RUN DATE 02/08/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE REG NY NY

SALES REGISTER

PAGE 1 - 1 SHP SENIOR HEALTH PARTNERS BILL WEEK ENDING 2/10/12

INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182678	2/03/12	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	10.00		131.00	I	
182679	2/03/12	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	13.50		176.86	I	
182680	2/03/12	000082	SENIOR HEALTH PARTNERS	CARRILLO, MARIA	13.75		180.13	I	
182681	2/03/12	000082	SENIOR HEALTH PARTNERS	CARRILLO, MARIA	13.75		180.13	I	
182682	2/03/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	24.00		314.40	I	
182683	2/03/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	16.00		209.60	I	
182684	2/03/12	000082	SENIOR HEALTH PARTNERS	DABU, JUANITA	8.00		104.80	I	
182685	2/03/12	000082	SENIOR HEALTH PARTNERS	DABU, JUANITA	8.00		104.80	I	
182686	2/03/12	000082	SENIOR HEALTH PARTNERS	DABU, JUANITA	4.00		52.40	I	
182687	2/03/12	000082	SENIOR HEALTH PARTNERS	FENTON, JESSIE	4.00		52.40	I	
182688	2/03/12	000082	SENIOR HEALTH PARTNERS	FENTON, JESSIE	4.00		52.40	I	
182689	2/03/12	000082	SENIOR HEALTH PARTNERS	FENTON, JESSIE	4.00		52.40	I	
182690	2/03/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	18.00		235.80	I	
182691	2/03/12	000082	SENIOR HEALTH PARTNERS	GHILIOTTY, FLOR	14.00		183.40	I	
182692	2/03/12	000082	SENIOR HEALTH PARTNERS	GUTIERREZ, LUCI	10.00		131.00	I	
182693	2/03/12	000082	SENIOR HEALTH PARTNERS	GUTIERREZ, LUCI	5.00		65.50	I	
182694	2/03/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	18.00		235.80	I	
182695	2/03/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	15.00		196.50	I	
182696	2/03/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	78.00		1,021.80	I	
182697	2/03/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, RAMDIA	57.00		746.70	I	
182698	1/27/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	16.00		209.60	I	
182699	2/03/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	8.00		104.80	I	
182700	2/03/12	000082	SENIOR HEALTH PARTNERS	LEPORE, CLAIRE	2.50		32.75	I	
182701	2/03/12	000082	SENIOR HEALTH PARTNERS	LEPORE, CLAIRE	2.50		32.75	I	
182702	2/03/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	39.50		517.45	I	
182703	2/03/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	32.00		419.20	I	
182704	2/03/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	8.00		104.80	I	
182705	2/03/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	12.00		157.20	I	
182706	2/03/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	10.00		131.00	I	
182707	2/03/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	10.00		131.00	I	
182708	2/03/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	16.00		209.60	I	
182709	2/03/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J	24.00		314.40	I	
182710	2/03/12	000082	SENIOR HEALTH PARTNERS	VASOUEZ, CORNEL	4.00		52.40	I	
182711	2/03/12	000082	SENIOR HEALTH PARTNERS	VASOUEZ, CORNEL	4.00		52.40	Ī	
182712	2/03/12	000082	SENIOR HEALTH PARTNERS	VIDOT-LINARES,	16.00		209.60	I	
182713	2/03/12	000082	SENIOR HEALTH PARTNERS	VIDOT-LINARES,	24.00		314.40	I	
182714	2/03/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	8.00		104.80	I	
182715	2/03/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	4.00		52.40	I	
182716	2/03/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	4.00		52.40	I	
			SENIOR HEALTH PARTNERS	CUSTOMER	582.50	0.00	7,630.77		
				CATEGORY		0.00			

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	SALES JRN.	L # 0267	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/10/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	182717	2/03/12	800000	VISITING NURSE SERVICE	ABBOTT, FAY	9.00		131.22 I	
					CATEGORY	9.00	0.00	131.22	

RUN DATE	02/08/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	3
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182718	2/03/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	32.00		466.56	I	
182719	2/03/12	800000	VISITING NURSE SERVICE	ABINANTI, IRENE	24.00		349.92	I	
182720	2/03/12	800000	VISITING NURSE SERVICE	ABREU, ANA	4.00		58.32	I	
182721	2/03/12	800000	VISITING NURSE SERVICE	ABREU, ANA	8.00		116.64	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 LTC NURSING	- HOMEW/	4 O WALLS (LT
			2	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182722 182723	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	14.00 14.00		204.12 204.12	I	
102725	2/03/12	000000	VIDITING NORDE BERVICE	CUSTOMER	28.00	0.00	408.24		
				COSTOMER	20.00	0.00	400.24		
				CATEGORY	28.00	0.00	408.24		

			YSIDE CITYWIDE				PAGE 1	_	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		/10/10
			S F	ALES REGISTER			BILL WEEK END	ING Z	/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP S	URPLUS
182724	2/03/12	000008	VISITING NURSE SERVICE	ADAMES, OLGA	10.00		145.80	I	
182725	2/03/12	800000	VISITING NURSE SERVICE	ADAMES, OLGA	13.00		189.54	I	
182726	2/03/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	20.00		291.60	I	
182727	2/03/12	800000	VISITING NURSE SERVICE	ADAMES, RICARDO	15.00		218.70	I	
182728	2/03/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	40.00		583.20	I	
182729	2/03/12	800000	VISITING NURSE SERVICE	ADAMS, MYRIAM	30.00		437.40	I	
182730	2/03/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	12.00		174.96	I	
182731	2/03/12	800000	VISITING NURSE SERVICE	ADUN, JEANETTE	12.00		174.96	I	
182732	2/03/12	800000	VISITING NURSE SERVICE	AFZAL, AMIR	3.75		54.68	I	
				CUSTOMER	155.75	0.00	2,270.84		
				CATEGORY	155.75	0.00	2,270.84		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK END	OING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
182733	2/03/12	000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	24.00		349.92	I
182734	2/03/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	21.00		306.18	I
					45.00			
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	- 7 CSA
	_			LES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
182735	2/03/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	12.00		174.96	I
182736	2/03/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	6.00		87.48	I
182737	2/03/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	4.00		58.32	I
182738	2/03/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	8.00		116.64	I
182739	2/03/12	800000	VISITING NURSE SERVICE	ALESSIU, AGRIPI	3.00		43.74	I
182740	2/03/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	10.00		145.80	I
182741	2/03/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	15.00		218.70	I
182742	2/03/12	800000	VISITING NURSE SERVICE	ALMANZAR, REMIG	3.75		54.68	I
				CUSTOMER	61.75	0.00	900.32	
				CATEGORY	61.75	0.00	900.32	

			YSIDE CITYWIDE				-	8
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	2/10/12
				NEGISIEK			BIDD WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182743 182744	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	32.00 24.00		466.56 I 349.92 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	9
SALES JRN	L # 0267	LOC 001		REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182745	2/03/12	000008	VISITING NURSE SERVICE	ANDRADE, LOLA	32.00		466.56	I	
182746	2/03/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	24.00		349.92	I	
182747	2/03/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	31.00		451.98	I	
182748	2/03/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	24.00		349.92	I	
				CUSTOMER	111.00	0.00	1,618.38		
				CATEGORY	111.00	0.00	1,618.38		

			YSIDE CITYWIDE				11100	- 1	.0
SALES JRNI	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182749	2/03/12	000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	6.00		87.48	I	
182750	2/03/12	000008	VISITING NURSE SERVICE	ANGRISANO, RUTH	6.00		87.48	I	
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	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 - LTC NURSING HOME BILL WEEK ENDING	.,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182751 182752 182753 182754	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ANGULO, ELCY ANUT, ALICE	8.00 12.00 33.00 27.00		116.64 I 174.96 I 481.14 I 393.66 I	
				CUSTOMER	80.00	0.00	1,166.40	
				CATEGORY	80.00	0.00	1,166.40	

RUN DATE 02/08/12 - SALES JRNL # 0267		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	12
		:	SALES REGISTER			BILL WEEK ENDING	G 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
182755 2/03/12	800000	VISITING NURSE SERVICE	ANZALONE, LAWRE	2.00		29.16 I	
			CATEGORY	2.00	0.00	29.16	

			YSIDE CITYWIDE	DEG NY NY			PAGE 1	_	13
SALES JRN	L # U26/	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LH BILL WEEK END		2/10/12
			5	ALEG REGIGIER			DIDD WEEK END	71110	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
182756	2/03/12	800000	VISITING NURSE SERVICE	AOUN, ODETTE	8.00		116.64	I	
182757	2/03/12	800000	VISITING NURSE SERVICE	AOUN, ODETTE	11.75		171.32	I	
182758	2/03/12	000008	VISITING NURSE SERVICE	ARIAS, MAGDALEN	22.00		320.76	I	
182759	2/03/12	000008	VISITING NURSE SERVICE	ARIAS, MAGDALEN	24.00		349.92	I	
182760	2/03/12	800000	VISITING NURSE SERVICE	ASGHAR, MUHAMMA	2.00		29.16	I	
182761	2/03/12	800000	VISITING NURSE SERVICE	ASGHAR, MUHAMMA	2.00		29.16	I	
				CUSTOMER	69.75	0.00	1,016.96		
				CATEGORY	69.75	0.00	1,016.96		

