RUN DATE 04/18/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0277 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 4/20/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNERS
SIERRA, MIRIAM
SENIOR HEALTH PARTNERS
SENIOR HEALTH PARTNE ALVAREZ, ANGELA 4.00 191188 4/13/12 000082 SENIOR HEALTH PARTNERS 57.00 I 191189 4/13/12 000082 57.00 I 256.50 I 191190 4/06/12 000082 498.75 191191 4/13/12 000082 191192 4/13/12 000082 498.75 191193 228.00 4/13/12 000082 191194 4/13/12 000082 57.00 191195 4/13/12 000082 114.00 191196 4/13/12 000082 57.00 413.25 191197 4/13/12 000082 191198 4/13/12 000082 1,400.00 191199 4/13/12 000082 470.25 191200 4/13/12 000082 1,923.75 191201 4/13/12 000082 338.44 191202 4/13/12 000082 71.26 191203 4/13/12 1,083.00 000082 191204 4/13/12 285.00 000082 191205 4/06/12 000082 356.25 114.00 191206 4/13/12 000082 191207 4/13/12 000082 570.00 128.25 I 191208 4/06/12 000082 191209 4/13/12 000082 570.00 I _____ _____ 578.75 0.00 9,547.45 CUSTOMER

CATEGORY

578.75 0.00

9,547.45

			YSIDE CITYWIDE	222			11101	_	2
SALES JRN	L # 02//	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHO BILL WEEK END		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191210 191211	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	56.00 12.00		816.48 174.96	I	
				CUSTOMER	68.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	· 3 OMEW/O WALLS (LT
SALES UKN	⊔ # 02//	TOC 001		ALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191212	4/13/12	800000	VISITING NURSE SERVICE	ACUNA, JOSE	26.00		379.08	I
				CATEGORY	26.00	0.00	379.08	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		4
SILLE GIAV	1 1 02//	100 001		LES REGISTER	-		BILL WEEK ENI		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191213	4/13/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	25.00		364.50	I	
191214	4/13/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	35.00		510.30	I	
191215	4/13/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	70.00		1,020.60	I	
191216	3/23/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	4.00		58.32	I	
191217	3/30/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	4.00		58.32	I	
191218	4/06/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	8.00		116.64	I	
191219	4/13/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	56.00		816.48	I	
191220	4/13/12	800000	VISITING NURSE SERVICE	AFZAL, AMIR	4.00		58.32	I	
				CUSTOMER	206.00	0.00	3,003.48		
				CATEGORY	206.00	0.00	3,003.48		

			YSIDE CITYWIDE				PAGE 1 -	5
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOME	•
				SALES REGISIER			PILL MEEK ENDING	3 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
191221	4/13/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1	-	6
SALES JRN	IL # 0277	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE L BILL WEEK EN		4/20/12
							DIDD WEEK EN	DING	1/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191222	4/13/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	42.00		612.36	I	
191223	4/13/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I	
				CUSTOMER	62.00	0.00	903.96		
				CATEGORY	62.00	0.00	903.96		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191224	4/13/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	8 IG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	- , -,
191225	4/13/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	9
SALES JRN	IL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191226 191227	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 1.00		87.48 I 14.58 I	
				CUSTOMER	7.00	0.00	102.06	
				CATEGORY	7.00	0.00	102.06	

			YSIDE CITYWIDE	DDG NV NV			-	10
SALES JRN	L # U2//	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUL' BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191228	4/13/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	56.00		816.48 I	
				GA THE CODY				
				CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1	- 1	1
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
191229	4/13/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	56.00		816.48	I	
191230	4/13/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	56.00		816.48	I	
				CUSTOMER	112.00	0.00	1,632.96		
				CATEGORY	112.00	0.00	1,632.96		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	12	
SALES JRN	ъ # 0277	LOC 001		REG NY NY			ADU ADULT		
			\$	SALES REGISTER			BILL WEEK ENDING	4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
191231	4/13/12	000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	11.75		171.32 I		
				CATEGORY	11.75	0.00	171.32		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	OING 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
191232	4/13/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60	I
191233	4/13/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38	I
				CUSTOMER	81.00	0.00	1,180.98	
				CATEGORY	81.00	0.00	1,180.98	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				PAGE 1 VCP CHOICE L	- <u>1</u>	14
SALES OWN	L # 02//	HOC 001			GISTER			BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	NCE H	IOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191234 191235	4/06/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -		8.00 7.00		116.64 247.86	I	
				C	USTOMER 2	25.00	0.00	364.50		
				C	ATEGORY 2	25.00	0.00	364.50		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	. :	15
DILLEO CIUV	L 0277	100 001		SALES REGISTER			BILL WEEK ENDI	NG	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	ΥP	SURPLUS
191236	4/13/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	5.00		72.90	I	
				CATEGORY	5.00	0.00	72.90		

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	
				SALES REGISTER			BILL WEEK END	ING 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
191237 191238	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		42.00 38.00		612.36 554.04	I
				CUSTOMER	80.00	0.00	1,166.40	
				CATEGORY	80.00	0.00	1,166.40	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	17
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191239	4/13/12	800000	VISITING NURSE SERVICE	ASADOURIAN, COR	18.00		262.44 I	
191240	4/13/12	800000	VISITING NURSE SERVICE	ASH, MARIE	12.00		174.96 I	
				CUSTOMER	30.00	0.00	437.40	
				COSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	18 W/O WALLS (LT
			S A	ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191241	4/13/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	19	
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A	
ı					SALES REGISTER			BILL WEEK ENDING	4/20/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS	
	191242	4/13/12	800000	VISITING NURSE SERVICE	AVILA, ENIDIA	16.00		233.28 I		
					CATEGORY	16.00	0.00	233.28		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	20
SALES JRN	ъ # 0277	LOC 001		REG NY NY			LTC NURSING HOME	
			2	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191243	4/13/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	21
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191244	4/13/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	8.00		116.64 I	
191245	4/13/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30 I	
				CUSTOMER	43.00	0.00	626.94	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	22
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/	O WALLS (LT
			S	ALES REGISTER			BILL WEEK END	ING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191246	4/13/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I	
191247	4/13/12	000008	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48	I	
191248	4/13/12	800000	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I	
191249	4/13/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	49.00		714.42	I	
				CUSTOMER	180.00	0.00	2,624.40		
				CATEGORY	180.00	0.00	2,624.40		

			YSIDE CITYWIDE				PAGE 1 -	23
SALES JRN	ь # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUI	
			5	SALES REGISTER			BILL WEEK ENDING	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
191250	4/13/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		24
SALES UKI	IL # UZ//	LOC 001		SALES REGISTER			BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191251 191252	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	BELLOROFONTE, M BERENBLIT, SARA	139.00 6.00		2,026.62 87.48	I I	
				CUSTOMER	145.00	0.00	2,114.10		
				CATEGORY	 145.00	0.00	2,114.10		

RUN DATE 04/18/1 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 25 LTC NURSING HOMEW/O WALL BILL WEEK ENDING 4/20/	•
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
191253 4/13/1 191254 4/13/1		VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	25.00 18.00		364.50 I 262.44 I	
			CUSTOMER	43.00	0.00	626.94	
			CATEGORY	43.00	0.00	626.94	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	. –	26
SALES JRN	rL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191255	4/13/12	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	40.00		583.20	I	
191256	4/13/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	16.00		233.28	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191257	4/13/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	28
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
ı				5	SALES REGISTER			BILL WEEK ENDIN	NG 4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	191258	4/13/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.50		298.89	I.
					CATEGORY	20.50	0.00	298.89	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191259	4/13/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	20.00		291.60 I	
191260	4/13/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	48.00		699.84 I	
				CUSTOMER	68.00	0.00	991.44	
				CAMPRODY.		0.00	001 44	
				CATEGORY	68.00	0.00	991.44	

			YSIDE CITYWIDE				PAGE 1 -	30
SALES JRN	ъ # 0277	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
101261	4/12/12	000000	VICIBING NUDGE CEDVICE	DONITI A TYPE	21 00		206 10 T	
191261	4/13/12	000008	VISITING NURSE SERVICE	BONILLA, LYDIA	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	1
ı	SALES JRN	L # 0277	LOC 001		REG NY NY			LTC NURSING HOMEW/	,
				·	SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191262	4/13/12	000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
					CATEGORY	25.00	0.00	364.50	

ı	RUN DATE (04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	32	
ı	SALES JRNI	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				5	SALES REGISTER			BILL WEEK ENDING	4/20/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı	101060	4 / 1 2 / 1 2				10.00		154.06		
ı	191263	4/13/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I		
ı										
ı					CATEGORY	12.00	0.00	174.96		

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRN	ь # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	
				SALES REGISTER			BILL WEEK ENDING	4/20/12
T1770 T GT	53.00	GTTGT 170	GUGEOVED VIVE		******		31/OTDIE	arm br rra
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191264	4/13/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	30.00		437.40 I	
191204	4/13/12	000006	VISITING NURSE SERVICE	BOTADOTAN, ZARO	30.00		437.40 1	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	34	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO		•
			2	SALES REGISTER			BILL WEEK ENDI	NG 4/20/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TOUND T	YP SURPLUS	S
191265	4/06/12	000008	VISITING NURSE SERVICE	BOYLAN, FRANK	9.00		131.22	I	
191266	4/13/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	63.00		918.54	I	
				CUSTOMER	72.00	0.00	1,049.76		_
							•		
				CATEGORY	72.00	0.00	1,049.76		_

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 35	
SALES JRN	IL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROG	RAM
			2	SALES REGISTER			BILL WEEK ENDING 4/20/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JUS
191267	4/13/12	800000	VISITING NURSE SERVICE	BROWN, BETTY	11.50		167.68 I	
				CATEGORY	11.50	0.00	 167.68	

			YSIDE CITYWIDE				PAGE 1 -	36
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191268	4/13/12	000008	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22 I	
191269	4/13/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48 I	
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	37
SALES JRN	IL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				ME W/O WALLS LT
			:	SALES REGISTER			BILL WEEK ENDI	NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191270	4/13/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	70.00		1,020.60	I
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE				PAGE 1 - 38	3
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	4/20/12
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191271	4/13/12	000008	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
191272	4/13/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	50.00		729.00 I	
				CUSTOMER	60.00	0.00	874.80	
				CATEGORY	60.00	0.00	874.80	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	39 G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191273	4/13/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			SIDE CITYWIDE				111011	- 4	:0
SALES JRNL	# U2// LC	OC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			VCP CHOICE LH BILL WEEK END		4/20/12
INVOICE#	DATE CU	UST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
			VISITING NURSE SERVICE VISITING NURSE SERVICE	CALDERON, FRANC CALDERON, VIRGI	44.00 42.00		641.52 612.36	I I	
				CUSTOMER	86.00	0.00	1,253.88		
				CATEGORY	86.00	0.00	1,253.88		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 4	1
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191276	4/13/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
SALES JRN	L # 0277	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191277	4/13/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	43
SALES JRN	r∟ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB O	
			\$	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191278	4/13/12	800000	VISITING NURSE SERVICE	CANDIDO, ELENA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	4/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	191279	4/13/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I	
ı									
ı						40.00			
ı					CATEGORY	42.00	0.00	612.36	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45
SALES JRN	rL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191280	4/13/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	77.25		1,126.31 I	
				CATEGORY	77.25	0.00	1,126.31	

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 - ADU ADULT	46
SALES JRN	ш # UZ//	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191281	4/13/12	800000	VISITING NURSE SERVICE	CARDONA, MARIA	54.50		794.61 I	
				CATEGORY	54.50	0.00	794.61	

