URSE SERVICE URSE SERVICE	TADDEO, LENA TADDEO, LENA	24.00 16.00		349.92 233.28	I
			CUSTOMER	40.00	0.00	583.20	
			CATEGORY	40.00	0.00	583.20	

RUN DATE 11/07/12 SALES JRNL # 0306		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	239
BIEDS SIAVE II 0300	100 001		ALES REGISTER			BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215506 11/02/12 215507 11/02/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	TEJADA, BALDOME TEJADA, BALDOME	8.00		116.64 1 116.64	- - - -
			CUSTOMER	16.00	0.00	233.28	
			CATEGORY	16.00	0.00	233.28	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	240
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215508 11/02/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	32.00		466.56 I	
215509 11/02/12	000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	16.00		233.28 I	
215510 11/02/12	800000	VISITING NURSE SERVICE	THOMPSON, ANNE	2.00		29.16 I	
			CUSTOMER	50.00	0.00	729.00	
			CATEGORY	50.00	0.00	729.00	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNNY LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215511 11/02/12 215512 11/02/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	TINOCO, INES TINOCO, INES	14.00 7.00		204.12 102.06	I I
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 242 ADU ADULT BILL WEEK ENDING 11/09/12	2
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
215513 10/19/12	000008 VISITING NURSE SERVI	CE TOLENTINO, PASC	5.00		72.90 I	
		CATEGORY	5.00	0.00	72.90	-

			TYSIDE CITYWIDE	DEC MY MY			PAGE 1	- 24	13
SALES UK	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY LES REGISTER			VCP CHOICE LE		11/09/12
			5 A	TLES KEGISIEK			DITT MEEV EN	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215514	11/02/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	4.00		58.32	I	
215515	11/02/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	8.00		116.64	I	
215516	11/02/12	800000	VISITING NURSE SERVICE	TORO, PURA	47.75		696.20	I	
215517	11/02/12	800000	VISITING NURSE SERVICE	TORO, PURA	24.00		349.92	I	
215518	11/02/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	8.00		116.64	I	
215519	11/02/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	16.00		233.28	I	
215520	11/02/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	36.00		524.88	I	
215521	11/02/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	24.00		349.92	I	
				CUSTOMER	167.75	0.00	2,445.80		
				CATEGORY	 167.75	0.00	2,445.80		

	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 244 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215522 11/02/12	000008 VISITING NURSE SERVICE	TORRES, MARGOT	6.00		87.48 I	
		CATEGORY	6.00	0.00	87.48	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 245
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215523 11/02/12	000008	VISITING NURSE SERVICE	TOUMA, MATTA	7.00		102.06 I
215524 11/02/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	14.00		204.12 I
			CUSTOMER	21.00	0.00	306.18
			CATEGORY	21.00	0.00	306.18

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 246 VCP CHOICE LHCSA BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215525 10/26/12 215526 11/02/12 215527 11/02/12 215528 11/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TRUJILLO, AMPAR TRUJILLO, AMPAR TRUJILLO, AMPAR TSOLISOS, FOTIN	16.00 4.00 4.00 15.75		233.28 I 58.32 I 58.32 I 229.64 I	
			CUSTOMER	39.75	0.00	579.56	
			CATEGORY	39.75	0.00	579.56	

RUN DATE 11/07/12 -			556 355 355			PAGE 1 - 2	
SALES JRNL # 0306	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LAD NURSING HOME BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215529 11/02/12	800000	VISITING NURSE SERVICE	TSUAI, PING	4.00		58.32 I	
			CATEGORY	4.00	0.00	 58.32	

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 248
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215530 10/19/12	000008	VISITING NURSE SERVICE	TZOUMAS, EFFIE	9.00		131.22 I
215531 10/26/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	9.00		131.22 I
215532 11/02/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	26.75		390.02 I
215533 11/02/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	18.00		262.44 I
			CUSTOMER	62.75	0.00	914.90
			CATEGORY	62.75	0.00	914.90

RUN DATE 11/07/12						PAGE 1 - 249	
SALES JRNL # 0306	LOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 11	(/00/12
			SALES REGISIER			BILL MEEK ENDING II	./09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
215534 11/02/12	000008	VISITING NURSE SERVICE	UGURLUYAN, KARA	1.00		174.96 I	
			CATEGORY	1.00	0.00	174.96	

RUN DATE 1	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	250
SALES JRNI	L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	7/O WALLS (LT
				S A L E S R E G I S T E R			BILL WEEK ENDING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215535 1	10/26/12	800000	VISITING NURSE SERVICE	URBINA, ANA	5.00		72.90 I	
215536	11/02/12	800000	VISITING NURSE SERVICE	URBINA, ANA	10.00		145.80 I	
215537	11/02/12	800000	VISITING NURSE SERVICE	URBINA, ANA	10.00		145.80 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE 11/07/12 SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 CCL CONGREGATE CA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
215538 10/26/12 215539 11/02/12 215540 11/02/12 215541 11/02/12 215542 11/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VALENCIA, BERNA VALENCIA, BERNA VALENCIA, BERNA VALENTI, HELEN VALENTI, HELEN	4.00 4.00 4.00 22.00 12.00		58.32 I 58.32 I 58.32 I 320.76 I 174.96 I	
			CUSTOMER	46.00	0.00	670.68	
			CATEGORY	46.00	0.00	670.68	