RUN DATE 02/ SALES JRNL #	/08/12 - SUP SUNN # 0267 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	14
STEED STATE I	10207 100 001		SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
,	/03/12 000008 /03/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ASH, MARIE ASH, MARIE	4.00 8.00		58.32 116.64	I I
			CUSTOMER	12.00	0.00	174.96	
			CATEGORY	12.00	0.00	174.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 15 LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTE	₹		BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182764 182765	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		21.00 21.00		306.18 I 306.18 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	16
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			i	SALES REGISTER			BILL WEEK ENDIN	IG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
182766	2/03/12	000008	VISITING NURSE SERVICE	AVILA, ENIDIA	8.00		116.64	<u>.</u>
182767	2/03/12	800000	VISITING NURSE SERVICE	AVILA, ENIDIA	8.00		116.64	• •
				CUSTOMER	16.00	0.00	233.28	
				COSTOMER	10.00	0.00	233.20	
				CATEGORY	16.00	0.00	233.28	

RUN DATE 02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17
SALES JRNL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT
		S	SALES REGISTER			BILL WEEK ENDING 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
182768 12/16/11	000008	VISITING NURSE SERVICE	AZAD, ABUL	4.00		58.32 I
182769 1/27/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	12.00		174.96 I
182770 2/03/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	8.00		116.64 I
182771 2/03/12	800000	VISITING NURSE SERVICE	AZAD, ABUL	14.00		204.12 I
			CUSTOMER	38.00	0.00	554.04
			CATEGORY	38.00	0.00	 554.04

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
SALES JRI	NL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	3A
				SALES REGISTER	}		BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
182772	2/03/12	800000	VISITING NURSE SERVI	E BADILLO, JOVITA	4.00		58.32	1
182773	2/03/12	800000	VISITING NURSE SERVI	E BADILLO, JOVITA	7.75		113.00	1
182774	12/23/11	000008	VISITING NURSE SERVI	E BAEZ, JUAN	14.00		204.12	1
182775	2/03/12	000008	VISITING NURSE SERVI	E BAEZ, JUAN	14.00		204.12	I
182776	2/03/12	000008	VISITING NURSE SERVI	E BAEZ, JUAN	21.00		306.18	I
				, 				
				CUSTOMER	60.75	0.00	885.74	
				CATEGORY	60.75	0.00	885.74	

RUN DATE 02/08/ SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	DMEW/O WALLS (LT
INVOICE# DATE	CUST NO	-	REFERENCE	HOURS	TAX AMT		TYP SURPLUS
182777 2/03/ 182778 2/03/ 182779 2/03/ 182780 2/03/	12 000008 12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BALLAS, VIOLA BALLAS, VIOLA BAQUERIZO, ANNA BAQUERIZO, ANNA	15.00 14.75 32.00 24.00		218.70 215.06 466.56 349.92	I I I
			CUSTOMER	85.75	0.00	1,250.24	
			CATEGORY	 85.75	0.00	1,250.24	

			YSIDE CITYWIDE	DEC NY NY			PAGE 1 - 20	
SALES JRN	L # U207	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING :	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182781 182782	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	6.00 3.00		87.48 I 43.74 I	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HO		(1.7)
BALLED GIGV	ш # 0207	100 001	SOMNISIDE CITIWIDE	SALES REGISTER			BILL WEEK END		•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS	S
182783	2/03/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	24.00		349.92	I	
182784	2/03/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	21.00		306.18	I	
182785	2/03/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	27.75		404.60	I	
182786	2/03/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	21.00		306.18	I	
				CUSTOMER	93.75	0.00	1,366.88		-
				CATEGORY	93.75	0.00	1,366.88		-

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - HOA HOSPICE ADUI BILL WEEK ENDING	
			5	ALLS REGISTER			BILL MEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182787	2/03/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	14.00		204.12 I	
182788	2/03/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	21.00		306.18 I	
				CUSTOMER	35.00	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			PAGE 1 VCP CHOICE LH	ICSA	
			S	SALES REGISTER			BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182789	2/03/12	000008	VISITING NURSE SERVICE	BEGUM, IOBAL	2.00		29.16	I	
182790	2/03/12	000008	VISITING NURSE SERVICE	BEGUM, IQBAL	2.00		29.16	I	
182791	2/03/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	85.00		1,239.30	I	
182792	2/03/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	54.00		787.32	I	
				CUSTOMER	143.00	0.00	2,084.94		
				CATEGORY	143.00	0.00	2,084.94		

			YSIDE CITYWIDE				PAGE 1 -	24
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	3 2/10/12
				SALES REGISIER			DILL MEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182793	2/03/12	000008	VISITING NURSE SERVICE	BERSANI, CLAIRE	2.00		29.16 I	
182794	2/03/12	800000	VISITING NURSE SERVICE	BERSANI, CLAIRE	4.00		58.32 I	
				CUSTOMER	6.00	0.00	87.48	

				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE	DDG 1911			_	25
SALES JRN	L # U267	TOG 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	/O WALLS (LT 2/10/12
			•	SALES KEGISIEK			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
100705	2 / 02 / 12	000000	VITATETNA NEDAB ABDVITAB		F 00		72.00	
182795	2/03/12	000008	VISITING NURSE SERVICE	- ,	5.00		72.90 I	
182796	2/03/12	000008	VISITING NURSE SERVICE	BETHUNE, HARRYD	9.75		142.16 I	
182797	2/03/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	12.00		174.96 I	
182798	2/03/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	18.00		262.44 I	
				CUSTOMER	44.75	0.00	652.46	
				CATEGORY	44.75	0.00	652.46	

			YSIDE CITYWIDE				PAGE 1	-	26
SALES JRN	r∟ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER			BILL WEEK ENI	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182799	1/27/12	000008	VISITING NURSE SERVICE	E BHULLA, JIWAN	6.00		87.48	I	
182800	2/03/12	800000	VISITING NURSE SERVIC	E BHULLA, JIWAN	11.75		171.32	I	
182801	2/03/12	800000	VISITING NURSE SERVICE	E BHULLA, JIWAN	18.00		262.44	I	
182802	2/03/12	800000	VISITING NURSE SERVIC	E BIANCO HOPKINS,	8.00		116.64	I	
182803	2/03/12	800000	VISITING NURSE SERVIC	E BIANCO HOPKINS,	4.00		58.32	I	
				CUSTOMER	47.75	0.00	696.20		
				CATEGORY	47.75	0.00	696.20		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182804	2/03/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	16.00		233.28 I	
182805	2/03/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	24.00		349.92 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE					28
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182806 182807	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	8.00 12.00		116.64 I 174.96 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 2	29
BALLS OR	VL # 0207	100 001		ALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182808	2/03/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	8.00		116.64	I	
182809	2/03/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	12.00		174.96	I	
182810	12/30/11	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	7.00		102.06	I	
182811	2/03/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	28.00		408.24	I	
182812	2/03/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	20.25		295.25	I	
				CUSTOMER	75.25	0.00	1,097.15		
				CATEGORY	75.25	0.00	1,097.15		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRN	rL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182813	2/03/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE 0	2/08/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
SALES JRNL	# 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	
			i	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182814	2/03/12	000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	10.00		145.80 I	
182815	2/03/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	15.00		218.70 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	2
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182816	2/03/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	4.00		58.32 I	
182817	2/03/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	8.00		116.64 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1		
SALES JRN	L # U267	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING E BILL WEEK END		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182818 182819	2/03/12	800000	VISITING NURSE SERVICE	·	17.00		247.86 262.44	I	
182819	2/03/12	000008	VISITING NURSE SERVICE	BOYADJIAN, ZARO	18.00		202.44		
				CUSTOMER	35.00	0.00	510.30		
				CATEGORY	35.00	0.00	510.30		

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		34
SALES UKK	IL # 0207	TOC 001		ALES REGISTER	2		BILL WEEK EN		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182820	2/03/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	36.00		524.88	I	
182821	2/03/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	27.00		393.66	I	
182822	2/03/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	3.00		43.74	I	
182823	2/03/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	6.00		87.48	I	
182824	2/03/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	32.00		466.56	I	
182825	2/03/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	23.75		346.28	I	
				CUSTOMER	127.75	0.00	1,862.60		
				CATEGORY	127.75	0.00	1,862.60		

RUN DATE 02/08/12 SALES JRNL # 0267	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 35 LAD NURSING HOME W/O WALLS LT BILL WEEK ENDING 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
182826 12/16/11 182827 2/03/12 182828 2/03/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BUSCARELLO, JOH BUSCARELLO, JOH BUSCARELLO, JOH	8.00 35.00 24.00		116.64 I 510.30 I 349.92 I
			CUSTOMER	67.00	0.00	976.86
			CATEGORY	67.00	0.00	 976.86

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		36
	2 11 020	200 001		LES REGISTER	1		BILL WEEK EN		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182829	2/03/12	000008	VISITING NURSE SERVICE	CABA, PURA	2.00		29.16	I	
182830	2/03/12	800000	VISITING NURSE SERVICE	CABA, PURA	6.00		87.48	I	
182831	2/03/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	16.00		233.28	I	
182832	2/03/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	24.00		349.92	I	
182833	2/03/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	28.00		408.24	I	
182834	2/03/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	16.00		233.28	I	
182835	2/03/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	24.00		349.92	I	
182836	2/03/12	800000	VISITING NURSE SERVICE	CALDERON, VIRGI	18.00		262.44	Ι	
				CUSTOMER	134.00	0.00	1,953.72		
				CATEGORY	134.00	0.00	1,953.72		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE AD	5 /
			S	BALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
182837 182838	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CALKOSZ, JOSEFI CALKOSZ, JOSEFI	36.00 27.00		524.88 393.66	I
102030	2/03/12	000008	VISITING NURSE SERVICE	CALKOSZ, UOSEFI	27.00		393.00	
				CUSTOMER	63.00	0.00	918.54	
				CATEGORY	63.00	0.00	918.54	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	38
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDING	3 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
182839	2/03/12	000008	VISITING NURSE SERVICE	CAMBARA, JOSEFA	32.00		466.56 I	
182840	2/03/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	24.00		349.92 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	 56.00	0.00	816.48	