RUN DATE 04/18/12 SALES JRNL # 0277		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	₹		PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	CSA
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
191282 3/23/12 191283 4/13/12 191284 4/13/12 191285 4/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CARDOSO, ORLAND CARDOSO, ORLAND CARDOZA, ANAIDA CARELA-REYES, M	3.00 53.75 27.00 25.00		43.74 783.68 393.66 364.50	I I I
			CUSTOMER	108.75	0.00	1,585.58	
			CATEGORY	108.75	0.00	1,585.58	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 HOA HOSPICE A		18
			S	SALES REGISTER			BILL WEEK ENI	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191286	4/06/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	12.00		174.96	I	
191287	4/13/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	6.00 		87.48		
				CUSTOMER	18.00	0.00	262.44		
				CATEGORY	18.00	0.00	262.44		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191288	4/13/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE 04	/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	50
SALES JRNL	# 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S .	ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191289 4	/13/12	800000	VISITING NURSE SERVICE	CARUSO, GIUSEPP	12.00		174.96 I	
191290 4	/13/12	800000	VISITING NURSE SERVICE	CARUSO, MARIANN	6.00		87.48 I	
191291 4	/13/12	800000	VISITING NURSE SERVICE	CASTANO, MARIA	1.00		14.58 I	
191292 4	/13/12	800000	VISITING NURSE SERVICE	CATALANO, FRANC	9.00		131.22 I	
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, -,
191293	4/13/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	52 NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
191294	4/13/12	800000	VISITING NURSE SERVICE	CELIO, MARION	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53
SALES JRN	ı∟ # 0277	LOC 001		REG NY NY			VCP CHOICE LHCS	
			i	SALES REGISTER			BILL WEEK ENDIN	IG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191295	4/13/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	18.00		262.44 I	-
				CATEGORY	18.00	0.00	262.44	

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	54	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT	
			5	SALES REGISTER			BILL WEEK ENDIN	G 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
191296	4/13/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	14.00		204.13 I		
				CATEGORY	14.00	0.00	204.13		

			YSIDE CITYWIDE				PAGE 1 -	55
SALES JRN	ъ # 0277	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
191297	4/13/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_ !	56
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING	HOME V	W/O WALLS LT
			5	SALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191298	4/06/12	000008	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60	I	
191299	4/13/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	15.00		218.70	I	
				CUSTOMER	35.00	0.00	510.30		
				COSTONER	33.00	0.00	510.30		
				CATEGORY	35.00	0.00	510.30		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN	HOMEW/	57 /O WALLS (LT 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191300 191301	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	35.00 20.50		510.30 298.89	I	
				CUSTOMER	55.50	0.00	809.19		
				CATEGORY	55.50	0.00	809.19		

RUN DATE	04/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	58
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			S	SALES REGISTER			BILL WEEK END	ING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191302	4/13/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	7.00		102.06	I	
191303	4/13/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I	
191304	4/13/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	23.75		346.28	I	
				CUSTOMER	70.75	0.00	1,031.54		
				CATEGORY	70.75	0.00	1,031.54		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 59	
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			S A	ALES REGISTER			BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191305	4/13/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	54.75		798.26 I	
				CATEGORY	54.75	0.00	798.26	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	60 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191306	4/13/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61
SALES JRN	IL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191307	4/13/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 - 6	=
SALES JRN	L # 0277	LOC 001		REG NY NY			CCL CONGREGATE CAR	
			2	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191308	4/13/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	63
SALES JRN	r∟ # 0277	LOC 001		REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191309	4/13/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	A
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
191310	4/13/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTEF	3		PAGE 1 LTC NURSING BILL WEEK EN	HOMEW/	55 O WALLS (LT 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191312	3/30/12 4/06/12 4/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	COSTA, ARSENE COSTA, ARSENE COSTA, ARSENE	6.00 12.00 34.00		87.48 174.96 495.72	I I I	
				CUSTOMER	52.00	0.00	758.16		
				CATEGORY	52.00	0.00	758.16		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6	56
SALES JRN	IL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK END	ING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191314	4/13/12	000008	VISITING NURSE SERVICE	COVALIU, SAVETA	30.00		437.40	I	
191315	4/13/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	20.50		298.90	I	
				CUSTOMER	50.50	0.00	736.30		
				CATEGORY	50.50	0.00	736.30		

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/O WALLS LT
ı				Ş	SALES REGISTER			BILL WEEK ENDI	NG 4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	191316	4/13/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	38.75		564.98	I
ı					CATEGORY	38.75	0.00	564.98	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	68
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			Ş	SALES REGISTER			BILL WEEK ENDING	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191317	4/13/12	800000	VISITING NURSE SERVICE	CRUZ, JUANA	19.75		287.96 I	
1				CATEGORY	19.75	0.00	287.96	

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 0 LTC NURSING HOMEW, BILL WEEK ENDING	59 /O WALLS (LT 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191318 191319 191320	4/06/12 4/13/12 4/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DAMICO, ANGELA	5.00 5.00 56.00		72.90 I 72.90 I 816.48 I	
				CUSTOMER	66.00	0.00	962.28	
				CATEGORY	66.00	0.00	962.28	

RUN DATE	04/18/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	70	
SALES JE	NL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
				SALES REGISTER			BILL WEEK ENDING	4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
191321	4/13/12	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	42.00		612.36 I		
				CATEGORY	42.00	0.00	612.36		

			YSIDE CITYWIDE					71	
SALES JRN	L # 0277	LOC 001		REG NY NY			ADU ADULT		
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
191322	4/13/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	15.00		218.70 I		
				CATEGORY	15.00	0.00	218.70		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	72
SALES JRN	ъ # 0277	LOC 001		REG NY NY				MEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDI	NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191323	4/13/12	000008	VISITING NURSE SERVICE	DEL CARPIO, FEL	40.00		583.20	I
191324	4/13/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04	I
191325	4/13/12	800000	VISITING NURSE SERVICE	DELAROSA, CORAL	30.00		437.40	I
				CUSTOMER	108.00	0.00	1,574.64	
				CATEGORY	108.00	0.00	1,574.64	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 73	3
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LF	ICSA	
			5	SALES REGISTER			BILL WEEK ENI	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191326	4/13/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	30.00		437.40	I	
191327	4/13/12	800000	VISITING NURSE SERVICE	DELPOZO, MIGUEL	24.00		349.92	I	
				CUSTOMER	54.00	0.00	787.32		
				CATEGORY	54.00	0.00	787.32		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	74 IG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191328	4/13/12	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	28.00		408.24	-
				CATEGORY	28.00	0.00	408.24	

			YSIDE CITYWIDE				PAGE 1 - 75	
SALES JRN	L # 0277	LOC 001		REG NY NY			LTC NURSING HOMEW/O WALLS	•
			2	SALES REGISTER			BILL WEEK ENDING 4/20/1	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
191329	4/13/12	800000	VISITING NURSE SERVICE	DELVALLE, JESUS	35.00		510.30 I	
								_
				CATEGORY	35.00	0.00	510.30	

RUN DATE (04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	-	76
SALES JRNI	L # 0277	LOC 001		REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191330	4/13/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	3.00		43.74	I	
191331	4/06/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	8.75		127.58	I	
191332	4/13/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	44.75		652.46	I	
191333	4/13/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	34.25		499.37	I	
				CUSTOMER	90.75	0.00	1,323.15		
				CATEGORY	90.75	0.00	1,323.15		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	77
SALES JRN	L # 0277	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191334	4/13/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		78
SALES UKN	L # 02//	TOC 001		ALES REGISTED	3		BILL WEEK ENI		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191335	4/13/12	000008	VISITING NURSE SERVICE	DIAZ, OLGA	43.00		626.94	т	
191336	4/13/12	000008	VISITING NURSE SERVICE	DIAZ, ROSA	36.00		524.88	Ī	
191337	4/13/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	72.00		1,049.76	I	
191338	4/06/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	5.25		76.55	I	
191339	4/13/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	41.75		608.72	I	
191340	4/13/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
				CUSTOMER	218.00	0.00	3,178.45		
				CATEGORY	218.00	0.00	3,178.45		

RUN DATE 0	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	9
SALES JRNL	# 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		•
				SALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191341	4/13/12	000008	VISITING NURSE SERVICE	DOMINICK, GINA	40.00		583.20	I	
191342	4/13/12	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	33.00		481.14	I	
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	80
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191343	4/13/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			NYSIDE CITYWIDE				PAGE 1 -	81
SALES JR	NL # 0277	LOC 001		REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191344	4/13/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	39.00		568.62 I	
				CATEGORY	39.00	0.00	 568.62	
1				CALEGORI	39.00	0.00	500.02	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		82
			\$	SALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191345	4/13/12	000008	VISITING NURSE SERVICE	ELGAWLY, NADIA	4.00		58.32	I	
191346	4/06/12	000008	VISITING NURSE SERVICE	EMILIAN, SIRPOO	3.00		43.74	I	
191347	4/13/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32	I	
				CUSTOMER	11.00	0.00	160.38		
				CATEGORY	11.00	0.00	160.38		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 83	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	4
			S	SALES REGISTER			BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191348	4/13/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE	DDG 1997				84
SALES JRN	L # 02//	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/20/12
							2122 (1221 2112110	1, 20, 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191349	4/13/12	000008	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40 I	
191350	4/13/12	000008	VISITING NURSE SERVICE	ESPINAL, JOSE	9.00		131.22 I	
191351	4/13/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	21.00		306.18 I	
				CUSTOMER	60.00	0.00	874.80	
				CATEGORY	60.00	0.00	874.80	

	04/18/12 - L # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	85
INVOICE#	DATE	CUST NO	CUSTOMER NAME	S A L E S R E G I S T E R REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	
191352	4/13/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	61.00		889.38 I	
				CATEGORY	61.00	0.00	889.38	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191353	4/13/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	13.75		200.48 I	
				CATEGORY	13.75	0.00	200.48	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT		
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
INVOICE#	DAIL	COSI NO	COSTOMER NAME	REFERENCE	CAUUN	IAA AMI	AMOUNT TIP	SURPLUS	
191354	4/13/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	15.00		218.70 I		
				CATEGORY	15.00	0.00	218.70		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	rL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	HEALTH
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191355	4/13/12	800000	VISITING NURSE SERVICE	FARO, VIRGINIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN D	ATE 04/18/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	89	
SALES	JRNL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A	
				SALES REGISTER			BILL WEEK ENDIN	G 4/20/12	
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
19135	6 4/13/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	55.50		809.19 I		
				CATEGORY	55.50	0.00	809.19		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	90
SALES JRN	rL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191357	4/13/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -		
SALES	JRNL # 0277	LOC UUI		REG NY NY SALES REGISTE:	R		VCP CHOICE LHCS BILL WEEK ENDIN		
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
191358	4/13/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70 I		
				CATEGORY	15.00	0.00	218.70		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 92	
SALES JRN	և # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	
			S	SALES REGISTER			BILL WEEK ENDING 4/	20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
191359	4/13/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	11.75		171.32 I	
				CATEGORY	11.75	0.00	171.32	

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191360	4/13/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191361	4/13/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1	-	5
SALES JRN	ь # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		4 (00 (10
			i	SALES REGISTER			BILL WEEK END	ING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191362	4/13/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	34.00		495.72	I	
191363	4/13/12	800000	VISITING NURSE SERVICE	FONG, ALEFINA	4.00		58.32	I	
				CUSTOMER	38.00	0.00	554.04		
				CATEGORY	38.00	0.00	554.04		

RUN DATE (04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 90	6
SALES JRNI	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	
			\$	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191364	4/13/12	800000	VISITING NURSE SERVICE	FONSECA, EUGENI	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES JRN	IL # 0277	LOC 001		REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191365	4/13/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 98	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			5	BALES REGISTER			BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191366	4/13/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	99
SALES JRN	r∟ # 0277	LOC 001		REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191367	4/13/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	32.75		477.50 I	
				CATEGORY	32.75	0.00	477.50	

RUN DATE 04/	18/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	0
SALES JRNL #	0277 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	,
		\$	SALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191368 4/	13/12 000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	38.00		554.04	I	
191369 4/	13/12 000008	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		510.30	I	
			CUSTOMER	73.00	0.00	1,064.34		
			CATEGORY	73.00	0.00	1,064.34		