RUN DATE 11/07/12 -						PAGE 1 - 252	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 11/09/1	2
		•	SALES KEGISIEK			BILL WEEK ENDING 11/09/1	4
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
215543 10/12/12	000008	VISITING NURSE SERVICE	VALENTIN, ALEJA	12.00		174.96 I	
215544 11/02/12	000008	VISITING NURSE SERVICE	,	12.00		174.96 I	
			CUSTOMER	24.00	0.00	349.92	_
							_
			CATEGORY	24.00	0.00	349.92	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 253 VCP CHOICE LHCSA BILL WEEK ENDING 11/09	9/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
215545 10/26/12 215546 11/02/12 215547 11/02/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, ARTURO	7.00 6.75 14.00		102.06 I 98.42 I 204.12 I	
			CUSTOMER	27.75	0.00	404.60	
			CATEGORY	27.75	0.00	404.60	

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215548 11/02/12 215549 11/02/12 215550 11/02/12 215551 11/02/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, EUSTAG VASQUEZ, EUSTAG VASQUEZ, RAPHAE VASQUEZ, RAPHAE	19.00 10.00 9.00 6.00		277.02 I 145.80 I 131.22 I 87.48 I	
			CUSTOMER	44.00	0.00	641.52	
			CATEGORY	44.00	0.00	641.52	

RUN DATE 11/07/ SALES JRNL # 03		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 AUR ADULT REF BILL WEEK ENI	-
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215552 11/02/ 215553 11/02/		VISITING NURSE SERVICE VISITING NURSE SERVICE	~ ~ ~ ~ ,	6.00 12.00		87.48 174.96	I I
			CUSTOMER	18.00	0.00	262.44	
			CATEGORY	18.00	0.00	262.44	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER		PAGE 1 - 256 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215554 11/02/12 215555 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	~ '	22.00 12.00	320.76 I 174.96 I
		CUSTOMER	34.00 0.00	495.72
		CATEGORY	34.00 0.00	495.72

RUN DATE 11/0	7/12 - SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	257	
SALES JRNL #	0306 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
		S	SALES REGISTED	R		BILL WEEK ENDIN	G 11/09/12	
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
215556 11/0	2/12 000008	VISITING NURSE SERVICE	VELASQUEZ, NELL	8.00		116.64 I		
			 CATEGORY	8.00	0.00	116.64		

RUN DATE 11/07/12 SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 258 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215557 11/02/12 215558 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00		291.60 I 102.06 I
			CUSTOMER	27.00	0.00	393.66
			CATEGORY	27.00	0.00	 393.66

			YSIDE CITYWIDE				-	- 259
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			S	ALES REGISTER			BILL WEEK END	ING 11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
215559	11/02/12	000008	VISITING NURSE SERVICE	VERA, ROSARIO	4.00		58.32	I
215560	11/02/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	4.00		58.32	I
215561	11/02/12	000008	VISITING NURSE SERVICE	VERA, VICTOR	4.00		58.32	I
215562	11/02/12	000008	VISITING NURSE SERVICE	VERA, VICTOR	4.00		58.32	I
215563	11/02/12	000008	VISITING NURSE SERVICE	VERAS, JUANA	31.50		459.27	I
215564	11/02/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	16.00		233.28	I
				CUSTOMER	63.50	0.00	925.83	
				CATEGORY	63.50	0.00	925.83	

			YSIDE CITYWIDE				PAGE 1 - 260	
SALE	S JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT BILL WEEK ENDING 11/09	/10
				SALES REGISTER			BILL WEEK ENDING 11/09	/ 1 2
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
0155	CE 11 /00 /10	000000		***************************************	00 00		001 60 -	
2155	65 11/02/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	11/07/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	261
SALES JRN	L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			5	SALES REGISTER			BILL WEEK ENDING	G 11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
215566	11/02/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	1	PAGE 1 - 262 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215567 11/02/12 215568 11/02/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	· -	6.00 12.00	87.48 I 174.96 I
		CUSTOMER	18.00 0.00	262.44
		CATEGORY	18.00 0.00	262.44

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 263	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			SALES REGISTER			BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215569 11/02/12	000008	VISITING NURSE SERVICE	VIVACQUA, EMMA	30.00		437.40 I	
215570 11/02/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	20.00		291.60 I	
			CUSTOMER	50.00	0.00	729.00	
			CATEGORY	50.00	0.00	729.00	

RUN DATE 11/07/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1	- 264
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		Ş	SALES REGISTER	-		BILL WEEK ENI	DING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215571 11/02/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	4.00		58.32	I
215572 11/02/12	000008	VISITING NURSE SERVICE	VLAHOS, MARIE	8.00		116.64	I
			 CUSTOMER	12.00	0.00	174.96	
			CODIONER	12.00	0.00	171.50	
			CATEGORY	12.00	0.00	174.96	