			YSIDE CITYWIDE				PAGE 1 -	- 3	9
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			ADU ADULT BILL WEEK END	rata	2/10/12
				SALES REGISIER			PILL MEEK END.	LING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	ГҮР	SURPLUS
182841	2/03/12	000008	VISITING NURSE SERVICE	CANDIDO, ELENA	3.00		43.74	т	
182842	2/03/12	000008	VISITING NORSE SERVICE VISITING NURSE SERVICE		6.00		87.48	I	
				CUSTOMER	9.00	0.00	131.22		
				CATEGORY	9.00	0.00	131.22		

RUN DATE 02 SALES JRNL		SUP SUNNY LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	, ,		VISITING NURSE SERVIC	,	ADELINA ADELINA	24.00 18.00		349.92 262.44	I I	
					CUSTOMER	42.00	0.00	612.36		
					- CATEGORY	42.00	0.00	612.36		

			YSIDE CITYWIDE				11101		11
SALES JRN	ı∟ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		0/10/10
			S	SALES REGISTER			BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182845	2/03/12	000008	VISITING NURSE SERVICE	CAPORASO, VINCE	48.00		699.84	I	
182846	2/03/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	35.50		517.59	I	
				CUSTOMER	83.50	0.00	1,217.43		
				CATEGORY	83.50	0.00	1,217.43		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			:	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182847	2/03/12	000008	VISITING NURSE SERVICE	CARBAJAL, MERCE	12.00		174.96 I	
182848	2/03/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	18.00		262.44 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE	DEG NW NW			11102	-	43
SALES JRN	L # U26/	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK EN	OING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182849 182850	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CARDONA, MARIA CARDONA, MARIA	39.75 29.25		579.56 426.47	I	
				CUSTOMER	69.00	0.00	1,006.03		
				CATEGORY	69.00	0.00	1,006.03		

RUN DATE SALES JRN	02/08/12 -	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI		44
	.2 0207	200 001		LES REGISTER			BILL WEEK EN		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182851	2/03/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	31.75		462.92	I	
182852	2/03/12	800000	VISITING NURSE SERVICE	CARDOSO, ORLAND	24.00		349.92	I	
182853	2/03/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	10.00		145.80	I	
182854	2/03/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	14.75		215.06	I	
182855	2/03/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	18.00		262.44	I	
182856	2/03/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	18.00		262.44	I	
182857	2/03/12	800000	VISITING NURSE SERVICE	CARTAFALSA, NEL	40.00		583.20	I	
182858	2/03/12	800000	VISITING NURSE SERVICE	CARTAFALSA, NEL	30.00		437.40	I 	
				CUSTOMER	186.50	0.00	2,719.18		
				CATEGORY	 186.50	0.00	2,719.18		

			YSIDE CITYWIDE				PAGE 1 -	45
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	3 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
182859	2/03/12	000008	VISITING NURSE SERVICE	CARTAGENA, FRAN	32.00		466.56 I	
182860	2/03/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	24.25		353.57 I	
				CUSTOMER	56.25	0.00	820.13	
				CATEGORY	56.25	0.00	820.13	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 46	б
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REHAB ON	LY
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182861	2/03/12	800000	VISITING NURSE SERVICE	CARUS, SYLVIA	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	47
SALES UKN	ш # 0207	LOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182862 182863	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CEBALLOS, CLEME CEBALLOS, CLEME	8.00 12.00		116.64 I 174.96 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00		

			YSIDE CITYWIDE				PAGE 1 -	48
SALES 0	JRNL # 0267	LOC 001		REG NY NY			ADU ADULT	~ 0/10/10
			2	SALES REGISTER			BILL WEEK ENDING	3 2/10/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
182864	2/03/12	800000	VISITING NURSE SERVICE	CELIO, MARION	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			2	SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
182865	2/03/12	000008	VISITING NURSE SERVICE	CERNILLI, MARIA	12.00		174.96	I
182866	2/03/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	12.00		174.96	I
				CUSTOMER	24.00	0.00	349.92	
				COSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	50
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182867	2/03/12	000008	VISITING NURSE SERVICE	CHAPPLE, VICKIE	4.00		58.32	I	
182868	2/03/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	14.00		204.12	I	
				CHICEOMED	10.00	0.00	262.44		
				CUSTOMER	18.00	0.00	262.44		
				CATEGORY	18.00	0.00	262.44		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	51
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
182869	2/03/12	000008	VISITING NURSE SERVICE	CHARLES PIERRE,	13.00		189.54 I	
182870	2/03/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	18.00		262.44 I	
				CUSTOMER	31.00	0.00	451.98	
				CATEGORY	31.00	0.00	451.98	

ı	RUN DATE	02/08/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	52
ı	SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
ı				:	SALES REGISTER			BILL WEEK ENDING	2/10/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
	182871	1/20/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	4.00		58.32 I	
					CATEGORY	4.00	0.00	58.32	

RUN DATE (02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_ 5	53
SALES JRNI	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			5	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182872	2/03/12	000008	VISITING NURSE SERVICE	CHAUCA, PEDRO	32.00		466.56	I	
182873	2/03/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	24.00		349.92	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	 56.00	0.00	816.48		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 54
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				S A L E S R E G I S T E R			BILL WEEK ENDI	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
182874	2/03/12	000008	VISITING NURSE SERVICE	CHINGA, ALBA	10.00		145.80	I
182875	2/03/12	800000	VISITING NURSE SERVICE	CHINGA, ALBA	15.00		218.70	I
				CUSTOMER	25.00	0.00	364.50	
				COSTOMER	25.00	0.00	304.30	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	55
SALES JRN	NL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			Ş	SALES REGISTER			BILL WEEK ENDING	G 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
182876	1/27/12	800000	VISITING NURSE SERVICE	CHIPA, PANAGIOT	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER	HOA HOSPICE ADULT BILL WEEK ENDING 2/10/12
	BILL WEEK ENDING 2/10/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS	TAX AMT AMOUNT TYP SURPLUS
182877 2/03/12 000008 VISITING NURSE SERVICE CHIPA, PANAGIOT 12.00	174.96 I
CATEGORY 12.00	0.00 174.96

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	57
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182878	2/03/12	000008	VISITING NURSE SERVICE	CHO, MOGEE	12.00		174.96	I	
182879	2/03/12	800000	VISITING NURSE SERVICE	CHO, MOGEE	18.00		262.44	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	50
BALLS OIL	11 H 0207	HOC 001		ALES REGISTER	1		BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
182880	2/03/12	000008	VISITING NURSE SERVICE	CHOUDHURY, SHAM	28.00		408.24	I
182881	2/03/12	800000	VISITING NURSE SERVICE	CHOUDHURY, SHAM	21.00		306.18	I
182882	2/03/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	16.00		233.28	I
182883	2/03/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	24.00		349.92	I
182884	2/03/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	19.25		280.67	I
182885	2/03/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	10.75		156.74	I
				CUSTOMER	119.00	0.00	1,735.03	
				CATEGORY	119.00	0.00	1,735.03	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 5	59
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182886	2/03/12	000008	VISITING NURSE SERVICE	CIPRIAN, FREDEV	32.00		466.56	I	
182887	2/03/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	24.00		349.92	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER	2		PAGE 1 ADU ADULT BILL WEEK ENI		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182889	1/20/12 2/03/12 2/03/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	COLEMAN, JAMES COLEMAN, JAMES COLEMAN, JAMES	2.00 4.00 2.00		29.16 58.32 29.16	I I I	
				CUSTOMER	8.00	0.00	116.64		
				CATEGORY	8.00	0.00	116.64		

RUN DATE 02/08/12 SALES JRNL # 0267	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E 1	?		PAGE 1 LTC NURSING BILL WEEK EN	HOMEW	61 /O WALLS (LT 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182891 2/03/12 182892 2/03/12 182893 2/03/12 182894 2/03/12 182895 2/03/12 182896 2/03/12 182897 2/03/12 182898 2/03/12	000008 000008 000008 000008 000008 000008	VISITING NURSE SERVICE	COLLER, FELISA COLLER, FELISA COLLER, JOSE COLLER, JOSE COLON, ANTONIA COLON, ISABEL COLON, ISABEL	8.00 12.00 6.00 9.00 24.00 18.00 11.75 16.25		116.64 174.96 87.48 131.22 349.92 262.44 171.32 236.93	I I I I I	
102030 2703712		VIBILING NONDE BERVICE	CUSTOMER CATEGORY	105.00	0.00	1,530.91		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182899	2/03/12	000008	VISITING NURSE SERVICE	CORDERO, NELLY	96.00		1,399.68 I	
182900	2/03/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	72.00		1,049.76 I	
				CUSTOMER	168.00	0.00	2,449.44	
				COSTOMER	100.00	0.00	2,449.44	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 6	3
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		,
			i	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182901	2/03/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	12.00		174.96	I	
182902	2/03/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	18.00		262.44	I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE SALES JRN		SUP SUNN LOC 001		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
182903 182904	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	8.00 12.00		116.64 I 174.96 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00		