RUN DATE 04/18/12 SALES JRNL # 0277		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191370 4/13/12 191371 4/13/12 191372 4/13/12 191373 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GALARZA, JOSE GALLARDO, ZOILA	30.00 41.00 42.00 9.00		437.40 I 597.78 I 612.36 I 131.22 I	
			CUSTOMER	122.00	0.00	1,778.76	
			CATEGORY	122.00	0.00	1,778.76	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	12
SALES JRN	ъ # 0277	LOC 001		REG NY NY			LTC NURSING		,
			S	SALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191374	4/13/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	40.00		583.20	I	
191375	4/13/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	16.00		233.28	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 - 103	
SALES JRN	L # U2//	LOC UUI	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191376	4/13/12	800000	VISITING NURSE SERVICE	GARCIA, CONCEPC	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	104
LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
	S	A L E S R E G I S T E R			BILL WEEK ENDI	NG 4/20/12
CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	48.00		699.84	I
		CATEGORY	48.00	0.00	699.84	
	LOC 001 CUST NO	CUST NO CUSTOMER NAME	LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R CUST NO CUSTOMER NAME REFERENCE 000008 VISITING NURSE SERVICE GARCIA, JOSEFIN	LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R CUST NO CUSTOMER NAME REFERENCE HOURS	LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 000008 VISITING NURSE SERVICE GARCIA, JOSEFIN 48.00	LOC 001 SUNNYSIDE CITYWIDE REG NY NY VCP CHOICE LHC BILL WEEK ENDI CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT T 000008 VISITING NURSE SERVICE GARCIA, JOSEFIN 48.00 699.84

RUN DATE 04/18/12 SALES JRNL # 0277		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 105 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
191378 4/13/12 191379 4/13/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · -	30.00 32.00		437.40 I 466.56 I
			CUSTOMER	62.00	0.00	903.96
			CATEGORY	62.00	0.00	903.96

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	106
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDING	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191380	4/13/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	07	
ı	SALES JRN	L # 0277	LOC 001		REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	4/20/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	191381	4/13/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	47.75		696.20 I		
ı					CATEGORY	47.75	0.00	696.20		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 108	3
SALES JRN	rL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191382	4/13/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	55.50		809.20 I	
				CATEGORY	55.50	0.00	 809.20	

RUN DATE (04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 109	
SALES JRNI	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 4/20,	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
191383	4/13/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	0
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	ING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
191384	4/13/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	34.00		495.72	I	
191385	4/13/12	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	33.00		481.14	I	
							076.06		
				CUSTOMER	67.00	0.00	976.86		
				CATEGORY	67.00	0.00	976.86		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	11
SALES JRN	IL # 0277	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191386	4/13/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 11 ADU ADULT	12
			\$	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191387	4/13/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				GA WILGODY.			121 22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 113	
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING 4	1/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
191388	4/13/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE 04		NNYSIDE CITYWIDE 1 SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	114
SALES URNL	# 0277 LOC 003		REGNY NY SALES REGISTER			LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	/13/12 000008 /13/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GONZALEZ, ELSA GOVERDOVSKIY, N	30.00		437.40 I 131.22 I	<u>[</u>
191390 4	/13/12 000000	VISITING NORSE SERVICE	GOVERDOVSKII, N			131.22	
			CUSTOMER	39.00	0.00	568.62	
			CATEGORY	39.00	0.00	568.62	

RUN DATE 04	1/18/12 - SUP SUN	NYSIDE CITYWIDE				PAGE 1 - 11	5
SALES JRNL	# 0277 LOC 001		REG NY NY			VCP CHOICE LHCSA	
		S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191391 4	1/13/12 000008	VISITING NURSE SERVICE	GOYES, ELBA	24.00		349.92 I	
191392 4	1/13/12 000008	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20 I	
			CUSTOMER	64.00	0.00	933.12	
			CATEGORY	64.00	0.00	933.12	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LAA LOMBARDI AII BILL WEEK ENDING	DS ADULT POPUL
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191393	4/13/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	48.50		707.13 I	
				CATEGORY	48.50	0.00	707.13	

	04/18/12 · NL # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 117 ADU ADULT	7
DILLES OF	112 0277	100 001		SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191394	4/13/12	000008	VISITING NURSE SERVICE	GUERRA, ANSELMA	16.00		233.28 I	
					16.00			
				CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
191395	4/13/12	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	19
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191396	4/13/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 12 ADU ADULT BILL WEEK ENDING	0 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191397	4/13/12	800000	VISITING NURSE SERVICE	HENAO, VICTORIA	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSZ BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191398 191399	4/06/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 25.00		58.32 I 364.50 I	
				CUSTOMER	29.00	0.00	422.82	
				CATEGORY	29.00	0.00	422.82	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	122
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDI	NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
191400	4/13/12	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	55.00		801.90	I
191401	4/13/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MARI	35.25		513.95	I
				CUSTOMER	90.25	0.00	1,315.85	
				CATEGORY	90.25	0.00	1,315.85	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 123	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
191402	4/13/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 04/18/12 SALES JRNL # 0277	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 124 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
191403 4/13/12 191404 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	31.25 30.00		455.63 I 437.40 I
			CUSTOMER	61.25	0.00	893.03
			CATEGORY	61.25	0.00	893.03

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 125 ADU ADULT BILL WEEK ENDING	1/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
191405	4/13/12	800000	VISITING NURSE SERVICE	HOWARD, FRANCIS	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 126 LTC NURSING HOMEW/O BILL WEEK ENDING	WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191406	4/13/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 127	
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				5	SALES REGISTER			BILL WEEK ENDING 4/20/12	2
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	3
ı									
ı	191407	4/13/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
ı									
ı					CATEGORY	20.00	0.00	291.60	-

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 128	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS ADULT POPUL	
			S	ALES REGISTER			BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191408	4/13/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10 I	
				CATEGORY	45.00	0.00	656.10	

			YSIDE CITYWIDE				PAGE 1 - 129	9
SALES JRN	L # U2//	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191409	4/13/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	40.00		583.21 I	
				CATEGORY	40.00	0.00	583.21	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 130 VCP CHOICE LHCSA BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	4/13/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		30.00 4.00		437.40 I 58.32 I	
				CUSTOMER	34.00	0.00	495.72	
				CATEGORY	34.00	0.00	495.72	

RUN	DATE 04/18	3/12 - SUP S	SUNNYSIDE CIT	YWIDE					PAGE	1	- 13	1	
SALE	S JRNL # C	277 LOC (001 SUNNYSI	DE CITYWIDE	REG NY	NY			LTC NU	RSING	HOMEW/	O WALLS (LT	
					SALES	REGISTER	R		BILL W	EEK EN	DING	4/20/12	
INVO	ICE# DAT	CE CUST	NO CUSTOMER	NAME	I	REFERENCE	HOURS	TAX AMT	A	TUUOM	TYP	SURPLUS	
1914	12 4/13	3/12 00000	08 VISITING	NURSE SERVICE	Jž	AKLITSCH, ELIZ	43.25		6	30.59	I		
						CATEGORY	43.25	0.00	6	30.59			

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	132
Brilling Grav	1 0277	100 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191413 191414	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	JARA DEURUCHIM, JARAMILLO PAL,	10.00 4.00		145.80 58.32	I I
				CUSTOMER	14.00	0.00	204.12	
				CATEGORY	14.00	0.00	204.12	

	04/18/12 - NL # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 133 ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191415	4/13/12	000008	VISITING NURSE SERVICE	JASZKOWSKI, GEN	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 13 HCSA	34
	- "			SALES REGISTER			BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191416	4/06/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	6.25		91.13	I	
191417	4/13/12	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	76.25		1,111.73	I	
191418	4/13/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I	
				CUSTOMER	106.50	0.00	1,552.78		
				CATEGORY	106.50	0.00	1,552.78		

	04/18/12 - NL # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
	,,			SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191419	4/13/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

	04/18/12 - JL # 0277			REGNY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEV BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191420	4/13/12	000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN			YSIDE CITYWIDE	DEC MY MY			-	- 137
SALES URN	L # UZ//	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			VCP CHOICE LHO BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
191421 191422	4/06/12 4/13/12	000008 000008	VISITING NURSE SERVICE	JIMENEZ, BETTY JIMENEZ, BETTY	10.00 23.50		145.80 342.63	I
191422	4/13/12	000008	VISITING NORSE SERVICE	UIMENEZ, BEIII				
				CUSTOMER	33.50	0.00	488.43	
				CATEGORY	33.50	0.00	488.43	

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 138	
ı	SALES JRN	և # 0277	LOC 001		REG NY NY			ADU ADULT	
ı				2	SALES REGISTER			BILL WEEK ENDING 4/20/13	2
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
	191423	4/13/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	_

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	,9
ı	SALES JRN	ь # 0277	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				i	SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191424	4/13/12	800000	VISITING NURSE SERVICE	JOHNSON, FANNY	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	10
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191425 191426	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	JORRIN, HORTENS JORRIN, NILIO	24.50 31.75		357.22 462.92	I	
				CUSTOMER	56.25	0.00	820.14		
				CATEGORY	56.25	0.00	820.14		

				REG NY NY LES REGISTER			PAGE 1 - 143 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191427	4/13/12	800000	VISITING NURSE SERVICE	KAKOULLIS, FAY	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191428 191429 191430	4/13/12 4/13/12 4/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KAUR, SARD KAUR, SHARAN KEARNEY, LORRAI	12.00 51.75 16.00		174.96 754.52 233.28	I I I	
				CUSTOMER	79.75	0.00	1,162.76		
				CATEGORY	79.75	0.00	1,162.76		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE AD	- 143 NIII.T
DALLO OIU	ц _н од//	HOC 001		SALES REGIS	STER		BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
191431	4/13/12	800000	VISITING NURSE SERVICE	KHAN, MARGAF	12.00		174.96	I
1				CATEGO	RY 12.00	0.00	174.96	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 14 ADU ADULT BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191432	4/13/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	145
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191433	4/13/12	800000	VISITING NURSE SERVICE	KILIMLIAN, PEPR	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE (04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 146	
SALES JRNI	և # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 4/20/1	.2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
191434	4/13/12	000008	VISITING NURSE SERVICE	KONSTANTINAKOS,	60.00		874.80 I	
191434	4/13/12	000006	VISITING NURSE SERVICE	KONSTANTINAKOS,	60.00		0/4.00 1	
				CATEGORY	60.00	0.00	874.80	
I				0111200111	00	0.00	* : - : * *	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	147
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191435	4/13/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

			SIDE CITYWIDE	DEC MY MY			-	48
SALES JRNL	# U2// LC	OC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/20/12
INVOICE#	DATE CU	UST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
			VISITING NURSE SERVICE VISITING NURSE SERVICE	,	1.00 15.00		14.58 I 218.70 I	
				CUSTOMER	16.00	0.00	233.28	
				CATEGORY	16.00	0.00	233.28	

			NYSIDE CITYWIDE				PAGE 1 -	149
SALES J	RNL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	G 4/20/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191438	4/13/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 LTC NURSING E BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191439 191440	4/13/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	20.00		291.60 291.60	I I	
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191441	4/13/12	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	53.25		776.39 I	
				CATEGORY	53.25	0.00	776.39	

RUN DATE 04/18/12 SALES JRNL # 027		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 152 ADU ADULT BILL WEEK ENDING	4/20/12
T3770 T GT D3 FT	G11GE 310						, -,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191442 4/13/12 191443 4/13/12		VISITING NURSE SERVICE	·	39.00		568.62 I	
191443 4/13/12	2 000008	VISITING NURSE SERVICE	LINARES, MYRIAM	16.00		233.28 I	
			CUSTOMER	55.00	0.00	801.90	
			CATEGORY	55.00	0.00	801.90	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	153
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
				SALES REGISTER			BILL WEEK ENDI	NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191444	4/13/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	41.00		597.78	I
191445	4/13/12	000008	VISITING NURSE SERVICE	LIRIANO, FRANCI	10.00		145.80	I
				CUSTOMER	51.00	0.00	743.58	
				CATEGORY	51.00	0.00	743.58	