		11/07/12 - NL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
				5	SALES REGISTER			BILL WEEK ENDING	G 11/09/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
2	15573	10/26/12	000008	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1 - 266	
SALES JRN	L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 11/09	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
215574	11/02/12	800000	VISITING NURSE SERVICE	WALSH, MAUREEN	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE 11/07/12 SALES JRNL # 0306	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADU BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215575 11/02/12 215576 11/02/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		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	11/07/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 26	68	
SALES JRNI	L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	E CAF	RE PROGRAM	
			S	SALES	REGISTER			BILL WEEK ENI	DING	11/09/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
215577	11/02/12	800000	VISITING NURSE SERVICE	YE	LLAPAH, DOLLI	3.00		43.74	I		
					CATEGORY	3.00	0.00	43.74			

RUN DATE 11/07/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 269	
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS	LT
		S	SALES REGISTER			BILL WEEK ENDING 11/09/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
215578 11/02/12	000008	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
			CATEGORY	10.00	0.00	145.80	

RUN DATE 11/07/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 270 SALES JRNL # 0306 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 11/09/12
 O CUSTOMER NAME
 REFERENCE
 HOURS
 TAX AMT
 AMOUNT

 GUILDRET
 ALI, AMRUNISSA
 16.00
 241.92

 GUILDRET
 ALSTON, ZULINE
 32.00
 483.84

 GUILDRET
 ALSTON, ZULINE
 16.00
 241.92

 GUILDRET
 ASH, MARIE
 9.00
 220.96

 GUILDRET
 BERJASHRVIC, LI
 8.00
 120.96

 GUILDRET
 BERJASHRVIC, LI
 8.00
 120.96

 GUILDRET
 CARSWELL, LUELL
 49.50
 748.44

 GUILDRET
 CARSWELL, LUELL
 49.50
 748.44

 GUILDRET
 COLAVITTI, JEAN
 31.00
 468.72

 GUILDRET
 COLAVITTI, JEAN
 13.70
 468.72

 GUILDRET
 COLAVITTI, JEAN
 13.00
 196.56

 GUILDRET
 DIAZ, ALICIA
 29.25
 442.26

 GUILDRET
 DIAZ, ALICIA
 29.25
 442.26

 GUILDRET
 DIAZ, ALICIA
 29.25
 442.26

 GUILDRET
 DURSAN, CARMEN
 6.50
 98.28

 GUILDRET
 REFERENCE HOURS TAX AMT INVOICE# DATE CUST NO CUSTOMER NAME AMOUNT TYP SURPLUS 215579 11/02/12 241.92 I 000010 215580 10/19/12 000010 I 215581 11/02/12 000010 I 215582 10/19/12 000010 215583 11/02/12 000010 215584 11/02/12 000010 215585 10/26/12 000010 215586 11/02/12 000010 215587 11/02/12 000010 215588 11/02/12 000010 215589 11/02/12 000010 215590 11/02/12 000010 215591 10/26/12 000010 215592 11/02/12 000010 215593 11/02/12 000010 215594 11/02/12 000010 215595 11/02/12 000010 215596 11/02/12 000010 215597 11/02/12 000010 215598 10/26/12 000010 215599 11/02/12 000010 215600 11/02/12 000010 11/02/12 215601 000010 215602 11/02/12 000010 215603 11/02/12 000010 215604 10/12/12 000010 215605 11/02/12 000010 215606 11/02/12 000010 215607 11/02/12 000010 215608 11/02/12 000010 215609 11/02/12 000010 215610 11/02/12 000010 215611 10/05/12 000010 215612 11/02/12 000010 215613 11/02/12 000010 215614 11/02/12 000010 215615 11/02/12 000010 215616 10/19/12 000010 GUILDNET

215617

215619

215620

215621

215622

215623

215624

215625

215626

11/02/12

11/02/12

11/02/12

10/26/12

11/02/12

11/02/12

11/02/12

11/02/12

11/02/12

215627 11/02/12

215618 11/02/12

000010 GUILDNET

000010

000010

000010

000010

RUN DATE 11/07/12 - SUP SUNNYSIDE CITYWIDE PAGE 2 - 271 SALES JRNL # 0306 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 11/09/12 CUST NO CUSTOMER NAME