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	
182905 182906	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	12.00 18.00		174.96 I 262.44 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	66
SALES JRN	L # U267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDING	2/10/12
							DIEL WEEK ENDING	2,10,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182907	1/06/12	000008	VISITING NURSE SERVICE	COTTON, MARCUS	1.00		14.58 I	
182908	2/03/12	800000	VISITING NURSE SERVICE	COVALIU, SAVETA	9.25		134.87 I	
				CUSTOMER	10.25	0.00	149.45	
				CATEGORY	10.25	0.00	149.45	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
182909	2/03/12	000008	VISITING NURSE SERVICE	COVALIU, SIMION	7.75		113.00 I	
182910	2/03/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	12.00		174.96 I	
				CUSTOMER	19.75	0.00	287.96	
				CATEGORY	19.75	0.00	287.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 HOA HOSPICE	ADULT	58
			2	SALES R	EGISTE	i R		BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182911 182912	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	PETRA PETRA	16.00 3.00		233.28 43.74	I I	
					CUSTOMER	19.00	0.00	277.02		
					- CATEGORY	19.00	0.00	277.02		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 LAD NURSING		69 W/O WALLS LT
			:	SALES R	EGISTE	R		BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182913 182914 182915	1/27/12 2/03/12 2/03/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CRUZ,	HECTOR HECTOR HECTOR	3.00 23.75 13.00		43.74 346.28 189.54	I I	
102913	2/03/12	00000	VIDITING NORDE BERVICE	CROZ,	CUSTOMER -	39.75	0.00	579.56		
					– CATEGORY		0.00	 579.56		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	_	70
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY N				VCP CHOICE L		
			2	SALES RE	GISTE	R		BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182916	2/03/12	800000	VISITING NURSE SERVICE	CRUZ,	JUANA	8.00		116.64	I	
182917	2/03/12	000008	VISITING NURSE SERVICE	CRUZ,	JUANA	12.00		174.96	I	
					CUSTOMER	20.00	0.00	291.60		
					- CATEGORY	20.00	0.00	291.60		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 7 ADU ADULT	1
Brilling Grav	1 0207	100 001		SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182918 182919	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	CUCCIARDI, EMAN CUCCIARDI, EMAN	4.00 4.00		58.32 I 58.32 I	
				CUSTOMER	8.00	0.00	116.64	
				CATEGORY	8.00	0.00	 116.64	

RUN DATE 02	2/08/12 - SUI	P SUNNYSID	E CITYWIDE					PAGE 1	- 7	72
SALES JRNL	# 0267 LO	C 001 SUI	NNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L		
				SALES R	EGISTE	R		BILL WEEK EN	DING	2/10/12
INVOICE#	DATE CUS	ST NO CUST	TOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182920 2	2/03/12 000	0008 VIS	SITING NURSE SERV	CE CURI	EY, INGEBOR	10.00		145.80	I	
182921 2	2/03/12 000	0008 VIS	SITING NURSE SERV	CE CURL	EY, INGEBOR	15.00		218.70	I	
					CUSTOMER	25.00	0.00	364.50		
					 CATEGORY		0.00	364.50		

RUN DATE 02/08/3 SALES JRNL # 020		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	73 7/O WALLS (LT 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182922 2/03/2 182923 2/03/2		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	10.00 12.50		145.80 I 182.25 I	
			CUSTOMER	22.50	0.00	328.05	
			 CATEGORY	22.50	0.00	328.05	

			YSIDE CITYWIDE	DDG NV NV			-	74
SALES JRI	NL # 0267	TOC 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182924	2/03/12	000008	VISITING NURSE SERVICE	DANIELS, DEIRDR	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 7	['] 5
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182925	2/03/12	000008	VISITING NURSE SERVICE	DANNY, RAMDULAR	32.00		466.56	I	
182926	2/03/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	24.00		349.92	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				PAGE 1 -	76
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA	
			•	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182927	2/03/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	23.50		342.63 I	
182928	2/03/12	000008	VISITING NURSE SERVICE	•	12.00		174.96 I	
				CUSTOMER	35.50	0.00	517.59	
				CUSTOMER	35.50	0.00	517.59	
				CATEGORY	35.50	0.00	517.59	

RUN DATE 02/08/12 - SI SALES JRNL # 0267 LO	UP SUNNYSIDE CITYWIDE	YWIDE REG NY NY			PAGE 1 - LAD NURSING HOME	77
SALES URNL # 0207 L	OC UUI SUNNISIDE CII		GISTER		BILL WEEK ENDING	2/10/12
INVOICE# DATE C	UST NO CUSTOMER NAME	REFERE	NCE HOURS	TAX AMT	AMOUNT TYP	SURPLUS
, , , , ,	00008 VISITING NURSE		PIO, FEL 16.00		233.28 I	
102930 2/03/12 0	VISITING NORSE					
		C	USTOMER 40.00	0.00	583.20	
			 ATEGORY 40.00	0.00	583.20	
	00008 VISITING NURSE	SERVICE DEL CAR	PIO, FEL 16.00 PIO, FEL 24.00 USTOMER 40.00	0.00	233.28 I 349.92 I 583.20	

RUN DATE SALES JRN			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	IOMEW/O	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	SURPLUS
182931 182932 182933 182934	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.00 18.00 20.00 15.00		291.60 262.44 291.60 218.70	I I I	
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

RUN DATE	02/08/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79
SALES JRN	NL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S A L E S R E G I S T E R			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182935	2/03/12	000008	VISITING NURSE SERVIC	E DELOSSANTOS, MA	12.50		182.25 I	
	, ,		ATSTITUG MOKSE SEKATO					
182936	2/03/12	000008	VISITING NURSE SERVIC	E DELOSSANTOS, MA	12.00		174.96 I	
182937	1/13/12	000008	VISITING NURSE SERVIC	E DELPOZO, MIGUEL	20.00		291.60 I	
182938	2/03/12	000008	VISITING NURSE SERVIC	E DELPOZO, MIGUEL	8.00		116.64 I	
182939	2/03/12	800000	VISITING NURSE SERVIC	E DELPOZO, MIGUEL	12.00		174.96 I	
				CUSTOMER	64.50	0.00	940.41	
				CATEGORY	64.50	0.00	940.41	
				CALEGORY	04.50	0.00	940.41	

RUN DATE 02/08/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 80
SALES JRNL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		5	SALES REGISTER			BILL WEEK EN	DING 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
182940 2/03/12 182941 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	16.00 12.00		233.28 174.96	I I
			CUSTOMER	28.00	0.00	408.24	
			CATEGORY	 28.00	0.00	408.24	

RUN DATE 0 SALES JRNL		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 83 LTC NURSING HOMEW/O BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	17.00 18.00		247.86 I 262.44 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE 02/08/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 82
SALES JRNL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA
			SALES REGISTER			BILL WEEK ENI	DING 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
182944 2/03/12	000008	VISITING NURSE SERVICE	DEZUMARAN, REBE	18.00		262.44	I
182945 2/03/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	26.75		390.02	I
			CUSTOMER	44.75	0.00	652.46	
			CATEGORY	 44.75	0.00	 652.46	

RUN DATE 02/08/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 8	33
SALES JRNL # 0267	LOC 001		-	NY			LTC NURSING	HOMEW/	O WALLS (LT
			SALES R	EGISTE	R		BILL WEEK EN	DING	2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182946 12/30/11	000008	VISITING NURSE SERVICE	DIAZ,	HILDA	5.00		72.90	I	
182947 2/03/12	800000	VISITING NURSE SERVICE	DIAZ,	HILDA	15.00		218.70	I	
182948 2/03/12	800000	VISITING NURSE SERVICE	DIAZ,	HILDA	17.00		247.86	I	
				_					
				CUSTOMER	37.00	0.00	539.46		
				_					
				CATEGORY	37.00	0.00	539.46		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		34
	.2 0207	200 001		LES REGISTER	2		BILL WEEK ENI		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182949	2/03/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	14.00		204.12	I	
182950	2/03/12	800000	VISITING NURSE SERVICE	DIAZ, MARIA	21.00		306.18	I	
182951	2/03/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	24.00		349.92	I	
182952	2/03/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	18.00		262.44	I	
182953	2/03/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	18.00		262.44	I	
182954	2/03/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	18.00		262.44	I	
182955	2/03/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	40.00		583.20	I	
182956	2/03/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	30.00		437.40	I	
				CUSTOMER	183.00	0.00	2,668.14		
				 CATEGORY	183.00	0.00	2,668.14		

			YSIDE CITYWIDE	DEC MY MY			11102	- 85
SALES JRNL	ı # U∠6/	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END:	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS
	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	6.00 1.00		87.48 14.58	I I
				CUSTOMER	7.00	0.00	102.06	
				CATEGORY	7.00	0.00	102.06	

		- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	86
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDING	G 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
182959	2/03/12	000008	VISITING NURSE SERVICE	DOMINGUEZ, MARI	23.50		342.63 I	
182960	2/03/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	18.00		262.44 I	
182961	2/03/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	8.00		116.64 I	
182962	2/03/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	12.00		174.96 I	
				CUSTOMER	61.50	0.00	896.67	
				CATEGORY	61.50	0.00	896.67	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY			PAGE 1 LTC NURSING	HOMEW/	•
			:	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182963 182964	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	16.00 16.00		233.28 233.28	I	
				CUSTOMER	32.00	0.00	466.56		
				CATEGORY	32.00	0.00	466.56		