			YSIDE CITYWIDE				-	154
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	4 / 2 0 / 1 2
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191446	4/13/12	000008	VISITING NURSE SERVICE	LITSAS, MARTHA	10.00		145.80 I	
191447	4/13/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	4.00		58.32 I	
				CUSTOMER	14.00	0.00	204.12	
				CATEGORY	14.00	0.00	204.12	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	55
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			9	SALES REGISTER			BILL WEEK ENI	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191448	4/06/12	000008	VISITING NURSE SERVICE	LOCORRIERE, JOS	8.00		116.64	I	
191449	4/13/12	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	40.00		583.20	I	
191450	4/13/12	800000	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		612.36	I	
				CHGEOMED		0.00	1 212 20		
				CUSTOMER	90.00	0.00	1,312.20		
				CATEGORY	90.00	0.00	1,312.20		

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	156	
SALES JRN	և # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	7	
			\$	SALES REGISTER			BILL WEEK ENDING	4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
191451	4/13/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I		
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE 04	/18/12 - SUP	P SUNNYS	SIDE CITYWIDE					PAGE 1	- 15	7
SALES JRNL	# 0277 LOC	C 001	SUNNYSIDE CITYWIDE	REG N				LTC NURSING		,
				SALES	REGISTE	E R		BILL WEEK EN	DING	4/20/12
INVOICE#	DATE CUS	ST NO C	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191452 4	/06/12 000	<i>y</i> 8000	VISITING NURSE SERVI	CE	LONDONO, MARIA	5.50		80.19	I	
191453 4	/13/12 000	<i>J</i> 8000	VISITING NURSE SERVI	CE	LONDONO, MARIA	30.00		437.40	I	
					CUSTOMER	35.50	0.00	517.59		
					CUSTOMER	33.30	0.00	517.59		
					-					
					CATEGORY	35.50	0.00	517.59		

RUN DATE (04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 158
SALES JRNI	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			i	SALES REGISTER			BILL WEEK END	ING 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TAUOMA	TYP SURPLUS
191454	4/13/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	35.00		510.30	I
191455	4/13/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	10.00		145.80	I
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

			YSIDE CITYWIDE				PAGE 1 - 159	
SALES JRN	L # 0277	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191456	4/13/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 16 VCP CHOICE LHCSA	60
SALES OIGN	L # 0277	100 001		SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191457	4/13/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - 161 ADU ADULT BILL WEEK ENDING 4	2/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
191458	4/13/12	800000	VISITING NURSE SERVICE	LOZADA, LAURA	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	162
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	CARE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDI	ING 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191459	4/13/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	15.75		229.64	I
191460	4/13/12	800000	VISITING NURSE SERVICE	LYMN, ANGIE	24.00		349.92	I
				CUSTOMER	39.75	0.00	 579.56	
				CATEGORY	39 75	0.00	579 56	
				CUSTOMER CATEGORY	39.75 39.75	0.00	579.56 579.56	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	163 G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191461	4/13/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	164
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 4/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	191462	4/13/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	83.50		1,217.43 I	
ı									
ı									
ı					CATEGORY	83.50	0.00	1,217.43	

	E 04/18/12 RNL # 0277			REGNY NY SALES REGISTER			PAGE 1 - 16 ADU ADULT BILL WEEK ENDING	5 4/20/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191463	4/13/12	000008	VISITING NURSE SERVICE	MALTA, CAROLINA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 16	56
Bridde Grav	1 1 02//	100 001		SALES REGISTER			BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191464 191465	4/13/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MANGAN, JOHN MANNINO, FRANCE	20.00 76.25		291.60 1,111.73	I	
	, -,			CUSTOMER	96.25	0.00	1,403.33		
				CATEGORY	96.25	0.00	1,403.33		

RUN DATE (SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 167 LTC NURSING HOMEW/O WALLS (LT
SALES UKNI	L # 0277	TOC 001		SALES REGISTER			BILL WEEK ENDING 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
191466 191467	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		39.00 23.50		568.62 I 342.63 I
				CUSTOMER	62.50	0.00	911.25
				CATEGORY	62.50	0.00	911.25

RUN DATE (04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 168	
SALES JRNI	և # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	ROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING 4/	20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
191468	4/13/12	800000	VISITING NURSE SERVICE	MARINO, ANN	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	04/18/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	169
SALES JRN	IL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191469	4/13/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - 17 LTC NURSING HOMEW/ BILL WEEK ENDING	O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191470	4/13/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 17 HCSA	71
			\$	SALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191471	4/13/12	000008	VISITING NURSE SERVICE	MARTE, JOSE	3.75		54.68	I	
191472	4/13/12	800000	VISITING NURSE SERVICE	MARTIN, ELAUCAD	12.00		174.96	I	
191473	4/13/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70	I	
				CUSTOMER	30.75	0.00	448.34		
				CATEGORY	30.75	0.00	448.34		

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 172	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	ROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING 4/2	20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
191474	4/13/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	69.75		1,016.96 I	
							1 016 06	
				CATEGORY	69.75	0.00	1,016.96	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	SA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191475 191476 191477	4/13/12 4/13/12 4/13/12	800000 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARTA	24.00 29.75 84.00		349.92 433.76 1,224.72	
				CUSTOMER	137.75	0.00	2,008.40	
				CATEGORY	137.75	0.00	2,008.40	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	174
SALES JR	NL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
								2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
191478	4/13/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

			JYSIDE CITYWIDE				PAGE 1	- 17	75
SALES JRN	L # 02//	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		4 (00 (10
			S	ALES REGISTER	_		BILL WEEK END	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191479	3/30/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	10.00		145.80	I	
191480	4/06/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	10.00		145.80	I	
191481	4/13/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	70.00		1,020.60	I	
191482	4/13/12	800000	VISITING NURSE SERVICE	MAZZONE, FRANCE	59.50		867.52	I	
191483	4/06/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	12.00		174.96	I	
191484	4/13/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	144.00		2,099.52	I	
				CUSTOMER	305.50	0.00	4,454.20		
				CATEGORY	305.50	0.00	4,454.20		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1' VCP CHOICE LHCSA BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191485	4/13/12	800000	VISITING NURSE SERVICE	E MCGUIRE, HELEN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 177	
SALES JRI	1L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	BALES REGISTER			BILL WEEK ENDING 4/2	0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
191486	4/13/12	800000	VISITING NURSE SERVICE	MCPARTLAND, PHI	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 178	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 4	/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
191487	4/13/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	20.50		298.89 I	
191488	4/13/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	24.00		349.92 I	
				CUSTOMER	44.50	0.00	648.81	
				COSTONER	44.50	0.00	040.01	
				CATEGORY	44.50	0.00	648.81	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 179	
SALES JRN	r∟ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
			5	SALES REGISTER			BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191489	4/13/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, ,,
191490	4/13/12	800000	VISITING NURSE SERVICE	MELILLO, GRACE	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 181	
ı	SALES JRN	ь # 0277	LOC 001		REG NY NY			LAA LOMBARDI AIDS ADULT POP	PUL
				:	SALES REGISTER			BILL WEEK ENDING 4/20/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	191491	4/13/12	000008	VISITING NURSE SERVICE	MENDEZ, NELLY	13.00		189.54 I	
					CATEGORY	13.00	0.00	189.54	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 182 ADU ADULT BILL WEEK ENDING 4	./20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
191492	4/13/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	51.00		743.58 I	
				CATEGORY	51.00	0.00	743.58	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 18	83
SALES JRN	IL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW,	O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191493	4/13/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 18 VCP CHOICE LHCSA BILL WEEK ENDING	4/20/12
INVOICE	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191494	4/13/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	7.75		113.00 I	
				CATEGORY	7.75	0.00	113.00	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	185
DIIII OIGI	_ 02//	200 001		ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191495	4/13/12	800000	VISITING NURSE SERVICE	MEYERS, BEATRIC	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 18	6
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191496	4/13/12	800000	VISITING NURSE SERVICE	MILEO, MARY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - 18 ADU ADULT BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191497	4/13/12	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 188	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191498	4/13/12	800000	VISITING NURSE SERVICE	MONTES, MARTA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	189	
DALLS UKW	L # 02//	100 001		SALES REGISTER			BILL WEEK ENDING	4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
191499	4/13/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	15.00		218.70 I		
				CATEGORY	15.00	0.00	218.70		

RUN DATE SALES JRN		SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 19 VCP CHOICE LHCSA BILL WEEK ENDING	90 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191500	4/13/12	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE			YSIDE CITYWIDE				PAGE 1 -	191
SALES JRN	ь # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	BALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191501	4/13/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

RUN DATE 04	4/18/12 - SUP SUN # 0277 LOC 001		REG NY NY			PAGE 1 - ADU ADULT	192
DALLS OWN	# 0277 LOC 001		SALES REGISTER			BILL WEEK ENDIN	IG 4/20/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	1/13/12 000008 1/13/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · ·	84.00 10.00		1,224.72 145.80	- - -
			CUSTOMER	94.00	0.00	1,370.52	
			CATEGORY	94.00	0.00	1,370.52	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	93
SALES JRN	ı∟ # 0277	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTE	R		BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191504	4/13/12	800000	VISITING NURSE SERVICE	NAGY, GEORGE	41.00		597.78 I	
				 CATEGORY	41.00	0.00	597.78	

RUN DATE	04/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	94
SALES JRI	NL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191505	4/13/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	95
SALES JRI	NL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191506	4/13/12	800000	VISITING NURSE SERVICE	NELLINI, MARY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			IYSIDE CITYWIDE	DEC NV NV			PAGE 1 - 19	96
SALES URI	NL # U2//	TOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191507	4/13/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L97
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı					SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	191508	4/13/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	49.50		721.71 I	
ı									
					CATEGORY	49.50	0.00	721.71	

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 19	8
SALES JRN	և # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	E CAR	E PROGRAM
			S	SALES	REGISTER			BILL WEEK ENI	ING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191509	4/13/12	800000	VISITING NURSE SERVICE	NI	ETO RAMOS, JO	47.75		696.20	Ι	
					CATEGORY	47.75	0.00	696.20		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	199
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191510	4/06/12	000008	VISITING NURSE SERVICE	NIEVES, NANCY	9.00		131.22 I	
191511 191512	4/13/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NINO, CARMEN	36.00 20.00		524.88 I 291.60 I	
191912	1/13/12	000000	VIBILING NORSE BERVICE	VINO, CARTIEN				
				CUSTOMER	65.00	0.00	947.70	
				CATEGORY	65.00	0.00	947.70	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	0
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191513 191514	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	NOBLIN, ELOISE NOBOADESALAZAR,	25.00 34.00		364.50 495.72	I I	
				CUSTOMER	59.00	0.00	860.22		
				CATEGORY	 59.00	0.00	860.22		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	201	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
191515	4/13/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	42.00		612.36 I		
				CATEGORY	42.00	0.00	612.36		

- 1				YSIDE CITYWIDE				PAGE 1 -	202
	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/20/12
								DILL WEEK ENDING	, -,
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191516	4/13/12	800000	VISITING NURSE SERVICE	OCALLAHAN, KAHL	3.00		43.74 I	
					CATEGORY	3.00	0.00	43.74	

			NYSIDE CITYWIDE	DEC MY MY			PAGE 1 -	
SALES	S URNL # UZ//	LOC 001		REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
19151	7 4/13/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 204	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER	-		BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191518	4/13/12	000008	VISITING NURSE SERVICE	OFF, LUCILLE	9.00		131.22 I	
191519	4/13/12	800000	VISITING NURSE SERVICE	ONATE, MIGUEL	8.00		116.64 I	
				CUSTOMER	17.00	0.00	247.86	
				 CATEGORY	17.00	0.00	247.86	

			YSIDE CITYWIDE					205
SALES JRN	L # 0277	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS	
								- , -,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191520	4/13/12	000008	VISITING NURSE SERVICE	OSPINA, ANA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	206
	_ "			SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191521	4/13/12	000008	VISITING NURSE SERVICE	OTINIANO, ALBER	9.00		131.22 I	
191522 191523	4/13/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PALACIOS, MARGA PALACIOS, MARGA	3.00 1.00		43.74 I 14.58 I	
191323	1/13/12	000000	VIBILING NORSE BERVICE	TADACIOD, PIAROA				
				CUSTOMER	13.00	0.00	189.54	
				CATEGORY	13.00	0.00	189.54	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	207
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191524	4/13/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	27.25		397.31 I	
191525	4/13/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	20.00		291.60 I	
				CUSTOMER	47.25	0.00	688.91	
				CATEGORY	47.25	0.00	688.91	