REFERENCE

MICHEL, DOROTHY

48.00

725,76

000010

GUILLDNET

MONCRIEF, LOIS

MONORIGE, ADDNI

MOSCICKA, JADNI

44.00

604.80

000010

GUILLDNET

MOSCICKA, JADNI

MUSCAT, CARMEN

10.00

151.20

378.00

000010

GUILLDNET

NEMBOLD, RAMONA

25.00

378.00

378.00

000010

GUILLDNET

NINSELIMIRA, ALBE

144.00

2,177.28

000010

GUILLDNET

NINSE, ANGELINA

19.50

294.84

000010

GUILLDNET

NINNEZ, ANGELINA

19.50

447.88

000010

GUILLDNET

NINNEZ, IRIS

25.00

447.88

000010

GUILLDNET

FRANCISKA

47.00

700010

GUILLDNET

FRANCISKA

74.00

700010

GUILLDNET

FRANCISKA

74.00

710.64

000010

GUILLDNET

FREEZ, MARITA

12.00

181.44

000010

GUILLDNET

FRANCISKA

74.00

710.64

000010

GUILLDNET

FRANCISKA

74.00

74.00

74. REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS INVOICE# DATE CUST NO CUSTOMER NAME 725.76 I 215628 11/02/12 215629 11/02/12 604.80 I 665.28 I 215630 11/02/12 215631 11/02/12 215632 11/02/12 215633 10/19/12 215634 10/26/12 215635 10/19/12 215636 11/02/12 215637 11/02/12 215638 11/02/12 215639 11/02/12 215640 11/02/12 215641 11/02/12 215642 11/02/12 215643 11/02/12 215644 10/12/12 215645 11/02/12 215646 11/02/12 215647 11/02/12 215648 11/02/12 215649 11/02/12 215650 11/02/12 215651 11/02/12 215652 11/02/12 215653 11/02/12 215654 10/12/12 215655 10/26/12 215656 11/02/12 215657 11/02/12 215658 11/02/12 215659 11/02/12 215660 11/02/12 215661 11/02/12 215662 10/26/12 215663 10/19/12 215664 11/02/12 215665 10/26/12 11/02/12 215666 11/02/12 215667 215668 10/05/12 215669 11/02/12 215670 11/02/12 215671 11/02/12 215672 10/26/12 215673 11/02/12

215674 11/02/12 215675 10/26/12

215676 11/02/12 000010 GUILDNET

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CIT	WIDE REGNY NY SALES REGIST:	E R		PAGE 3 - GUI GUILDNET BILL WEEK ENDIN	272 IG 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
215677 11/02/12 215678 10/19/12 215679 10/26/12 215680 11/02/12	000010 GUILDNET 000010 GUILDNET 000010 GUILDNET 000010 GUILDNET	YIANTSELIS, VIR YIANTSELIS, VIR ZUMAETA, FANNY ZUMAETA, FANNY			393.12 I 85.00 I 151.20 I 151.20 I	
		CUSTOMER	2,423.00	0.00	40,139.28	
		CATEGORY	2,423.00	0.00	40,139.28	

RUN DATE	11/07/12	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTE			PAGE 1	- 2	73
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH F	IRST	
			SUNNYSIDE CITYWIDE	SALES REGISTE	R		BILL WEEK EN	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215681	11/02/12	000122	HEALTH FIRST	BEGUM, MANWARA	20.00		337.60	I	
215682	11/02/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	48.00		810.24	I	
215683	11/02/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	22.00		371.36	I	
215684	11/02/12	000122	HEALTH FIRST	BOWERS, DIANE	30.00		506.40	I	
215685	11/02/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
215686	10/12/12	000122	HEALTH FIRST	CARRION, MARIA	40.00		675.20	I	
215687	11/02/12	000122	HEALTH FIRST	CEBALLOS, ANA	32.00		540.16	I	
215688	11/02/12	000122	HEALTH FIRST	CHARITAR, RAMKA	15.00		253.20	I	
215689	11/02/12	000122	HEALTH FIRST	DELACRUZ, ANA	58.00		979.04	I	
215690	10/26/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	70.00		1,181.60	I	
215691	11/02/12	000122	HEALTH FIRST	ESTEVES, JOSE	24.00		405.12	I	
215692	10/26/12	000122	HEALTH FIRST	FERGERSON, TINA	40.00		675.20	I	
215693	11/02/12	000122	HEALTH FIRST	FERRERA, FRANCI	10.00		168.80	I	
215694	10/19/12	000122	HEALTH FIRST	FONTANES, PEDRO	7.00		118.16	I	
215695	10/26/12	000122	HEALTH FIRST	FONTANES, PEDRO	39.00		658.32	I	
215696	11/02/12	000122	HEALTH FIRST	FRANCISCO, RICH	40.00		675.20	I	
215697	10/12/12	000122	HEALTH FIRST	FRIAS, BARBARA	1.00		16.88	I	
215698	10/26/12	000122	HEALTH FIRST	HENRY, BRENDA	4.00		67.52	I	
215699	11/02/12	000122	HEALTH FIRST	KAUR, HARBANS	27.00		455.76	I	
215700	11/02/12	000122	HEALTH FIRST	LARA, TOMASA	48.00		810.24	I	
215701	11/02/12	000122	HEALTH FIRST	LAZALA, GLADYS	35.00		590.80	I	
215702	11/02/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	55.00		928.40	I	
215703	11/02/12	000122	HEALTH FIRST	MACARENA, SAHAR	45.00		759.60	I	
215704	11/02/12	000122	HEALTH FIRST	MARTIN, ARIANA	8.00		135.04	I	
215705	11/02/12	000122	HEALTH FIRST	PALAZZOLO, FLOR	48.00		810.24	I	
215706	10/19/12	000122	HEALTH FIRST	RIVERA, CHRISTO	63.00		1,063.44	I	
215707	10/19/12	000122	HEALTH FIRST	RIVERA, EDDIE	42.00		708.96	I	
215708	11/02/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
215709	11/02/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
215710	11/02/12	000122	HEALTH FIRST	SALHUANA, YOLAN	32.00		540.16	I	
215711	11/02/12	000122	HEALTH FIRST	SURIEL, GERTRUD	48.00		810.24	I	
215712	11/02/12	000122	HEALTH FIRST	VASQUEZ, OLGA	20.00		337.60	I	
				CUSTOMER	1,087.00	0.00	18,348.56		
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN BOWERS, DIANE CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA DELACRUZ, ANA ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA PALAZZOLO, FLOR RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SURIEL, GERTRUD VASQUEZ, OLGA CUSTOMER CATEGORY	1,087.00	0.00	18,348.56		