			YSIDE CITYWIDE				PAGE 1 - 8	8
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182965	2/03/12	000008	VISITING NURSE SERVICE	DUGLUS, MAY RUT	24.00		349.92 I	
182966	2/03/12	800000	VISITING NURSE SERVICE	DUGLUS, MAY RUT	18.00		262.44 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 8 LTC NURSING HOMEW/	-
Brilling Grav	1 0207	100 001		SALES REGISTED	₹		BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182967	2/03/12	000008	VISITING NURSE SERVICE	- ,	18.75		273.38 I	
182968	2/03/12	000008	VISITING NURSE SERVICE	DUTAN, SELINDA	21.00		306.18 I	
				CUSTOMER	39.75	0.00	579.56	
				CATEGORY	39.75	0.00	579.56	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE C BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182969 182970	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · · · · · · · · · · · · · · · · ·	6.00 9.00		87.48 I 131.22 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	91
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	BALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182971	1/13/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	7.00		102.06 I	
182972	2/03/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	15.00		218.70 I	
182973	2/03/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	21.00		306.18 I	
182974	2/03/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CUSTOMER	47.00	0.00	685.26	
				CATEGORY	47.00	0.00	685.26	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	2
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			:	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182975	2/03/12	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	8.00		116.64 I	
182976	2/03/12	000008	VISITING NURSE SERVICE	•	12.00		174.96 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				-	93
SALES JRNI	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/10/12
							-	, -,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182977	2/03/12	000008	VISITING NURSE SERVICE	ESPEJO, GRACIEL	12.00		174.96 I	
182978	2/03/12	000008	VISITING NURSE SERVICE	·	18.00		262.44 I	
				GUGEOMED.			427.40	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	4
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182979	2/03/12	000008	VISITING NURSE SERVICE	EVERETT, SHIRLE	12.00		174.96 I	
182980	2/03/12	800000	VISITING NURSE SERVICE	EVERETT, SHIRLE	15.00		218.70 I	
				CUSTOMER	27.00	0.00	393.66	
				CATEGORY	27.00	0.00	393.66	

			YSIDE CITYWIDE				PAGE 1	- !	95
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		0/10/10
			S	SALES REGISTER			BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182981	2/03/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	31.50		459.27	I	
182982	2/03/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	24.00		349.92	I	
182983	2/03/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	6.00		87.48	I	
182984	2/03/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	6.00		87.48	I	
182985	2/03/12	800000	VISITING NURSE SERVICE	FARIAS, SONIA	5.00		72.90	I	
				CUSTOMER	72.50	0.00	1,057.05		
				CATEGORY	72.50	0.00	1,057.05		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 96	
SALES JRN	rL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING 2	/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
182986	2/03/12	800000	VISITING NURSE SERVICE	FARO, VIRGINIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 0: SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 97 ADU ADULT	
DALLO GIAVE	т 0207	100 001		SALES REGISTER				10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	20.00 15.00		291.60 I 218.70 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	98
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	ALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
182989	2/03/12	000008	VISITING NURSE SERVICE	FERMIN, OROUIDI	32.00		466.56	I
182990	2/03/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	24.00		349.92	I
				CUSTOMER	 56.00	0.00	816.48	
				3021011111	30.00	0.00	010.10	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGAT BILL WEEK END	E CARI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182991 182992	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 9.00		87.48 131.22	I	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 10	00
511225 0141	2 020,	200 001		SALES REGISTER			BILL WEEK ENI		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
182993 182994	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	6.00 9.00		87.48 131.22	I	
182994	2/03/12	000008	VISITING NURSE SERVICE	FERREIRO, JOSEP	9.00		131.22		
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE 02/08/12 SALES JRNL # 0267			REG NY NY			PAGE 1 - ADU ADULT	101
SALES UNIL # 0207	TOC 001		SALES REGISTER			BILL WEEK ENDIN	G 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
182995 2/03/12 182996 2/03/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 6.00		43.74 I 87.48 I	
102990 2/03/12	000000	VISITING NURSE SERVICE	FINK, ROSLMARIE				
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK EN	TYP	2/10/12 SURPLUS
182997	2/03/12	000008	VISITING NURSE SERVICE		28.00		408.24	I	
182998	2/03/12	800000	VISITING NURSE SERVICE		8.00		116.64	I 	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 10 CCL CONGREGATE CAR: BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
182999 183000	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	2.00		29.16 I 58.32 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 104
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			S	SALES REGISTER			BILL WEEK END	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
183001	2/03/12	000008	VISITING NURSE SERVICE	FOLLETTO, ROSIN	7.00		102.06	I
183002	2/03/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	20.50		298.89	I
183003	2/03/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	20.00		291.60	I
183004	2/03/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	9.75		142.16	I
				CUSTOMER	57.25	0.00	834.71	
				CATEGORY	57.25	0.00	834.71	

RUN DATE 02/08/2 SALES JRNL # 02		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTE	R		PAGE 1 - ADU ADULT BILL WEEK ENDING	105 G 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183005 2/03/3 183006 2/03/3		VISITING NURSE SERVICE VISITING NURSE SERVICE	•	7.00 3.00		102.06 I 43.74 I	
			CUSTOMER	10.00	0.00	145.80	
			 CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE				PAGE 1	- 10	06
SALES JRN	r∟ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW,	O WALLS (LT
			S	ALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
102007	0 /00 /10	00000	MICHELMA MIDAR CERMICA		20.00		466 56	-	
183007	2/03/12	000008	VISITING NURSE SERVICE	FRED, EULALIA	32.00		466.56	I	
183008	2/03/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	16.00		233.28	I	
183009	1/13/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	8.00		116.64	I	
183010	1/20/12	800000	VISITING NURSE SERVICE	FREIJOSO, ROSA	6.00		87.48	I	
183011	2/03/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	22.00		320.76	I	
183012	2/03/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	24.00		349.92	I	
183013	2/03/12	000008	VISITING NURSE SERVICE	FUNES, GEORGINA	20.00		291.60	I	
183014	2/03/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	15.00		218.70	I	
					140.00				
				CUSTOMER	143.00	0.00	2,084.94		
				CATEGORY	143.00	0.00	2,084.94		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 107	•
SALES UKN	IL # 0207	100 001		ALES REGISTER			BILL WEEK END		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
183015	2/03/12	000008	VISITING NURSE SERVICE	GAID, ASILA	20.00		291.60	I	
183016	2/03/12	800000	VISITING NURSE SERVICE	GAID, ASILA	15.00		218.70	I	
183017	2/03/12	800000	VISITING NURSE SERVICE	GALLARDO, ZOILA	24.00		349.92	I	
183018	2/03/12	800000	VISITING NURSE SERVICE	GALLARDO, ZOILA	18.00		262.44	I	
183019	2/03/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	3.00		43.74	I	
183020	2/03/12	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	6.00		87.48	I	
				CUSTOMER	86.00	0.00	1,253.88		
				CATEGORY	86.00	0.00	1,253.88		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	108
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	MEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDIN	JG 2/10/12
INVOICE#	DAME	GIIGE NO	CLICHOMED NAME	REFERENCE	HOUDG	max amm	AMOUNT TY	P SURPLUS
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	IP SURPLUS
183021	2/03/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	14.00		204.12	<u> </u>
183022	2/03/12	800000	VISITING NURSE SERVICE	GALLO, BENJAMIN	15.75		229.64	[
183023	1/27/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	8.00		116.64	[
183024	2/03/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	4.00		58.32	<u> </u>
183025	2/03/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	9.00		131.22	[
				CUSTOMER	50.75	0.00	739.94	
				CATEGORY	50.75	0.00	739.94	

RUN DATE 02/08/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 109	
SALES JRNL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
		S	SALES REGISTER			BILL WEEK ENI	DING 2	/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	URPLUS
183026 2/03/12	800000	VISITING NURSE SERVICE	GARCIA, ADRIANO	19.75		287.96	I	
183027 2/03/12	000008	VISITING NURSE SERVICE	GARCIA, ADRIANO	15.00		218.70	I	
183028 2/03/12	000008	VISITING NURSE SERVICE	GARCIA, JOSEFIN	32.00		466.56	I	
183029 2/03/12	800000	VISITING NURSE SERVICE	GARCIA, JOSEFIN	24.00		349.92	I	
			 CUSTOMER	90.75	0.00	1,323.14		
			COSTOMER	20.75	0.00	1,323.14		
			CATEGORY	90.75	0.00	1,323.14		

RUN DATE 02 SALES JRNL			REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	2/10/12
INVOICE#	DATE CUST N	O CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	2/03/12 000008 2/03/12 000008		GARCIA, JUANA GARCIA, JUANA	46.75 36.00		681.62 I 524.88 I	
			CUSTOMER	82.75	0.00	1,206.50	
			CATEGORY	82.75	0.00	1,206.50	

	02/08/12 - NL # 0267	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTE	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183032	2/03/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	12.00		174.96	I	
183033	2/03/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	18.00		262.44	I	
183034	2/03/12	800000	VISITING NURSE SERVICE	GARY, MIKE	14.00		204.12	I	
183035	2/03/12	800000	VISITING NURSE SERVICE	GARY, MIKE	21.00		306.18	I	
183036	12/16/11	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	8.00		116.64	I	
183037	1/27/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	8.00		116.64	I	
183038	2/03/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	16.00		233.28	I	
183039	2/03/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	24.00		349.92	I	
				CUSTOMER	121.00	0.00	1,764.18		
				CATEGORY	121.00	0.00	1,764.18		