	E 04/18/12 RNL # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - AUR ADULT REHAB BILL WEEK ENDING	-
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191526	4/13/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 20	9
Brilling Grav	1 1 02//	100 001		A L E S R E G I S T E R			BILL WEEK END		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191527 191528	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPOUTSIS, MARY PAPP, TEREZIA	7.00 3.00		102.06 43.74	I	
				CUSTOMER	10.00	0.00	145.80		
				CATEGORY	10.00	0.00	145.80		

RUN DAT	E 04/18/12 -	- SUP SUNN	NYSIDE CITYWIDE					PAGE 1	- 21	.0
SALES J	RNL # 0277	LOC 001	SUNNYSIDE CITYWIDE	-	NY			LTC NURSING		·
				SALES R	EGISTER			BILL WEEK EN	DING	4/20/12
INVOICE	C# DATE	CUST NO	CUSTOMER NAME	REFE	CRENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191529	4/13/12	800000	VISITING NURSE SERVICE	PARK,	SUNG	20.00		291.60	I	
					CATEGORY	20.00	0.00	291.60		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	211 SA
	_ "			GALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191530 191531	4/13/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PENA, VICTORIA PENAGOS, MARIA	41.50 20.00		605.07 291.60	I T
	1, 13, 12		VIDITING NONDE BENVIOE	CUSTOMER	61.50	0.00	896.67	
				CATEGORY	61.50	0.00	896.67	

			YSIDE CITYWIDE				PAGE 1 - 21	2
SALES JRN	L # 0277	LOC 001		REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191532	4/13/12	000008	VISITING NURSE SERVICE	PENARANDA, CARM	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 213	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	5		VCP CHOICE LHCSA	4/00/10
				SALES REGISTER	X		BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191533	4/06/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	7.00		102.06 I	
191534	4/13/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	42.00		612.36 I	
				CUSTOMER	49.00	0.00	714.42	
				CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 214 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191535	4/13/12	800000	VISITING NURSE SERVICE	PEREZ, DOMINGA	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

RUN DATE 04/ SALES JRNL #	18/12 - SUP SUNN 0277 LOC 001		REG NY NY			PAGE 1 - ADU ADULT	215
		S	ALES REGISTER			BILL WEEK ENDII	NG 4/20/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	13/12 000008 13/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ, GLADYS PEREZ, JOAQUIN	18.00 30.00		262.44 437.40	I I
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEV BILL WEEK ENDING	V/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191538	4/13/12	800000	VISITING NURSE SERVICE	PERSAUD, RITA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		.7
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191539 191540 191541	4/13/12 4/13/12 4/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PIZARRO, BARBAR	41.00 2.75 25.00		597.78 40.10 364.50	I I I	
				CUSTOMER	68.75	0.00	1,002.38		
				CATEGORY	68.75	0.00	1,002.38		

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 218 ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 4	1/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
191542	4/13/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	19
	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191543	4/13/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	36.00		524.88 I	
					CATEGORY	36.00	0.00	 524.88	

- 1				YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
ı					SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191544	4/13/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	32.00		466.56 I	
ı					CATEGORY	32.00	0.00	466.56	

RUN DATE 04/18/12 SALES JRNL # 0277		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	4/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191545 4/13/12 191546 4/13/12 191547 4/13/12 191548 4/13/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PUISELLO, CIRA PULLIZA, DIANNE PULLIZA, DIANNE QUINTERO, INES	24.00 18.00 11.00 18.00		349.92 I 262.44 I 160.38 I 262.44 I	
			CUSTOMER	71.00	0.00	1,035.18	
			CATEGORY	71.00	0.00	1,035.18	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	22
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191549	4/13/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	49.00		714.42 I	
				CATEGORY	49.00	0.00	 714.42	

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 223	
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES PEDIATRIC	
ı				:	SALES REGISTER			BILL WEEK ENDING 4/20/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	191550	4/13/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
						40.00			
ı					CATEGORY	40.00	0.00	583.20	

RUN DATE (04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 224	
SALES JRNI	և # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O	WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENI	OING 4	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191551	4/13/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94	I	
191552	4/13/12	000008	VISITING NURSE SERVICE	RAMLALL, LILOWT	26.00		379.08	I	
				CUSTOMER	69.00	0.00	1,006.02		
				CATEGORY	69.00	0.00	1 006 02		
1				CATEGORY	09.00	0.00	1,006.02		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - AUR ADULT REHA BILL WEEK ENDI	B ONLY
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191553 191554 191555	3/30/12 4/06/12 4/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMOS, JENNIFER RAMOS, JENNIFER RAMOS, JENNIFER	8.00 16.00 37.00		116.64 233.28 539.46	I I I
				CUSTOMER	61.00	0.00	889.38	
				CATEGORY	61.00	0.00	889.38	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2: VCP CHOICE LHCSA	26
Bribbs orde	12 02//	100 001		SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191556	4/13/12	800000	VISITING NURSE SERVICE	•	12.00		174.96 I	
191557	4/13/12	800000	VISITING NURSE SERVICE	RANDAZZO, ROSAL	20.00		291.60 I	
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	227
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTA	
				SALES REGISTER			BILL WEEK ENDIN	IG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191558	4/13/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 - 228	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING 4/20/1	LZ
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
191559	4/13/12	000008	VISITING NURSE SERVICE	REINA, JOSE	20.00		291.60 I	
191560	4/13/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	14.75		215.08 I	
				CUSTOMER	34.75	0.00	506.68	
				CATEGORY	34.75	0.00	506.68	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 229	9
SALES JRN	L # 0277	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191561	4/13/12	000008	VISITING NURSE SERVICE	RICHINS, MARY	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	230
ı	SALES JRN	ь # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	BALES REGISTER			BILL WEEK ENDING	4/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	191562	4/13/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	20.00		291.60 I	
ı									
ı									
ı					CATEGORY	20.00	0.00	291.60	

١	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	31
١	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	
١					SALES REGISTER			BILL WEEK ENDING	4/20/12
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١	INVOICE#	DAIL	COSI NO	CUSTOMER NAME	REFERENCE	HOURS	IAA AMI	AMOUNI IIP	SURPLUS
	191563	4/13/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
ı									
ı					CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 23 CSA	2
	_ "			GALES REGISTER			BILL WEEK END		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191564 191565	4/13/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	RIVERA, CARMEN RIVERA, ERNESTO	20.00		291.60 291.60	I	
191303	1/15/12	000000	VIBITING NORDE DERVICE						
				CUSTOMER	40.00	0.00	583.20		
				CATEGORY	40.00	0.00	583.20		

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 233	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING 4	1/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
191566	4/13/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 23 ADU ADULT BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191567	4/13/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 235 LTC NURSING HOMEW/O WALLS (L'	Г
				SALES REGISTER			BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191568 191569	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	34.75 8.00		506.66 I 116.64 I	
				CUSTOMER	42.75	0.00	623.30	
				CATEGORY	 42.75	0.00	623.30	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	236
SALES JRN	IL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			5	SALES REGISTER			BILL WEEK ENDIN	NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191570	4/13/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	49.00		714.42	I.
				CATEGORY	49.00	0.00	714.42	

	04/18/12 - JL # 0277			REGNY NY SALES REGISTER			PAGE 1 - : LTC NURSING HOME BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191571	4/13/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

	04/18/12 - NL # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 238 ADU ADULT BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191572	4/13/12	800000	VISITING NURSE SERVICE	RODDA, ADILIA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	139
SALES JRN	ı∟ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191573	4/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	14.75		215.06 I	
191574	4/13/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	42.00		612.36 I	
				CUSTOMER	56.75	0.00	827.42	
				CATEGORY	56.75	0.00	827.42	

RUN D	ATE 04/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 240	
SALES	JRNL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	
			i	SALES REGISTER			BILL WEEK ENDING 4	1/20/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
19157	5 4/13/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	241
SALES JRN	IL # 0277	LOC 001		REG NY NY			LTC NURSING HOME	•
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191576	4/13/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

				REG NY NY			PAGE 1 - 242 ADU ADULT	
	- "			_				/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
191577	4/13/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	
	SALES JRN INVOICE#	SALES JRNL # 0277 INVOICE# DATE	SALES JRNL # 0277 LOC 001 INVOICE# DATE CUST NO	INVOICE# DATE CUST NO CUSTOMER NAME	SALES JRNL # 0277 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE 191577 4/13/12 000008 VISITING NURSE SERVICE RODRIGUEZ, PORF	SALES JRNL # 0277 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS 191577 4/13/12 000008 VISITING NURSE SERVICE RODRIGUEZ, PORF 49.00	SALES JRNL # 0277 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT 191577 4/13/12 000008 VISITING NURSE SERVICE RODRIGUEZ, PORF 49.00	SALES JRNL # 0277 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER ADU ADULT BILL WEEK ENDING 4. INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP ST 191577 4/13/12 000008 VISITING NURSE SERVICE RODRIGUEZ, PORF 49.00 714.42 I

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	243
SALES JRN	ь # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191578	4/13/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 24 ADU ADULT	:4
DILLED GIAV	1 1 0277	100 001		ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191579	4/13/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S 1	REG NY NY A L E S R E G I S T E R			PAGE 1 - 245 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191580	4/13/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

	ATE 04/18/12 JRNL # 0277	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 24 ADU ADULT	
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	4/20/12 SURPLUS
19158			VISITING NURSE SERVICE		31.00		451.98 I	
				CATEGORY	31.00	0.00	451.98	

]	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	247
1	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191582	4/13/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	41.00		597.78 I	
					CATEGORY	41.00	0.00	597.78	

RUN DATE 04/18/1	2 - SUP SUNI	NYSIDE CITYWIDE					PAGE 1	- 24	8
SALES JRNL # 027	7 LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
			SALES R	EGISTE	R		BILL WEEK EN	DING	4/20/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191583 4/13/1	2 000008	VISITING NURSE SERVICE	ROMO,	FLOR	54.50		794.61	I	
191584 4/13/1	2 000008	VISITING NURSE SERVICE	ROSA,	ANA	32.00		466.56	I	
				CUSTOMER	86.50	0.00	1,261.17		
				- CATEGORY	 86.50	0.00	1,261.17		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - 249 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191585	4/13/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	55.00		801.90 I	
				CATEGORY	55.00	0.00	801.90	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191586 191587 191588	4/13/12 4/13/12 4/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ROSARIO, ELSA	16.00 36.00 25.00		233.28 524.88 364.50	I I I	
				CUSTOMER	77.00	0.00	1,122.66		
				CATEGORY	77.00	0.00	1,122.66		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 251 ADU ADULT BILL WEEK ENDING	l 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191589	4/13/12	800000	VISITING NURSE SERVICE	RUBIN, EVGENY	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 25 VCP CHOICE LHCSA BILL WEEK ENDING	52 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191590	4/13/12	800000	VISITING NURSE SERVICE	RUEDA, INES	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

١	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	253
١	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
١				S	SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١									
	191591	4/13/12	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	18.00		262.44 I	
١					CATEGORY	18.00	0.00	262.44	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 254 ADU ADULT	
0111111	_	200 001		SALES REGISTER			BILL WEEK ENDING 4/20	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
191592	4/13/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	255
ı	SALES JRN	ь # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	4/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	191593	4/13/12	000008	VISITING NURSE SERVICE	SAAVEDRA, STELL	17.50		255.15 I	
ı									
ı									
ı					CATEGORY	17.50	0.00	255.15	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25	6
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	HCSA	
			S	SALES REGISTER			BILL WEEK ENI	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191594	4/13/12	000008	VISITING NURSE SERVICE	SAK, FIRDEVS	14.75		215.06	I	
191595	4/13/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	63.50		925.83	I	
				CUSTOMER	78.25	0.00	1,140.89		
				CATEGORY	78.25	0.00	1,140.89		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 257	
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W	WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING 4/	/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	URPLUS
191596	4/13/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE	DDG 1911			11102	- 25	8
SALES JRN	L # U2//	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LE		4/20/12
							5122 W221 2112	-11.0	1,20,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191597	4/13/12	800000	VISITING NURSE SERVICE	SALVUCCI, YOLAN	17.00		247.86	I	
191598	4/13/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	16.00		233.28	I	
191599	4/13/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	50.00		729.00	I	
				CUSTOMER	83.00	0.00	1,210.14		
							1 010 14		
				CATEGORY	83.00	0.00	1,210.14		