RUN DATE 11/07/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1	- 2	74
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE REC	NY NY			NHP NEIGHBOR	HOOD :	HEALTH
		SALE	G NY NY G S R E G I S T E R			BILL WEEK EN	DING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215713 10/12/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S AHMED, UMARA	64.00		1,080.32	I	
215714 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S AKHTER, SELINA	35.00		590.80	I	
215715 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH, T	36.00		607.68	I	
215716 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	20.00		337.60	I	
215717 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	HAMPTON, PRISCI	31.00		523.28	I	
215718 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S KHAN, FARUQUE	70.00		1,181.60	I	
215719 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS		18.00		303.84	I	
215720 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	6.00		101.28	I	
215721 10/26/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI				I	
215722 10/26/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, JESS	35.00		590.80	I	
215723 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS		12.00		202.56	I	
215724 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS		50.00		844.00	I	
215725 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS					I	
215726 11/02/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	WILSON, SHERYL	16.00		270.08	I	
, , ,								
			CUSTOMER	469.00	0.00	7,916.72		
						,		
			CATEGORY	469.00	0.00	7,916.72		

RUN DATE	RUN DATE 11/07/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 275											
SALES JR	NL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHO	LIC/F	IDELIS			
				SALES REGISTE	R		BILL WEEK EN	DING	11/09/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS			
215727	11/02/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	35.00		590.45	I				
215728	11/02/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49	I				
215729	11/02/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.45	I				
215730	11/02/12	000126	NYS CATHOLIC/FIDELIS	ISKANDER, JACOU	32.00		539.84	I				
215731	11/02/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	9.00		151.83	I				
215732	10/19/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	144.00		2,429.28	I				
215733	11/02/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	8.00		134.96	I				
215734	7/20/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	1.00		80.00	I				
215735	11/02/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	21.00		354.28	I				
215736	8/10/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	46.00		839.15	I				
				CUSTOMER	358.00	0.00	6,165.73					
							,					
				CATEGORY	358.00	0.00	6,165.73					
1												

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNNY: LOC 001	SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 UHC UNITED HI BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215737 11/02/12 215738 11/02/12		UNITED HEALTH CARE UNITED HEALTH CARE	CALDERON, MIGDA MILLAN, ARMIDA	39.00 35.00		669.24 600.60	I	
			CUSTOMER	74.00	0.00	1,269.84		
			CATEGORY	74.00	0.00	1,269.84		

RUN DATE 11/0	07/12 - SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 2	77
SALES JRNL #	0306 LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			EHP EMBLEM H	EALTH	
			SALES	REGISTER	}		BILL WEEK EN	DING	11/09/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	R	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	02/12 000114	EMBLEM HEALTH	CA	AMPBELL, CAROL	13.50		189.00	I	
215740 11/0	02/12 000114	EMBLEM HEALTH	CC	PE, WILLIE	36.00		504.00	I	
215741 11/0	02/12 000114	EMBLEM HEALTH	CC	PELAND, ELISE	41.50		591.38	I	
215742 11/0	02/12 000114	EMBLEM HEALTH	DE	JESUS, TIBUR	57.00		812.25	I	
215743 11/0	02/12 000114	EMBLEM HEALTH	GA	AFFNEY, FREDER	12.00		168.00	I	
215744 11/0	02/12 000114	EMBLEM HEALTH	IA	ANNAZZO, ANGEL	36.00		504.00	I	
215745 11/0	02/12 000114	EMBLEM HEALTH	JA	ACKSON, FRANCE	26.50		371.00	I	
215746 11/0	02/12 000114	EMBLEM HEALTH		EATON, CATHERI	84.00		1,176.00	I	
215747 10/2	26/12 000114	EMBLEM HEALTH	RE	YNOLDS, HARRI	24.00		336.00	I	
	02/12 000114	EMBLEM HEALTH		EATHERS, VERDE	59.25		829.50	I	
	02/12 000114	EMBLEM HEALTH		STFIELD, BREN	16.00		224.00	Ī	
	-,								
				CUSTOMER	405.75	0.00	5,705.13		
							-,		
				CATEGORY	405.75	0.00	5,705.13		
1							-,		