RUN DATE 02/0 SALES JRNL #			REG NY NY SALES REGISTER			PAGE 1 - 11 VCP CHOICE LHCSA BILL WEEK ENDING	2/10/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	3/12 000008 3/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GEORGE, MERCEDE GEORGE, MERCEDE	27.00 22.00		393.66 I 320.76 I	
			CUSTOMER	49.00	0.00	714.42	
			CATEGORY	49.00	0.00	714.42	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 113 LTC NURSING HOMEW/O WALLS	/ T TT
SALES URN	ш # 0207	LOC 001		SALES REGISTER			BILL WEEK ENDING 2/10/12	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
183042 183043	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE	·	26.00 19.00		379.08 I 277.02 I	
103043	2/03/12	000008	VISITING NORSE SERVICE	GIORGIO, WILLIA				_
				CUSTOMER	45.00	0.00	656.10	
								_
				CATEGORY	45.00	0.00	656.10	

		YSIDE CITYWIDE				PAGE 1 -	- 114
SALES JRNL #	0267 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK END	ING 2/10/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
	3/12 000008 3/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 6.00		43.74 87.48	I I
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 CCL CONGREGAT BILL WEEK END	E CAR	
							DIDD WEEK END	1110	, -,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183046	2/03/12	000008	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	32.00		466.56	I	
183047	2/03/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	24.00		349.92	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 116	5
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183048	2/03/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	9.00		131.22 I	
183049	2/03/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	15.00		218.70 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 02/08/12 SALES JRNL # 0267		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183050 2/03/12 183051 2/03/12 183052 2/03/12 183053 2/03/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOMEZ, ROSANA GOMEZ, VICTORIA	14.00 20.25 16.50 10.00		204.12 I 295.25 I 240.57 I 145.80 I	
			CUSTOMER	60.75	0.00	885.74	
			CATEGORY	60.75	0.00	885.74	

			YSIDE CITYWIDE				PAGE 1 - 118	
SALES JRN	ı∟ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 2/10	0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
183054	2/03/12	000008	VISITING NURSE SERVICE	GONZALEZ, CARLO	4.00		58.32 I	
183055	2/03/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	2.00		29.16 I	
				CUSTOMER	6.00	0.00	87.48	
				COSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE 02	2/08/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	.9
SALES JRNL	# 0267 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		S	BALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183056 2	2/03/12 000008	VISITING NURSE SERVICE	GONZALEZ, DOLOR	12.00		174.96 I	
183057 2	2/03/12 000008	VISITING NURSE SERVICE	GONZALEZ, DOLOR	12.00		174.96 I	
			CUSTOMER	24.00	0.00	349.92	
			CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 LTC NURSING 1 BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183058 183059	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	12.00 18.00		174.96 262.44	I I	
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE 02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	21
SALES JRNL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
		:	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183060 2/03/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	8.00		116.64 I	
183061 2/03/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	12.00		174.96 I	
183062 2/03/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	16.00		233.28 I	
183063 2/03/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	24.00		349.92 I	
			CUSTOMER	60.00	0.00	874.80	
			CATEGORY	60.00	0.00	874.80	

RUN DATE 02/08/12 SALES JRNL # 0267	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 122 LAA LOMBARDI AIDS ADULT POPUL BILL WEEK ENDING 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
183064 2/03/12 183065 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	27.50 20.75		400.96 I 302.54 I
			CUSTOMER	48.25	0.00	703.50
			CATEGORY	48.25	0.00	703.50

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183066 183067 183068 183069	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GUEVARA, ELENA GUEVARA, ELENA GUTIERREZ, ANGE GUTIERREZ, ANGE	46.50 36.00 16.00 24.00		677.97 I 524.88 I 233.28 I 349.92 I	
				CUSTOMER	122.50	0.00	1,786.05	
				CATEGORY	122.50	0.00	1,786.05	

- 1				YSIDE CITYWIDE				PAGE 1 -	
ı	SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
				:	SALES REGISTER			BILL WEEK ENDING	2/10/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	183070	2/03/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	1.00		14.58 I	
ı									
					CATEGORY	1.00	0.00	14.58	
ı					CAIEGORI	1.00	0.00	14.50	

			YSIDE CITYWIDE				11102	- 12	25
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	TMO	2/10/12
				SALES REGISTER			BILL WEEK END	JING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183071	2/03/12	000008	VISITING NURSE SERVICE	HALPERN, SIDNEY	6.00		87.48	I	
183072	2/03/12	800000	VISITING NURSE SERVICE	HALPERN, SIDNEY	5.75		83.84	I	
183073	2/03/12	800000	VISITING NURSE SERVICE	HENAO, BEATRIZ	5.00		72.90	I	
				CUSTOMER	16.75	0.00	244.22		
				CATEGORY	16.75	0.00	244.22		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	6
SALES JRN	rL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183074	2/03/12	000008	VISITING NURSE SERVICE	HENDY, BERNICE	5.00		72.90 I	
183075	2/03/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	10.00		145.80 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE	222			PAGE 1 - 12	17
SALES JRNI	L # U26/	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183076 183077	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ - ,	1.00 24.00		14.58 I 349.92 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12	28
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183078	2/03/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	18.00		262.44 I	
183079	2/03/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	18.00		262.44 I	
				CUSTOMER	36.00	0.00	524.88	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE					- 12	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING F		,
			S	ALES REGISTER			BILL WEEK ENI	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
INVOICE#	DAIL	COSI NO	CUSTOMER NAME	REFERENCE	nouks	IAA AMI	AMOUNT	IIP	SURPLUS
183080	2/03/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	12.00		174.96	I	
183081	2/03/12	000008	VISITING NURSE SERVICE	HERRERA, ANGELA	19.50		284.32	Ī	
183082	2/03/12	000008	VISITING NURSE SERVICE	HERRERA, HORACI	24.00		349.92	I	
183083	2/03/12	000008	VISITING NURSE SERVICE	HERRERA, HORACI	18.00		262.44	I	
183084	2/03/12	000008	VISITING NURSE SERVICE	HUNGRIA, SABINA	19.00		277.02	I	
183085	2/03/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	21.00		306.18	I	
				CUSTOMER	 113.50	0.00	1,654.84		
				COSTONER	113.30	0.00	1,004.04		
				CATEGORY	113.50	0.00	1,654.84		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	130
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183086	2/03/12	000008	VISITING NURSE SERVICE	IBASCO, SOFIA	8.00		116.64 I	
183087	2/03/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	12.00		174.96 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 LAA LOMBARDI BILL WEEK END	AIDS ADUL	T POPUL 0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SUR	PLUS
183088 183089 183090	1/27/12 2/03/12 2/03/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	INOSTROZA, RAPH INOSTROZA, RAPH INOSTROZA, RAPH	16.00 21.00 25.50		233.28 306.18 371.79	I I I	
				CUSTOMER	62.50	0.00	911.25		
				CATEGORY	62.50	0.00	911.25		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 132	
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			i i i i i i i i i i i i i i i i i i i	SALES REGISTER			BILL WEEK END	ING 2/	10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SUI	RPLUS
183091	2/03/12	000008	VISITING NURSE SERVICE	INSERRA, CATHER	28.00		408.24	I	
183092	2/03/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	20.75		302.54	I	
				CUSTOMER	48.75	0.00	710.78		
				CATEGORY	48.75	0.00	710.78		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13	33
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
				SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183093	2/03/12	000008	VISITING NURSE SERVICE	IRUSTA, MARIA	3.00		43.74	I	
183094	2/03/12	800000	VISITING NURSE SERVICE	IRUSTA, MARIA	6.00		87.48	I	
				CUSTOMER	9.00	0.00	131.22		
				COBTORIER	2.00	0.00	131.22		
				CATEGORY	9.00	0.00	131.22		

RUN DATE 02 SALES JRNL		SUP SUNNY		REG NY NY			PAGE 1 - ADU ADULT	134
			SAI	LES REGISTER			BILL WEEK ENDIN	NG 2/10/12
INVOICE#	DATE C	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183096 183097	2/03/12 0 2/03/12 0	800000	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ISKENDERIAN, KA ISKENDERIAN, KA JAFFAI, ABDUL	12.00 18.00 2.00		174.96 1 262.44 1 29.16 1	
183098 2	2/03/12 0	800000	VISITING NURSE SERVICE	JAFFAI, ABDUL CUSTOMER	4.00 36.00	0.00	58.32] 524.88	L
				CATEGORY	36.00	0.00	524.88	

RUN DATE (02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13	35
SALES JRNI	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENI	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
211101011	21112	0001 110		1121 21121102	1100115		11100111		20111 202
183099	1/27/12	000008	VISITING NURSE SERVICE	JAGDE, MARIA	5.00		72.90	I	
183100	2/03/12	800000	VISITING NURSE SERVICE	JAGDE, MARIA	19.00		277.02	I	
183101	2/03/12	800000	VISITING NURSE SERVICE	JAGDE, MARIA	15.00		218.70	I	
	2/03/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	22.00		320.76	I	
183103	2/03/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	23.00		335.34	I	
							1 004 50		
				CUSTOMER	84.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

			YSIDE CITYWIDE				PAGE 1 -	- 136
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
				SALES REGISTER			BILL WEEK ENDI	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
183104	2/03/12	000008	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90	I
183105	2/03/12	800000	VISITING NURSE SERVICE	JARA DEURUCHIM,	5.00		72.90	I
				CUSTOMER	10.00	0.00	145.80	
				CATEGORY	10.00	0.00	145.80	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 13 ADU ADULT	37
				SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183106 183107	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.50 3.00		51.03 I 43.74 I	
103107	2/03/12	000000	VIDITING NORDE DERVICE	CUSTOMER	6.50	0.00	94.77	
				CUSTOMER	0.50	0.00	94.77	
				CATEGORY	6.50	0.00	94.77	