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	59
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191600	4/13/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	50
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIE	COSI NO	COSTOMER NAME	KEI EKENCE	1100105	IAX ANI	AMOUNI IIF	DONELOS
191601	4/13/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 261
			:	SALES REGISTER			BILL WEEK END	ING 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
191602 191603	4/13/12 4/13/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.50 9.00		123.94 131.22	I
191003	4/13/12	000006	VISITING NORSE SERVICE	SCHNEIER, CAIRE	9.00 		131.22	
				CUSTOMER	17.50	0.00	255.16	
				CATEGORY	17.50	0.00	255.16	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 26	52
Brilling Grav	2 11 0277	100 001		SALES REGISTER			BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191604	4/13/12	000008	VISITING NURSE SERVICE	SCOTT, CATHERIN	56.00		816.48	I	
191605	4/13/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	24.00		349.92	Т	
				CUSTOMER	80.00	0.00	1,166.40		
				CATEGORY	80.00	0.00	1,166.40		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	263
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			S	ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191606	4/13/12	800000	VISITING NURSE SERVICE	SEO, INJA	17.75		258.80 I	
				CATEGORY	17.75	0.00	258.80	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191608	4/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SERAFIN, WALTER SERRANO, AGUEDA SHANNON, ELNORA	55.75 56.00 28.00		812.84 I 816.48 I 408.24 I	
				CUSTOMER	139.75	0.00	2,037.56	
				CATEGORY	139.75	0.00	2,037.56	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 26 ADU ADULT	55
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191610	4/13/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	17.50		255.15 I	
				CATEGORY	17.50	0.00	255.15	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 266 VCP CHOICE LHCSA	
SALLS UKNI	ц _# 0277	HOC 001		SALES REGISTER				/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
191611	4/13/12	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - : LTC NURSING HOMEN BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191612	4/13/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	68
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191613	4/13/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - AUR ADULT REHAB BILL WEEK ENDIN	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191614	4/13/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE					270
SALES JE	RNL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEV	· ·
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	† DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191615	4/13/12	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	14.75		215.06 I	
				CATEGORY	14.75	0.00	215.06	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	71
SALES JRN	rL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191616	4/13/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00		

			YYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191617	4/13/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	38.00		554.04 I	
				CATEGORY	38.00	0.00		

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 273	3
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	4/20/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	191618	4/13/12	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	12.00		174.96 I	
ı									
ı									
ı					CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 - 27	4
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	4/00/10
				SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191619	4/13/12	000008	VISITING NURSE SERVICE	, -	20.00		291.60 I	
191620	4/13/12	800000	VISITING NURSE SERVICE	STAMATIADES, ME	9.00		131.22 I	
				CUSTOMER	29.00	0.00	422.82	
				COSTONER	20.00	0.00	422.02	
				CATEGORY	29.00	0.00	422.82	

			YSIDE CITYWIDE				PAGE 1 - 2	275
SALES JRN	ъ # 0277	LOC 001		REG NY NY			VCP CHOICE LHCSA	4 / 0 0 / 1 0
			S.	ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191621	4/13/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	52.75		769.10 I	
				CATEGORY	52.75	0.00	769.10	

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	6
ı	SALES JRN	L # 0277	LOC 001		REG NY NY			HOA HOSPICE ADULT	
ı				2	SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191622	4/13/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	18.00		262.44 I	
					CATEGORY	18.00	0.00	262.44	

	04/18/12 - NL # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 277 ADU ADULT BILL WEEK ENDING 4	/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
191623	4/13/12	800000	VISITING NURSE SERVICE	STENOS, MOSHOUL	1.00		14.58 I	
				CATEGORY	1.00	0.00	 14.58	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LI BILL WEEK EN		78 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191624 191625 191626	4/13/12 4/13/12 4/13/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	STERGIOU, GLORI STICKELL, BLANC STROBL, ALFRED	15.00 20.25 36.00		218.70 295.25 524.88	I I I	
				CUSTOMER	71.25	0.00	1,038.83		
				CATEGORY	71.25	0.00	1,038.83		

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191627	4/13/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	19.50		284.31 I	
				CATEGORY	19.50	0.00	284.31	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY BALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	80 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191628	4/13/12	800000	VISITING NURSE SERVICE	SULLIVAN, MADAL	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE (SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END		1 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		ΓΥΡ	SURPLUS
191629	4/13/12	000008	VISITING NURSE SERVICE	TABOADA, ELIZAB	74.75		1,089.88	I	
				CATEGORY	74.75	0.00	1,089.88		

RUN DATE 04/	/18/12 - SUP SUN	YSIDE CITYWIDE				PAGE 1 -	282
SALES JRNL #	# 0277 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	MEW/O WALLS (LT
		5	SALES REGISTE	R		BILL WEEK ENDIN	NG 4/20/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191630 4/	/13/12 000008	VISITING NURSE SERVICE	TADDEO, LENA	46.00		670.68	<u> </u>
191631 4/	/06/12 000008	VISITING NURSE SERVICE	TAVERAS ARIAS,	4.00		58.32	<u> </u>
191632 4/	/13/12 000008	VISITING NURSE SERVICE	TAVERAS ARIAS,	16.00		233.28	Ī.
			CUSTOMER	66.00	0.00	962.28	
			CATEGORY	66.00	0.00	962.28	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 28 ADU ADULT	3
	- "			SALES REGISTER				4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191633	4/13/12	800000	VISITING NURSE SERVICE	TAWADROUS, ANWA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 28	34
BALLS OIL	1 H 02//	100 001		SALES REGISTER			BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191634 191635	4/13/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TEJADA, BALDOME TERZIAN, ASDGHI	20.00 56.00		291.60 816.48	I I	
				CUSTOMER	76.00	0.00	1,108.08		
				CATEGORY	76.00	0.00	1,108.08		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28!	5
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL HI	EALTH
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191636	4/13/12	800000	VISITING NURSE SERVICE	THEN, MARIA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

	04/18/12 - NL # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	286
			\$	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
191637	4/13/12	000008	VISITING NURSE SERVICE	THOMPSON, WILLI	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

			TYSIDE CITYWIDE	DEC NY NY				- 28	37
SALES JRN	⊔ # 02//	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE L BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191638	4/13/12	000008	VISITING NURSE SERVICE	TINOCO, INES	42.00		612.36	I	
191639	4/13/12	000008	VISITING NURSE SERVICE	,	28.00		408.24	I	
191640	4/13/12	800000	VISITING NURSE SERVICE	TORO, PURA	83.00		1,210.14	I	
				CUSTOMER	153.00	0.00	2,230.74		
				CATEGORY	153.00	0.00	2,230.74		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 28 ADU ADULT	38
			S.	ALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191641	4/13/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	289
SALES JRN	rL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191642	4/13/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	68.00		991.44 I	
				CATEGORY	68.00	0.00	991.44	

	RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	290
	SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	4/20/12
ı									
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	191643	4/13/12	800000	VISITING NURSE SERVICE	TORRES, MARGOT	42.00		612.36 I	
ı					CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE	556 377			PAGE 1 - 291	
SALES JRN	L # U2//	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
191644	4/13/12	800000	VISITING NURSE SERVICE	TOUMA, MATTA	33.25		484.79 I	
				CATEGORY	33.25	0.00	484.79	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 29	92
SALES UKN	⊔ # 02//	TOC 001		ALES REGISTER			BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191645	4/13/12	000008	VISITING NURSE SERVICE	TRUJILLO, AMPAR	20.00		291.60	I	
191646	4/13/12	000008	VISITING NURSE SERVICE	TSOLISOS, FOTIN	48.00		699.84	I	
191647	4/13/12	800000	VISITING NURSE SERVICE	TZOUMAS, EFFIE	56.00		816.48	I	
191648	4/06/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	1.00		174.96	I	
191649	4/13/12	800000	VISITING NURSE SERVICE	UGURLUYAN, KARA	7.00		1,224.72	I	
				CUSTOMER	132.00	0.00	3,207.60		
				CATEGORY	132.00	0.00	3,207.60		

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	293
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			:	SALES REGISTE:	R		BILL WEEK ENDI	NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191650	3/02/12	000008	VISITING NURSE SERVICE	URBINA, ANA	5.00		72.90	I
191651	4/13/12	800000	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30	I
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191652	4/13/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

	04/18/12 · NL # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	295 A
			:	SALES REGISTER			BILL WEEK ENDING	- , .,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191653	4/13/12	000008	VISITING NURSE SERVICE	VALENCIANO-ROJ,	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	96
SALES JRN	r∟ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191654	4/13/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE 04/	18/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 297
SALES JRNL #	0277 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING F	HOMEW/O WALLS (LT
		5	SALES REGISTER	2		BILL WEEK ENI	OING 4/20/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
191655 4/	13/12 000008	VISITING NURSE SERVICE	VAROL, ELMAS	6.00		87.48	I
191656 4/	13/12 000008	VISITING NURSE SERVICE	VAROL, MUSTAFA	6.00		87.48	I
			CUSTOMER	12.00	0.00	174.96	
			0021011211	12.00	0.00	1,11,00	
				10.00		184 06	
			CATEGORY	12.00	0.00	174.96	

RUN	DATE	04/18/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	298
SAL	ES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191	657	4/13/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	27.00		393.66 I	
					CATEGORY	27.00	0.00	393.66	

			YSIDE CITYWIDE				PAGE 1 -	- 299
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
				SALES REGISTER	-		BILL WEEK END	ING 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
191658	4/06/12	800000	VISITING NURSE SERVIC	E VASQUEZ, EUSTAG	5.00		72.90	I
191659	4/13/12	800000	VISITING NURSE SERVIC	E VASQUEZ, EUSTAG	33.00		481.14	I
191660	4/06/12	000008	VISITING NURSE SERVIC	E VASQUEZ, RAPHAE	3.00		43.74	I
191661	4/13/12	800000	VISITING NURSE SERVIC	E VASQUEZ, RAPHAE	21.00		306.18	I
191662	4/13/12	800000	VISITING NURSE SERVIC	VAZQUEZ, ESTHER	40.00		583.20	I
				CUSTOMER	102.00	0.00	1,487.16	
				CATEGORY	102.00	0.00	1,487.16	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	300
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191663	4/13/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	01
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191664	4/13/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

- 1				YSIDE CITYWIDE					302
1	SALES JRNI	և # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
					SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191665	4/13/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
					CATEGORY	40.00	0.00	583.20	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 30 ADU ADULT	3
			Ş	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191666	4/13/12	800000	VISITING NURSE SERVICE	VIDAL, ALFREDO	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191667	4/13/12	000008	VISITING NURSE SERVICE	VILLAPOL, ANNA	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	305
SALES JRN	IL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191668	4/13/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

RUN DATE	04/18/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	306
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				MEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDI	NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191669	4/13/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	30.00		437.40	I
				CATEGORY	30.00	0.00	437.40	

RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 30	17	
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LE	ICSA		
			S	BALES	REGISTER	-		BILL WEEK ENI	DING	4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
191670	4/13/12	800000	VISITING NURSE SERVICE	VIV	/ACQUA, EMMA	53.25		776.39	I		
					CATEGORY	53.25	0.00	776.39			

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	308
DALLS UKN	ш # 02//	HOC 001		ALES REGISTER			BILL WEEK ENDI	NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191671	4/13/12	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	8.00		116.64	I
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 30	19
SALES ON	11 # 0277	ПОС 001		SALES REGISTER			BILL WEEK END		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191672 191673	4/06/12 4/13/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	VOLASTRO, JOHN VOLASTRO, JOHN	3.00 3.00		43.74 43.74	I	
				CUSTOMER	6.00	0.00	87.48		
				CATEGORY	6.00	0.00	87.48		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191674	4/13/12	800000	VISITING NURSE SERVICE	WEISBUCH, WILMA	4.00		58.32 I	
				CATEGORY	4.00	0.00		