RUN DATE 11/07/12 SALES JRNL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E		R		PAGE 1 HIP HEALTH IN BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215750 11/02/12 215751 11/02/12 215752 11/02/12 215753 11/02/12 215754 11/02/12	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE LOYOLA, MARIA ORR, LOUISE WILLIAMS, DIANE	4.00 19.00 40.00 24.00 20.00		67.52 320.72 675.20 405.12 337.60	I I I I
			CUSTOMER	107.00	0.00	1,806.16	
			CATEGORY	107.00	0.00	1,806.16	

			YSIDE CITYWIDE					PAGE 1	- 2	79
SALES JRN	1L # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY REGISTEI	_		MPH METROPLU	S HEA	LTH
				SALES	REGISTE	R		BILL WEEK EN	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	Ð.	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
TITTOTOLI	DITTE	CODI NO	CODIONER WINE							BOILL HOD
215755	10/05/12	000130	METROPLUS HEALTH	AN	DERSON, BETH IAS, NORA RDERO, ROSEND VIS, ANGIE BBINS, SANDRA RHAM, CYNTHIA LAS, TERESA RDOCK, GERTRU ORIO, ELVIA RSAD, USHA MPERSAID, ALI ALIS CHAPLES	29.00		497.35	I	
215756	11/02/12	000130	METROPLUS HEALTH	AR	IAS, NORA	44.00		754.60	I	
215757	9/07/12	000130	METROPLUS HEALTH	CO:	RDERO, ROSEND	61.00		1,046.15	I	
215758	11/02/12	000130	METROPLUS HEALTH	DA	VIS, ANGIE	133.00		2,280.95	I	
215759	11/02/12	000130	METROPLUS HEALTH	DO	BBINS, SANDRA	120.00		2,058.00	I	
215760	10/26/12	000130	METROPLUS HEALTH	DU:	RHAM, CYNTHIA	28.00		480.20	I	
215761	11/02/12	000130	METROPLUS HEALTH	GA:	LAS, TERESA	30.00		514.50	I	
215762	11/02/12	000130	METROPLUS HEALTH	MU:	RDOCK, GERTRU	16.00		274.40	I	
215763	11/02/12	000130	METROPLUS HEALTH	OS	ORIO, ELVIA	15.00		257.25	I	
215764	11/02/12	000130	METROPLUS HEALTH	PE	RSAD, USHA	27.00		463.05	I	
215765	10/26/12	000130	METROPLUS HEALTH	RA	MPERSAID, ALI	26.00		445.90	I	
215766	10/26/12	000130	METROPLUS HEALTH						I	
215767	10/26/12	000130	METROPLUS HEALTH	SA	NTORO, MATTHE	55.00		943.25	I	
215768	11/02/12	000130	METROPLUS HEALTH	SH	UMON, NUK-FNU	28.00		480.20	I	
215769	10/26/12	000130	METROPLUS HEALTH METROPLUS HEALTH	VA	LLE, BLASINA	88.00		1,509.20	I	
					CUSTOMER	708.00		12,142.20		
					CATEGORY	708.00	0.00	12,142.20		

RUN DATE 11/07/12 - SALES JRNL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E		<u>.</u>		PAGE 1 WEL WELCARE O BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215770 11/02/12 215771 11/02/12 215772 11/02/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	42.00 23.00 45.00		722.40 395.60 774.00	I I I
				CUSTOMER	110.00	0.00	1,892.00	
				CATEGORY	110.00	0.00	1,892.00	

RUN DATE 11/07/ SALES JRNL # 03		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AMG AMERIGRO		81
BILLES STAVE II SS	100 100	SOMMISIBE CITIVIDE	SALES REGISTER			BILL WEEK EN	-	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215773 11/02/	12 000132	AMERIGROUP	DENNISON, KELVI	15.00		253.20	I	
215774 11/02/	12 000132	AMERIGROUP	ESPERSON, CLAUD	8.00		135.04	I	
215775 11/02/	12 000132	AMERIGROUP	FERNANDEZ, NORK	23.00		388.24	I	
215776 10/19/	12 000132	AMERIGROUP	FRASIEUR, GARY	20.00		337.60	I	
215777 11/02/	12 000132	AMERIGROUP	GUERRA, LORRAIN	53.00		894.64	I	
215778 10/12/	12 000132	AMERIGROUP	HARDING, EDNA	20.00		337.60	I	
215779 11/02/	12 000132	AMERIGROUP	MICHEL, VERULIA	12.00		202.56	I	
215780 11/02/	12 000132	AMERIGROUP	PRUITT, JOHNNY	4.00		67.52	I	
215781 10/26/	12 000132	AMERIGROUP	WALTERS, BYRON	47.00		793.36	I	
215782 10/26/	12 000132	AMERIGROUP	YOUNG, KALEILE	34.00		573.92	I	
			CUSTOMER	236.00	0.00	3,983.68		
			CATEGORY	236.00	0.00	3,983.68		

RUN DATE 11/07/12 - SALES JRNL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 HCP HEALTHCAR BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215783 11/02/12 215784 11/02/12	000148 000148	HEALTH CARE PARTNERS HEALTH CARE PARTNERS	GOMES, AGUSTINA ZAMBRANO, ZOILA	36.00 12.00		607.68 202.56	I I
			CUSTOMER	48.00	0.00	810.24	
			CATEGORY	48.00	0.00	810.24	