RUN DATE 0		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	138 SA
	2 11 0207	200 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	JEWAT, LUCILLE JEWAT, LUCILLE	42.50 33.00		619.65 1 481.14 1	• • •
				CUSTOMER	75.50	0.00	1,100.79	
				CATEGORY	75.50	0.00	1,100.79	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE A	-	
			S	SALES REGISTER			BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
183110 183111	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	JIANNARAS, ANNA JIANNARAS, ANNA	40.00 29.00		583.20 422.82	I I	
				CUSTOMER	69.00	0.00	1,006.02		
				CATEGORY	69.00	0.00	1,006.02		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	.0
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183112	2/03/12	000008	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	10.00		145.80	I	
183113	2/03/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	10.00		145.80	I	
				CUSTOMER	20.00	0.00	291.60		
				CATEGORY	20.00	0.00	291.60		

RUN DATE	02/08/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	41
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER	-		BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183114	2/03/12	000008	VISITING NURSE SERV	ICE JIMENEZ, BETTY	8.00		116.64	I	
183115	2/03/12	800000	VISITING NURSE SERV	ICE JOHANSSON, MARI	6.00		87.48	I	
183116	2/03/12	800000	VISITING NURSE SERV	ICE JOHNSON, DOROTH	8.00		116.64	I	
183117	2/03/12	800000	VISITING NURSE SERV	ICE JOHNSON, DOROTH	12.00		174.96	I	
183118	1/27/12	800000	VISITING NURSE SERV	ICE JOHNSON, FANNY	20.00		291.60	I	
				CUSTOMER	54.00	0.00	787.32		
				CATEGORY	54.00	0.00	787.32		

RUN DATE 02/08	8/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	142
SALES JRNL # (0267 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
		5	SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE# DAT	TE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183119 2/03	3/12 000008	VISITING NURSE SERVICE	JORRIN, HORTENS	10.00		145.80	I
183120 2/03	3/12 000008	VISITING NURSE SERVICE	JORRIN, HORTENS	13.25		193.19	I
183121 2/03	3/12 000008	VISITING NURSE SERVICE	JORRIN, NILIO	24.00		349.92	I
183122 2/03	3/12 000008	VISITING NURSE SERVICE	JORRIN, NILIO	10.00		145.80	I
			CUSTOMER	57.25	0.00	834.71	
			CATEGORY	57.25	0.00	834.71	

			YSIDE CITYWIDE				PAGE 1 - 143	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	/10/10
			S	SALES REGISTER			BILL WEEK ENDING 2	/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
183123	2/03/12	000008	VISITING NURSE SERVICE	KAKOULLIS, FAY	6.00		87.48 I	
183124	2/03/12	800000	VISITING NURSE SERVICE	KAKOULLIS, FAY	9.00		131.22 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

	02/08/12 - IL # 0267		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - HOA HOSPICE ADU BILL WEEK ENDING	LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183125	2/03/12	800000	VISITING NURSE SERVICE	KARAMUZE, SPERO	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE (- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
DALLO OIGNI	L # 0207	100 001		A L E S R E G I S T E R			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183126	2/03/12	000008	VISITING NURSE SERVICE	KAUR, SARD	4.00		58.32	I
183127	2/03/12	800000	VISITING NURSE SERVICE	KAUR, SARD	8.00		116.64	I
183128	2/03/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	28.00		408.24	I
183129	2/03/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	24.00		349.92	I
183130	2/03/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	4.00		58.32	I
183131	2/03/12	800000	VISITING NURSE SERVICE	KEARNEY, LORRAI	4.00		58.32	I
				CUSTOMER	72.00	0.00	1,049.76	
				CATEGORY	72.00	0.00	1,049.76	

RUN DATE 02 SALES JRNL	, ,	SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 146 ADU ADULT BILL WEEK ENDING 2/10/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
183133 183134	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	KING, JOSEPH KONSTANTINAKOS, KOPCHYNSKI, HIL KOPCHYNSKI, HIL	3.00 30.00 4.00 3.00		43.74 I 437.40 I 58.32 I 43.74 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	7
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			· ·	SALES REGISTER			BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183136	2/03/12	000008	VISITING NURSE SERVICE	KOUTROUBAS, THE	32.00		466.56	I	
183137	2/03/12	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	24.00		349.92	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 14	18
	- "			SALES REGISTER			BILL WEEK ENI	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183138	1/20/12	000008	VISITING NURSE SERVICE	LANDETA, FERNAN	4.00		58.32	I	
183139	2/03/12	000008	VISITING NURSE SERVICE	LANDETA, FERNAN	2.00		29.16	I	
183140	2/03/12	800000	VISITING NURSE SERVICE	LANDETA, FERNAN	6.75		98.42	I	
				CUSTOMER	12.75	0.00	185.90		
				CATEGORY	12.75	0.00	185.90		

RUN DATE 02 SALES JRNL	2/08/12 - SUP SUN # 0267 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 149 VCP CHOICE LHCSA BILL WEEK ENDING 2/10/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	2/03/12 000008 2/03/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LARA-MORA, BELE LARA-MORA, BELE	24.00 24.00		349.92 I 349.92 I
			CUSTOMER	48.00	0.00	699.84
			CATEGORY	48.00	0.00	699.84

RUN DATE 02/08/12 SALES JRNL # 0267			REG NY NY			PAGE 1 - ADU ADULT	150
SALES UNIL # 0207	TOC 001		SALES REGISTE	R		BILL WEEK ENDING	3 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
183143 2/03/12 183144 2/03/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 6.00		43.74 I 87.48 I	
			- CUSTOMER	9.00	0.00	131.22	
			-				
			CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183145	2/03/12	000008	VISITING NURSE SERVICE	LEE, HEE	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

- 15	2
HOMEW/	O WALLS (LT
DING	2/10/12
TYP	SURPLUS
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	DING

RUN DATE 02/08/12 SALES JRNL # 0267		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 153 VCP CHOICE LHCSA BILL WEEK ENDING 2/10/1	.2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
183150 2/03/12 183151 2/03/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		32.00 24.00		466.56 I 349.92 I	
			CUSTOMER	56.00	0.00	816.48	
			CATEGORY	56.00	0.00	816.48	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 154
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK EN	DING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
183152	2/03/12	000008	VISITING NURSE SERVICE	LINARES, MYRIAM	12.00		174.96	I
183153	2/03/12	800000	VISITING NURSE SERVICE	LINARES, MYRIAM	12.00		174.96	I
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE 02 SALES JRNL	2/08/12 - SUP SUN # 0267 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	2/10/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	2/03/12 000008 2/03/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	LIRIANO, FRANCI LIRIANO, FRANCI	40.00 30.00		583.20 I 437.40 I	
			CUSTOMER	70.00	0.00	1,020.60	
			CATEGORY	70.00	0.00	1,020.60	

RUN DATE	02/08/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	156
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183156	2/03/12	000008	VISITING NURSE SERVICE	LITSAS, MARTHA	12.00		174.96 I	
183157	2/03/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	8.00		116.64 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	7
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	,	
				SALES REGISTE	R		BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183158	1/27/12	000008	VISITING NURSE SERVIC	E LOCORRIERE, JOS	8.00		116.64	I	
183159	2/03/12	800000	VISITING NURSE SERVIC	E LOCORRIERE, JOS	32.00		466.56	I	
183160	2/03/12	800000	VISITING NURSE SERVIC	E LOCORRIERE, JOS	24.00		349.92	I	
183161	2/03/12	800000	VISITING NURSE SERVIC	E LOGAN, ADELE	24.00		349.92	I	
183162	2/03/12	800000	VISITING NURSE SERVIC	E LOGAN, ADELE	18.00		262.44	I	
				CUSTOMER	106.00	0.00	1,545.48		
				CATEGORY	106.00	0.00	1,545.48		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	58
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	ALES REGISTER			BILL WEEK ENI	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183163	2/03/12	000008	VISITING NURSE SERVICE	LONDONO, AMIRA	40.00		583.20	I	
183164	2/03/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	30.00		437.40	I	
183165	12/30/11	800000	VISITING NURSE SERVICE	LOOR, MAURA	1.00		14.58	I	
183166	2/03/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	20.00		291.60	I	
183167	2/03/12	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	15.00		218.70	I	
				CUSTOMER	106.00	0.00	1,545.48		
				CATEGORY	106.00	0.00	1,545.48		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - 1 AUR ADULT REHAB OF BILL WEEK ENDING	
T3770 T GT		G11GE 110	_					
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183168	2/03/12	000008	VISITING NURSE SERVICE	LOPEZ, GRACIELA	3.00		43.74 I	
183169	2/03/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	3.00		43.74 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

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
183170 183171	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	24.00 18.00		349.92 262.44	I I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 161
SALES JRN	r∟ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK END	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
183172	2/03/12	000008	VISITING NURSE SERVICE	LOPEZDELCASTIL,	40.00		583.20	I
183173	2/03/12	800000	VISITING NURSE SERVICE	LOPEZDELCASTIL,	29.75		433.76	I
183174	2/03/12	800000	VISITING NURSE SERVICE	LORIA, DIANA	10.50		153.09	I
				CUSTOMER	80.25	0.00	1,170.05	
				CATEGORY	80.25	0.00	1,170.05	

RUN DATE 02/08 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 10 CCL CONGREGATE CAN BILL WEEK ENDING	
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183175 2/03 183176 2/03 183177 2/03 183178 2/03	/12 000008 /12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	LUCES, LETICIA LUCES, LETICIA LYMN, ANGIE LYMN, ANGIE	8.00 11.50 12.50 18.00		116.64 I 167.67 I 182.25 I 262.44 I	
			CUSTOMER	50.00	0.00	729.00	
			CATEGORY	50.00	0.00	729.00	