ı	RUN DATE	04/18/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 31	11
ı	SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	4/20/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	191675	4/13/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	16.00		233.28 I	
					CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	
				SALES REGISTER			BILL WEEK ENDIN	G 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
191676	4/13/12	000008	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00	 174.96	

			YSIDE CITYWIDE				PAGE 1	- 31	.3
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	TNO	4/20/12
			'	SALES REGISTER			BILL WEEK END	ING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191677	4/13/12	000008	VISITING NURSE SERVICE	-,	28.00		408.24	I	
191678	4/13/12	800000	VISITING NURSE SERVICE	ZIPPRICH, ROSAL	4.00		58.32	I	
				CUSTOMER	32.00	0.00	466.56		
				COSTONER	32.00	0.00	400.50		
				CATEGORY	32.00	0.00	466.56		

RUN DATE 04/18/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 314 SALES JRNL # 0277 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER CUSTOMER NAME

REFERENCE

GUILDNET

GREERSPAN, ALDREA

GOMEZ, YOLANDA

S.00

ST1.76

I

GUILDNET

GUILDNET

GREERSPAN, ALDREA

GOMEZ, YOLANDA

S.00

ST1.20

I 1,321.04

I BILL WEEK ENDING 4/20/12 REFERENCE HOURS TAX AMT AMOUNT TYP INVOICE# DATE CUST NO CUSTOMER NAME SURPLUS 191679 4/13/12 000010 191680 4/13/12 000010 191681 4/13/12 000010 191682 4/13/12 000010 191683 4/13/12 000010 191684 4/13/12 000010 191685 4/13/12 000010 191686 000010 4/13/12 191687 4/13/12 000010 191688 4/13/12 000010 191689 4/13/12 000010 191690 4/13/12 000010 191691 4/13/12 000010 191692 4/13/12 000010 191693 4/06/12 000010 191694 4/13/12 000010 191695 4/13/12 000010 191696 4/13/12 000010 191697 4/13/12 000010 191698 4/13/12 000010 191699 4/13/12 000010 191700 4/13/12 000010 191701 4/13/12 000010 191702 4/13/12 000010 191703 4/13/12 000010 GUILDNET 191704 4/13/12 000010 191705 4/13/12 000010 191706 4/13/12 000010 191707 4/13/12 000010 191708 4/13/12 000010 191709 4/13/12 000010 191710 4/13/12 000010 191711 4/13/12 000010 191712 4/13/12 000010 191713 4/13/12 000010 191714 4/13/12 000010 191715 4/13/12 000010 191716 4/13/12 000010 GUILDNET 191717 4/13/12 000010 GUILDNET 191718 4/13/12 000010 GUILDNET 191719 4/13/12 000010 GUILDNET 191720 000010 GUILDNET 4/13/12 000010 GUILDNET 191721 4/13/12 191722 4/13/12 000010 191723 4/13/12 000010 191724 4/13/12 000010 191725 4/13/12 000010 191726 4/13/12 000010 GUILDNET 4/13/12 000010 GUILDNET 191727

			YSIDE CITYWIDE	DEC MY MY			PAGE 2	- 31	L5
SALES JRN	IL # 0277	TOC. 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEI	5		GUI GUILDNET BILL WEEK END	TNC	4/20/12
				SALES REGISTED	X.		DILL MEEK END	TING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191728	4/12/12	000010	GUILDNET	RIVAS, GERTRUDI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SHELTON, AGUEDA SOMRAJ, UMILLA TOROSSIAN, PARI VILLACRES, LUZ VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITE, GLORIA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY	20.00		200 40	_	
191728	4/13/12 4/06/12	000010	GUILDNET GUILDNET	RIVAS, GERIRUDI	20.00		290.40 1 04E 44	I I	
191730	4/13/12	000010	GUILDNET	RODRIGUEZ, HOLG	15 00		1,043.44	I	
191731	4/13/12	000010	GUILDNET	ROUAS, ANGEL	15.00		232.00	I	
191731	4/13/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		310.40	I	
191732	4/13/12	000010	GUILDNET	RUBIANO, MARIA	20.00		290.40	I	
191733		000010	GUILDNEE	SALUANIN, DILUA	01.00		885.72 F00.70		
191734	4/13/12	000010	GUILDNET	SANCHEZ, ELIZAB	30.00		101 64	I	
191735	4/13/12 4/13/12	000010	GUILDNET	SHELIUN, AGUEDA	1.00		101.04	I I	
191736		000010	GUILDNET	SHELIUN, AGUEDA	14.00		203.28 116.16	I	
191737	4/13/12	000010	GUILDNET	SOMRAJ, UMILLA	12.00		110.10	I	
191738	4/13/12	000010	GUILDNET	TURUSSIAN, PARI	12.00		1/4.24	I	
191739	4/13/12		GUILDNET	VILLACRES, LUZ	8.00		116.16		
	4/13/12	000010	GUILDNET	VLAHOS, MARIE	50.00		126.00	I	
191741	4/13/12	000010	GUILDNET	WEISZ, KLARA	8.00		116.16	I	
191742	4/13/12	000010	GUILDNET	WEST, BALDWIN	12.00		174.24	I	
191743	4/13/12	000010	GUILDNET	WHITE, GLORIA	12.00		174.24	I	
191744	4/13/12	000010	GUILDNET	WHITLEY, MYRNA	20.00		290.40	I	
191745	4/13/12	000010	GUILDNET	YI, CARLOS	24.00		348.48	I	
191746	4/13/12	000010	GUILDNET	YIANTSELIS, VIR	8.00		1,406.04	I	
191747	4/13/12	000010	GUILDNET	ZARE, GLORIA	83.75		1,216.05	I	
191748	4/06/12	000010	GUILDNET	ZUMAETA, FANNY	71.00		1,030.92	I	
				CUSTOMER	2,242.75	0.00	37,677.81		
				CATEGORY	2,242.75	0.00	37,677.81		

RUN DATE	04/18/12	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1	- 31	L6
SALES JE	NL # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FI	IRST	
				SALES REGISTER	2		BILL WEEK ENI	DING	4/20/12
INVOICE;	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191749	4/13/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
191750	4/13/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
191751	4/13/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	36.00		607.68	I	
191752	4/13/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	6.00		101.28	I	
191753	4/13/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
191754	4/13/12	000122	HEALTH FIRST	CARRION, MARIA	8.00		135.04	I	
191755	4/13/12	000122	HEALTH FIRST	CARRION, MARIA	40.00		675.20	I	
191756	4/13/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
191757	4/13/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
191758	4/13/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	I	
191759	4/13/12	000122	HEALTH FIRST	DORNELLAS, STEL	8.00		135.04	I	
191760	4/13/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	28.00		472.64	I	
191761	4/13/12	000122	HEALTH FIRST	ESTEVES TOSE	18.00		303.84	T	
191762	4/13/12	000122	HEALTH FIRST	ESTEVES JOSE	45 00		759 60	T	
191763	4/13/12	000122	HEALTH FIRST	FERGERSON TINA	35 00		590.80	T	
191764	4/13/12	000122	HEALTH FIRST	FERRERA FRANCI	15 00		253 20	T	
191765	4/13/12	000122	DEVLAR ELDCA	FONTANES DEDDO	45.00		750 60		
191766	4/13/12	000122	HEVILLA EIDGL	FDANCISCO PICH	56 00		945 28	T	
191767	4/13/12	000122	DEVLAR ELDCA	FDIAC DADDADA	12 00		202.56		
191768	4/13/12	000122	HEALTH FIRST	TRIDY DDENDA	4.00		202.30 67 E2		
191769	4/13/12	000122	UEALDI FIRSI	TENRI, BRENDA	4.00		125 04	± -	
		000122	HEALTH FIRST	HERRING, CHARLE	8.00		135.04		
191770	4/13/12	000122	HEALIH FIRSI	HERRING, CHARLE	3.00		00.04		
191771	4/13/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	<u> </u>	
191772	3/23/12	000122	HEALTH FIRST	LARA, TOMASA	39.50		666.76	Τ.	
191773	4/13/12	000122	HEALTH FIRST	LAZALA, GLADYS	84.00		1,417.92	Ţ	
191774	4/13/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	66.50		1,122.52	I	
191775	4/06/12	000122	HEALTH FIRST	MACARENA, SAHAR	81.00		1,367.28	I	
191776	4/06/12	000122	HEALTH FIRST	MARTIN, ARIANA	4.00		67.52	I	
191777	4/13/12	000122	HEALTH FIRST	MARTIN, ARIANA	11.00		185.68	I	
191778	4/13/12	000122	HEALTH FIRST	ORTIZ, TULA	25.00		422.00	I	
191779	4/06/12	000122	HEALTH FIRST	RIVERA, CHRISTO	42.00		708.96	I	
191780	4/06/12	000122	HEALTH FIRST	RIVERA, EDDIE	42.00		708.96	I	
191781	4/13/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
191782	4/13/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96	I	
191783	4/13/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	48.00		810.24	I	
191784	4/13/12	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	I	
191785	4/13/12	000122	HEALTH FIRST	SPIVEY, PATRICI	20.00		337.60	I	
191786	4/06/12	000122	HEALTH FIRST	ST ROMAINE, CLA	67.50		1,139.40	I	
191787	4/13/12	000122	HEALTH FIRST	SURIEL, GERTRUD	15.00		253.20	I	
191788	4/13/12	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	I	
191789	4/13/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12	I	
				·					
				CUSTOMER	1,326.50	0.00	22,391.32		
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA HERRING, CHARLE HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VEGA, GLORIA WILLIAMS, RODNE CUSTOMER	1,326.50	0.00	22,391.32		

RUN DATE	04/18/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE					PAGE 1	- 31	.7
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG I	NY NY			NHP NEIGHBORE	HOOD I	IEALTH
				SALES	S REGISTER			BILL WEEK ENI	DING	4/20/12
INVOICE#	DATE	CHIST NO	CIISTOMER NAME		REFERENCE	HOITES	ΤΔΥ ΔΜΤ	∆M∩IINT!	TVD	SURPLUS
111101011	21112	0001 110	0001011011		TEL ENERGE	1100110		11100111		50112 205
191790	3/30/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	AHMED, UMARA	62.00		1,046.56	I	
191791	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	AKHTER, SELINA	34.00		573.92	I	
191792	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	ARDITTO, PATRIC	30.00		506.40	I	
191793	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
191794	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	DIAZ, CARMEN	20.00		337.60	I	
191795	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
191796	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	FLORES, MARITZA	70.00		1,181.60	I	
191797	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	JONES, CYNTHIA	45.00		759.60	I	
191798	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	KHALIL, RASHAN	23.00		388.24	I	
191799	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	KHAN, FARUQUE	30.00		506.40	I	
191800	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	KROLL, KATHERIN	28.00		472.64	I	
191801	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	MORALES, EDWIN	42.00		708.96	I	
191802	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	MOSKOWITZ, RONA	30.00		506.40	I	
191803	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	OCASIO, VIRGINI	21.00		354.48	I	
191804	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I	
191805	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	SALVATO, MARY	56.00		945.28	I	
191806	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	SCOTT, MICHAEL	40.00		675.20	I	
191807	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	SHEPPARD, ERMA	70.00		1,181.60	I	
191808	4/13/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	WELLS, WYNORIA	16.00		270.08	I	
191809	4/06/12	000120	NEIGHBORHOOD HEALTH PR	ROVIDERS	WILSON, SHERYL	42.00		708.96	I	
			NEIGHBORHOOD HEALTH PR		CUSTOMER	733.00	0.00	12,373.04		
					CATEGORY		0.00	12,373.04		