RUN DATE 11/07/12 - SALES JRNL # 0306		SUNNYSIDE CITYWIDE	REG NY NY LES REGISTER			PAGE 1 - 283 ICS INDEPENDENCE CARE SYSTEMS BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
215785 11/02/12	000172	INDEPENDENCE CARE SYSTEMS	MUSHAYEV, BORIS	12.00		190.80 I
			CATEGORY	12.00	0.00	190.80

RUN DATE 11/07/12	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 2	84
SALES JRNL # 0306	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCS VNSNY CH	OICE :	SELECTHEALTH
			SALES	REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	F	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215786 11/02/12	000170	VNSNY CHOICE SELECT	HEALTH KA	ARASSAVIDES, A	21.00		360.36	I	
				CATEGORY	21.00	0.00	360.36		

RUN DATE 11/07/12 - SUP :				PAGE 1 - 285
SALES JRNL # 0306 LOC				PAR PRIVATE
	SALE	S REGISTER		BILL WEEK ENDING 11/09/12
INVOICE# DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS TAX AMT	AMOUNT TYP SURPLUS
215787 11/02/12 00000	02 SUNNYSIDE COMMUNITY SERVICES	ESCOBAR, MARIA	4.00	58.00 I
215788 11/02/12 00000	02 SUNNYSIDE COMMUNITY SERVICES	ESPINOZA, LUPE	4.00	58.00 I
215789 11/02/12 00000		RICKS, WALTER	4.00	58.00 I
215790 11/02/12 00000		RIZZO, SALVATOR	3.75	54.38 I
, , ,				
		CUSTOMER	15.75 0.00	228.38
215791 11/02/12 0000	40 DUISIN, CHRISTINE	DUISIN, XENIA	8.00	124.00 I
215792 10/26/12 0000	49 DOMINICAN SISTERS FAM HLTH	MORSHELINA, NAS	15.00	217.50 I
215793 11/02/12 00004	49 DOMINICAN SISTERS FAM HLTH	MORSHELINA, NAS	9.00	130.50 I
215794 11/02/12 0000	49 DOMINICAN SISTERS FAM HLTH	MORSHELINA, NAS	6.00	87.00 I
		·		
		CUSTOMER	30.00 0.00	435.00
		CATEGORY	53.75 0.00	787.38

	11/07/12 · NL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CAS CHILDREN	- 2	
				ALES REGISTER			BILL WEEK EN		11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215795	10/26/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
215796	10/12/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
215797	10/19/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
215798	10/26/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
215799	11/02/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	12.00		186.00	I	
215800	11/02/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	4.00		62.00	I	
				CUSTOMER	40.00	0.00	620.00		
				CATEGORY	40.00	0.00	620.00		

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		PAGE 1 - 287 PAR PRIVATE BILL WEEK ENDING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP SURPLUS
215801 11/02/12	000098 MILDRED PANSE	PANSE, MILDRED	8.00	124.00 I
		CATEGORY	8.00 0	.00 124.00

RUN DATE 11/07/12 - SALES JRNL # 0306	- SUP SUNNY LOC 001	SIDE CITYWIDE SUNNYSIDE CITYWIDE		NY E G I S T E	R		PAGE 1 ELD ELDERSER BILL WEEK EN		
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFEI	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215802 11/02/12 215803 11/02/12		ELDERSERVEHEALTH ELDERSERVEHEALTH	,	ELMIRA ELMIRA	5.00 10.00		71.25 142.50	I I	
				CUSTOMER	15.00	0.00	213.75		
				CATEGORY	15.00	0.00	213.75		

RUN DATE 11/07/12 - SALES JRNL # 0306	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWID	REGNY NY SALES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK END	- 289 DING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215804 11/02/12 215805 11/02/12	000143 ETTORE COPPOLA 000143 ETTORE COPPOLA	COPPOLA, ETTORE COPPOLA, ETTORE	5.00 10.00		77.50 155.00	I I
		CUSTOMER	15.00	0.00	232.50	
		CATEGORY	15.00	0.00	232.50	

RUN DATE 11/07 SALES JRNL # 0		NYSIDE CITYWIDE REG SUNNYSIDE CITYWIDE REG S A L E		R		PAGE 1 CCM COMPREHED BILL WEEK EN	NSIVE	90 CARE MGMT 11/09/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215806 10/19 215807 10/26 215808 11/02 215809 11/02 215810 11/02 215811 11/02 215812 11/02	/12 000150 /12 000150 /12 000150 /12 000150 /12 000150	COMPREHENSIVE CARE MANAGEMENT	GARCIA, MARIA GARCIA, MARIA GARCIA, MARIA GARCIA, MARIA MELAMED, ESTER ROSARIO, CELEST ROSARIO, CELEST			112.80 112.80 112.80 225.60 56.40 70.50 141.00	I I I I I	
			CUSTOMER	59.00	0.00	831.90		
			CATEGORY	59.00	0.00	831.90		