			YSIDE CITYWIDE				PAGE 1	- 318	
SALES JRN	ъ # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOL	IC/FIDELIS	
				SALES REGISTER			BILL WEEK END	ING 4/20/1	2
									_
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLU	S
191810	4/13/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	54.00		910.98	т	
				·				<u></u>	
191811	4/13/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	7.00		118.09	T	
191812	4/13/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	27.00		455.49	I	
191813	4/13/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.45	I	
191814	4/13/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.00		404.88	I	
191815	4/13/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I	
191816	4/06/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	72.00		1,214.64	T T	
191817	4/13/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	25.00		421.75	± T	
				·				_	
191818	4/13/12	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	16.00		269.92	T	
191819	4/13/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	38.00		641.06	I	
191820	4/13/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	28.00		472.36	I	
191821	4/13/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	57.00		961.59	I	
									-
				CUSTOMER	467.00	0.00	7,878.29		
									_
				CATEGORY	467.00	0.00	7,878.29		

RUN DATE SALES JRN				PAGE 1 UHC UNITED HI	- 31	L9			
	2 02//	200 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			BILL WEEK EN		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191822	4/06/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	98.00		1,681.68	I	
191823	4/06/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	42.00		720.72	I	
191824	4/13/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	15.00		257.40	I	
191825	4/13/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
191826	4/06/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	40.00		686.40	I	
191827	4/13/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
				CUSTOMER	279.00	0.00	4,787.64		
				CATEGORY	279.00	0.00	4,787.64		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM HE		0
SALES UKN	ш # 0277	LOC 001	SUMMISIDE CITIWIDE	SALES REGISTER			BILL WEEK END		4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191828	4/13/12	000114	EMBLEM HEALTH	COPE, WILLIE	82.00		1,148.00	I	
191829	4/13/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
191830	4/13/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
191831	4/13/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
191832	4/13/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
191833	4/13/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
191834	4/06/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	63.00		882.00	I	
				CUSTOMER	326.00	0.00	4,571.50		
				CATEGORY	326.00	0.00	4,571.50		

RUN DATE 04/18/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 321											
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE REG	SNY NY SREGISTER			HIP HEALTH IN	NSURAN	ICE PLAN		
			SALE	S REGISTER			BILL WEEK ENI	DING	4/20/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS		
191835	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL	14.00		236.32	I			
191836	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	BORLAZA, FRANCI	6.50		109.72	I			
191837	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE	3.75		63.30	I			
191838	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	DE JESUS, TIBUR	55.00		928.40	I			
191839	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	GOMES, AGUSTINA	60.00		1,012.80	I			
191840	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	LOYOLA, MARIA	47.00		793.36	I			
191841	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	ORR, LOUISE	32.00		540.16	I			
191842	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	PARADISE, ANITA	8.00		135.04	I			
191843	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	SHAH, HANSIKABE	4.75		80.18	I			
191844	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	TOWLES, ADA	20.00		337.60	I			
191845	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	WILLIAMS, DIANE	16.00		270.08	I			
191846	4/13/12	000136	HEALTH INSURANCE PLAN OF NY	ZAMBRANO, ZOILA	13.00		219.44	I			
				CUSTOMER	280.00	0.00	4,726.40				
				CATEGORY	280.00	0.00	4,726.40				

			YSIDE CITYWIDE				PAGE 1 - 322	2
SALES JRN	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HPS HEALTH PLUS BILL WEEK ENDING	4/20/12
							DIEL WEEK ENDING	1/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191847 191848	4/13/12 4/13/12	000138 000138	HEALTH PLUS PHSP, INC HEALTH PLUS PHSP, INC	DENNISON, KELVI HARDING, EDNA	20.00		340.00 I 510.00 I	
				CUSTOMER	50.00	0.00	850.00	
				CATEGORY	50.00	0.00	850.00	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 MPH METROPLUS	- 32 HEAT	
	- "			SALES REGISTER			BILL WEEK END	ING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191849	4/13/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	81.00		1,389.15	I	
191850	4/13/12	000130	METROPLUS HEALTH	ANDERSON, BETH	41.00		703.15	I	
191851	4/13/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
191852	4/13/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	I	
191853	4/13/12	000130	METROPLUS HEALTH		56.00		960.40	I	
191854	4/06/12	000130	METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH	BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA GALAS, TERESA MURDOCK, GERTRU	96.00		1,646.40	I	
191855	4/13/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I	
191856	4/13/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	67.00		1,149.05	I	
191857	4/13/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	133.00		2,280.95	I	
191858	4/13/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00	I	
191859	4/13/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
191860	3/16/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	48.00		823.20	I	
191861	4/13/12	000130	METROPLUS HEALTH	PERSAD, USHA PUCHUELA, MARIA	71.00		1,217.65	I	
191862	4/13/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	53.00		908.95	I	
191863	4/13/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	24.00		411.60	I	
191864	4/13/12	000130	METROPLUS HEALTH METROPLUS HEALTH METROPLUS HEALTH	SANTORO, MATTHE	6.00		102.90	I	
191865	4/13/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU	28.00		480.20	I	
191866	4/13/12	000130	METROPLUS HEALTH	VALLE, BLASINA	24.00		411.60	I	
191867	4/06/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU VALLE, BLASINA VICEDO, FREDELI	36.00		617.40	I	
				CUSTOMER	937.00		16,069.55		
				CATEGORY	937.00	0.00	16,069.55		

RUN DATE 04 SALES JRNL	# 0277 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE (BILL WEEK ENI		4 4/20/12
INVOICE#	DATE CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191869 4	1/13/12 000124 1/13/12 000124 1/13/12 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GENAO, DANIELA MARTINEZ, MARIA RAMIREZ, ALIDA	51.00 41.50 63.00		877.20 713.80 1,083.60	I I I	
				CUSTOMER	155.50	0.00	2,674.60		
				CATEGORY	155.50	0.00	2,674.60		

RUN DATE (04/18/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	325
SALES JRNI	L # 0277	LOC 001	SUNNYSIDE CITYWIDE	REG N				NPS NY PRESBYT	-
				SALES	S REGISTER			BILL WEEK ENDI	NG 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
191871	4/13/12	000134	NY-PRESBYTERIAN SYSTEM	SELECT	KARASSAVIDIS, A	35.00		600.60	I
					CATEGORY	35.00	0.00	600.60	

RUN DATE 04/18 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - AMG AMERIGROUP BILL WEEK ENDING	326
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191872 4/13 191873 4/13 191874 4/13 191875 4/13	712 000132 712 000132	AMERIGROUP AMERIGROUP AMERIGROUP AMERIGROUP	FERNANDEZ, NORK GUERRA, LORRAIN HAWKINS S, MA PRUITT, JOHNNY	41.00 70.00 70.00 8.00		691.67 I 1,180.90 I 1,180.90 I 135.04 I	
			CUSTOMER	189.00	0.00	3,188.51	
			CATEGORY	189.00	0.00	3,188.51	

	04/18/12 - L # 0277		YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG	NIV NIV			PAGE 1 PAR PRIVATE	- 32	27
SALES URN	⊔ # 02//	TOC 001	SONNISIDE CITIWIDE REG S A L E				BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191876 191877 191878 191879 191880 191881 191882	4/13/12 4/13/12 4/13/12 4/13/12 4/13/12 4/13/12	000002 000002 000002 000002 000002 000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS GRECH, JANE MARINOS, IRENE MORA, MARIA MORA, PAULA ROJO, MANUEL TUCCI, DOROTHY	4.00 4.00 4.00 1.00		58.00	I I I I I	
191883	4/13/12	000002	SUNNYSIDE COMMUNITY SERVICES	TUCCI, LOUIS	4.00		58.00	I	
				CUSTOMER	30.75	0.00	445.88		
191884	4/13/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I	
191885 191886	4/13/12 4/06/12	000049 000049	ELIZABETH SETON PEDIATRIC CTR ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE MORSHELINA, NAS	9.00		344.75 124.11	I I	
191887	4/13/12	000049	ELIZABETH SETON PEDIATRIC CTR	MORSHELINA, NAS	9.00		124.11	I	
				CUSTOMER	43.00	0.00	592.97		
191888	4/13/12	000069	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
191889	4/13/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	108.75	0.00	2,810.85		

RUN DATE (SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			-	- 328 S AID SOCIETY DING 4/20/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
191890 191891 191892 191893 191894	4/13/12 4/13/12 4/13/12 4/13/12 4/13/12	000088 000088 000088 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI JOHNSON, CAMRYN SALAS, HELENA	25.00 6.00 6.00 8.00 27.25		387.50 93.00 93.00 124.00 422.38	I I I I	
				CUSTOMER	72.25	0.00	1,119.88		
				CATEGORY	72.25	0.00	1,119.88		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 PAR PRIVATE	- 329	
Bribbo orav	L 0277	100 001	BONNIBIBE CITIVIBE	SALES REG	ISTER		BILL WEEK EN	DING 4	/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENC	CE HOURS	TAX AMT	AMOUNT	TYP S	URPLUS
191895	4/13/12	000098	MILDRED PANSE	PANSE, M	ILDRED 20.00		310.00	I	
				CA	regory 20.00	0.00	310.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 ELD ELDERSERVEHEA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
191896 191897	4/13/12 4/13/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	25.00 4.00		356.25 I 57.00 I	
				CUSTOMER	29.00	0.00	413.25	
				CATEGORY	29.00	0.00	413.25	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE	- 33	
				SALES REGIS	I E R		BILL WEEK EN	DING	4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191898	4/13/12	000143	ETTORE COPPOLA	COPPOLA, ETTO	RE 20.00		317.50	I	
191899	4/13/12	000145	LARRY EISENBERG	BERGER, TESS	44.00		695.50	I	
				~~-					
				CATEGOR	Y 64.00	0.00	1,013.00		

RUN DATE 04/1 SALES JRNL #		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG :				PAGE 1 CCM COMPREHE BILL WEEK EN		
INVOICE# DA	ATE CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	.3/12 000150 .3/12 000150	COMPREHENSIVE CARE MA	-	BONES, ANA ROSARIO, CELEST	19.75 30.00		278.48 423.00	I I	
				CUSTOMER	49.75	0.00	701.48		
				CATEGORY	49.75	0.00	701.48		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE REG SUNNYSIDE CITYWIDE REG S A L E	NY NY S R E G I S T E	: R		PAGE 1 PAR PRIVATE BILL WEEK ENI	- 33	33 4/20/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
191902	4/13/12	000151	MICHAEL SIANO	SIANO, ANDREW	16.00		216.00	I	
191903	4/13/12	000153	PATRICIA RUECKHER	RUECKHER, PATRI	15.00		232.50	I	
191904	4/13/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
191905	4/13/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
191906	4/13/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
191907	4/13/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
191908	4/13/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
191909	4/13/12	006337	STEPHEN EDEL	EDEL, CANDACE	81.00		1,279.50	I	
191910	4/13/12	007521	DOROTHY GILBERT	GILBERT, DOROTH	35.00		550.00	I	
191911	4/13/12	007630	MAUREEN MAIORANA	MAIORANA, MAURE	8.00		130.00	I	
191912	4/13/12	007631	MICHAEL MAIRANO	MAIORANA, MICHE	12.00		195.00	I	
191913	4/13/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
191914	4/13/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
191915	4/13/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	9.00		139.50	I	
191916	4/13/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
191917	4/13/12	009752	PETER CAPORASO	CAPORASO, VINCE	12.00		204.00	I	
191918	4/13/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
191919	4/13/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	2.00		31.00	I	
191920	4/13/12	009857	ALZHEIMER'S ASSOCIATION, NYC	MARTIN, RUTH	8.00		124.00	I	
191921	4/13/12	009932	JOSEPH SCANDARIATO	SCANDARIATOR, J	3.00		46.50	I	
191922	4/13/12	010007	DOROTHY TUCCI	TUCCI, DOROTHY	2.00		32.50	I	
191923	4/13/12	010008	LOUIS TUCCI	TUCCI, LOUIS	2.00		32.50	I	
191924	4/13/12	010195	ROBERT MURAYAMA-GREENBAUN	GREENBAUN, MASA	6.00		93.00	I	
191925	4/13/12	010269	ANGELINA MARASA	MARASA, ANGELIN	3.00		46.50	I	
				CATEGORY	480.00	0.00	7,524.50		
				LOCATION	21,706.50		336,182.84		
				COMPANY	21,706.50	0.00	336,182.84		

RUN DATE 04/18/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 334

SALES JRNL # 0277 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 4/20/12

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

THIS PAGE INTENTIONALLY BLANK