RUN DATE 11/07/12 SALES JRNL # 0306	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 PAR PRIVATE	- 291
		SALES REGISTER	?		BILL WEEK ENI	DING 11/09/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
215813 11/02/12 215814 11/02/12	000155 ROSEMARY JIBAJA 000155 ROSEMARY JIBAJA	JIBAJA, ROSEMAR JIBAJA, ROSEMAR	120.00 48.00		1,932.00 744.00	I
		CUSTOMER	168.00	0.00	2,676.00	
215815 11/02/12	000167 AMY L. WELTMAN	LUSKIND, FRANCE	3.94		608.57	I
215816 11/02/12	000179 DOROTHY TABICKMAN	TABICKMAN, DORT	4.00		62.00	I
215817 11/02/12	000181 EDELMAN, MILDRED	EDELMAN, MILDRE	10.00		155.00	I
215818 11/02/12	000183 STEPHEN EDEL	EDEL, CANDACE	15.75		267.75	I
215819 11/02/12	000183 STEPHEN EDEL	EDEL, CANDACE	23.00		356.50	I
		CUSTOMER	38.75	0.00	624.25	
		CATEGORY	224.69	0.00	4,125.82	

RUN DATE 11/07/12 - SALES JRNL # 0306		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG N S A L E S				нин нин номе	- 292 CARE INC. DING 11/09/12	2
INVOICE# DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	3
215820 10/05/12 215821 11/02/12	000192 000192	HHH LONG TERM HOME H		TOVAR, ELENA TOVAR, ELENA	5.00 3.50		75.00 52.50	I I	
				CUSTOMER	8.50	0.00	127.50		-
				CATEGORY	8.50	0.00	127.50		-

	: 11/07/12 -	SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 PAR PRIVATE	- 2	93
BALLS OR	IVL # 0500	100 001	BONNIBIDE CITIWIDE	SALES REGISTER			BILL WEEK EN	DING	11/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
215822 215823	11/02/12 11/02/12	000197 000197	KLEA THEOHARIS KLEA THEOHARIS	THEOHARIS, ARIS THEOHARIS, ARIS	6.00 6.00		93.00 93.00	I	
						0.00	186.00		
215824 215825	11/02/12 11/02/12	000199 000199	NORMA SCHORR NORMA SCHORR	SCHORR, NORMA	3.00		46.50 46.50	I I	
				CUSTOMER		0.00	93.00		
215826 215827	11/02/12 11/02/12	002215 002215	KEITH SALMON KEITH SALMON	LAWRANCE, LILLA LAWRANCE, LILLA	12.00		198.00 124.00	I I	
				CUSTOMER	20.00	0.00	322.00		
215828 215829	11/02/12 11/02/12	003108 003108	NIGRO, CATHERINE NIGRO, CATHERINE	NIGRO, CATHERIN NIGRO, CATHERIN	4.00		62.00 124.00	I I	
				CUSTOMER	12.00	0.00	186.00		
215830	11/02/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	9.00		121.50	I	
215831 215832	11/02/12 11/02/12	009498 009498	LOUIS LE NOACH LOUIS LE NOACH	LENOACH, LOUIS LENOACH, LOUIS	6.00 3.00		102.00 46.50	I	
				CUSTOMER	9.00	0.00	148.50		
215833	11/02/12	009752	PETER CAPORASO	CAPORASO, VINCE			408.00	I	
215834 215835	10/26/12 11/02/12	009854 009854	HELEN TAYLOR HELEN TAYLOR		2.00		31.00 31.00	I	
				CUSTOMER	4.00	0.00	62.00		
215836	11/02/12	010529	STEPHEN WEISS	WEISS, STELLA	5.50		93.50	I	
215837 215838	11/02/12 11/02/12	010530 010530	DANA SITILDES DANA SITILDES	ANSELMI, PETER ANSELMI, PETER	12.00 4.00		198.00 62.00	I	
				CUSTOMER	16.00	0.00	260.00		
215839	11/02/12	011016	MICHAEL SIANO	SIANO, ANDREW	12.00		162.00	I	
215840 215841	11/02/12 11/02/12	011060 011060	ROBIN WARREN CHARLES ROBIN WARREN CHARLES	WARREN, CYNTHIA WARREN, CYNTHIA	90.50 38.00		1,459.75 589.00	I I	
				CUSTOMER	128.50	0.00	2,048.75		
215842	10/19/12	011394	HELGA JENSEN	JENSEN, HELGA	16.00		272.00	I	

	: 11/07/12 - :NL # 0306	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 2 PAR PRIVATE	- 294	
				SALES REGIST	E R		BILL WEEK EN	DING 13	1/09/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	SURPLUS
215843	11/02/12	011536	CARNEY ELIZABETH	CARNEY, ELIZABE	6.00		93.00	I	
215844	11/02/12	011642	ROSA FLORES	FLORES, ROSA	8.00		124.00	I	
				CATEGORY	288.00	0.00	4,580.25		
				LOCATION	16,812.69	0.00	262,737.78		
				COMPANY	16,812.69	0.00	262,737.78		

RUN DATE 11/07/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 295
SALES JRNL # 0306 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

SALES REGISTER

BILL WEEK ENDING 11/09/12

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

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