			YSIDE CITYWIDE				11102	- 16	53
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		0 /10 /10
			2	SALES REGISTER			BILL WEEK END	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183179	2/03/12	000008	VISITING NURSE SERVICE	MACCHIA, CATHY	26.00		379.08	I	
183180	2/03/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	15.00		218.70	I	
183181	1/27/12	800000	VISITING NURSE SERVICE	MACIEWSKI, FRAN	1.00		14.58	I	
				CUSTOMER	42.00	0.00	612.36		
				CATEGORY	42.00	0.00	612.36		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 164 CCL CONGREGATE CARE PR BILL WEEK ENDING 2/1	OGRAM 0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
183182 183183	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- , -	15.00 15.00		218.70 I 218.70 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	165
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183184	2/03/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	48.00		699.84	I
183185	2/03/12	000008	VISITING NURSE SERVICE	MAGNANI, VINCEN	36.00		524.88	I
				CUSTOMER	84.00	0.00	1,224.72	
				CATEGORY	84.00	0.00	1,224.72	

PAGE 1 - 166 ADU ADULT
BILL WEEK ENDING 2/10/12
AMOUNT TYP SURPLUS
131.22 I 43.74 I
174.96

RUN DATE SALES JRN	- , ,		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	SA
				SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183188	2/03/12	000008	VISITING NURSE SERVI	E MANGAN, JOHN	8.00			I
183189	2/03/12	800000	VISITING NURSE SERVI	E MANGAN, JOHN	12.00		174.96	I
183190	2/03/12	000008	VISITING NURSE SERVIO	E MANNINO, FRANCE	43.00		626.94	I
183191	2/03/12	800000	VISITING NURSE SERVI	E MANNINO, FRANCE	33.00		481.14	I
				CUSTOMER	96.00	0.00	1,399.68	
				CATEGORY	96.00	0.00	1,399.68	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	168
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	G 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183192	2/03/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	24.00		349.92 I	
183193	2/03/12	000008	VISITING NURSE SERVICE	MANOS, ARCHIE	18.00		262.44 I	
183194	2/03/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	12.00		174.96 I	
183195	2/03/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	9.00		131.22 I	
				CUSTOMER	63.00	0.00	918.54	
				CATEGORY	63.00	0.00	918.54	

			YSIDE CITYWIDE				PAGE 1 - 169	
SALES JRN	L # U267	LOC 001	SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 2/10/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
183196 183197	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MANTILLA, CLEME MANTILLA, CLEME	6.00 6.00		87.48 I 87.48 I	
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	70
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT		
				SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183198	2/03/12	000008	VISITING NURSE SERVICE	MARINO, ANN	8.00		116.64	I	
183199	2/03/12	800000	VISITING NURSE SERVICE	MARINO, ANN	12.00		174.96	I	
				CUSTOMER	20.00	0.00	291.60		
				CATEGORY	20.00	0.00	291.60		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDING	G 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183200 183201	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MARMOL ESPINAL, MARMOL ESPINAL,	10.00 15.00		145.80 I 218.70 I	
100201	2,00,12		VIBILING NONDE BENVIOL	CUSTOMER	25.00	0.00	364.50	
				CODIOMER	25.00		301.30	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 172 LTC NURSING HOMEW/C	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183202 183203	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	21.75 21.00		317.12 I 306.18 I	
				CUSTOMER	42.75	0.00	623.30	
				CATEGORY	42.75	0.00	623.30	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 1' ADU ADULT BILL WEEK ENDING	73 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183204	2/03/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE (02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 174	ł
SALES JRNI	և # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183205	2/03/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	6.00		87.48 I	
183206	2/03/12	000008	VISITING NURSE SERVICE	MARTIN, ELAUCAD	6.00		87.48 I	
183207	2/03/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	6.00		87.48 I	
183208	2/03/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	9.00		131.22 I	
				CUSTOMER	27.00	0.00	393.66	
				CATEGORY	27.00	0.00	393.66	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	'5
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT	re car	RE PROGRAM
			:	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183209	2/03/12	000008	VISITING NURSE SERVICE	MARTINEZ, ELENA	40.00		583.20	I	
183210	2/03/12	800000	VISITING NURSE SERVICE	•	30.00		437.40	I	
				GIIGEOMED	70.00	0.00	1,020.60		
				CUSTOMER	70.00	0.00	1,020.60		
				CATEGORY	70.00	0.00	1,020.60		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
DALLO OIGV	11 # 0207	100 001		ALES REGISTER	2		BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183211	2/03/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	12.00		174.96	Ε
183212	2/03/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARGA	18.00		262.44	[
183213	2/03/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	23.25		339.00	[
183214	2/03/12	800000	VISITING NURSE SERVICE	MARTINEZ, MARTA	18.00		262.44	[
183215	2/03/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	47.75		696.20	[
183216	2/03/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	35.75		521.24	[
				CUSTOMER	154.75	0.00	2,256.28	
				CATEGORY	154.75	0.00	2,256.28	

RUN DATE 02/08/12 - SUP SUNNYSIDE CITYWIDE	DDG NV NV		PAGE 1 - 177
SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER		LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/10/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX	AMT AMOUNT TYP SURPLUS
183217 2/03/12 000008 VISITING NURSE SERV	ICE MARTINEZ, ROSAL	14.00	204.12 I
183218 2/03/12 000008 VISITING NURSE SERV	ICE MARTINEZ, ROSAL	12.00	174.96 I
	CUSTOMER	 26.00 (0.00 379.08
	3021311211		2.2.22
	CATEGORY	26.00 (0.00 379.08

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE AD	178 ULT
				ALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MASI, RAFFAELE MASI, RAFFAELE	5.75 9.00		83.84 131.22	I T
103220	2/05/12	000000	VIBITING NORDE BERVICE	, 				
				CUSTOMER	14.75	0.00	215.06	
				CATEGORY	14.75	0.00	215.06	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 179	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	GALES REGISTER			BILL WEEK ENDING 2/10/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
183221	2/03/12	000008	VISITING NURSE SERVICE	MATOS, ROSA	22.00		320.76 I	
183222	2/03/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	18.00		262.44 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1	- 18	0
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		0.410.410
			2	SALES REGISTER			BILL WEEK END	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183223	2/03/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	36.00		524.88	I	
183224	2/03/12	800000	VISITING NURSE SERVICE	MAZZONE, FRANCE	26.75		390.02	I	
183225	1/27/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	12.00		174.96	I	
183226	2/03/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	96.00		1,399.68	I	
183227	2/03/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	72.00		1,049.76	I	
				CUSTOMER	242.75	0.00	3,539.30		
				CATEGORY	242.75	0.00	3,539.30		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 18 VCP CHOICE LHCSA	1
			i	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183228 183229	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	32.00 24.00		466.56 I 349.92 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	82
SALES JRN	L # 0267	LOC 001		REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183230	2/03/12	800000	VISITING NURSE SERVICE	MCPARTLAN, CATH	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 183	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA	
			S	ALES REGISTER			BILL WEEK END	ING 2/10/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
183231	2/03/12	000008	VISITING NURSE SERVICE	MEJIA, DINORAH	1.00		14.58	I	
183232	2/03/12	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	12.00		174.96	I	
183233	2/03/12	000008	VISITING NURSE SERVICE	MEJIA, MARINA	8.00		116.64	I	
183234	2/03/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	12.00		174.96	I	
				CUSTOMER	33.00	0.00	481.14		
				CATEGORY	33.00	0.00	481.14		

RUN DATE 02/08/12 SALES JRNL # 0267	- SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTEF			PAGE 1 - LTC NURSING HO BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
183235 2/03/12 183236 2/03/12	000008 VISITING NURSE SERVICE VISITING NURSE SERVICE	,	15.75 24.50		229.64 357.22	I I
		CUSTOMER	40.25	0.00	586.86	
		CATEGORY	40.25	0.00	586.86	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 18 VCP CHOICE LHCSA	5
SALES OWN	11 # 0207	100 001		SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183237 183238	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	8.00 14.00		116.64 I 204.12 I	
				CUSTOMER	22.00	0.00	320.76	
				CATEGORY	22.00	0.00	320.76	

			YSIDE CITYWIDE				PAGE 1 - 18	6
SALES JRNI	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 / 1 0 / 1 0
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183239	2/03/12	000008	VISITING NURSE SERVICE	MENDOLIA, ANTOI	40.00		583.20 I	
183240	2/03/12	800000	VISITING NURSE SERVICE	MENDOLIA, ANTOI	31.00		451.98 I	
				CUSTOMER	71.00	0.00	1,035.18	
				CATEGORY	71.00	0.00	1,035.18	

RUN DATE 02/08/12 SALES JRNL # 026		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - 18 LTC NURSING HOMEW/ BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183241 2/03/12 183242 2/03/12		VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00 19.00		291.60 I 277.02 I	
			CUSTOMER	39.00	0.00	568.62	
			 CATEGORY	39.00	0.00	568.62	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	188 A
	.2 ,, 020,	200 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183243 183244	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE	- ,	8.00 12.00		116.64 I 174.96 I	
103244	2/03/12	000008	VISITING NURSE SERVICE	MENDOZA, VALENT	12.00		1/4.90	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE				PAGE 1 -	189
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183245	2/03/12	000008	VISITING NURSE SERVICE	MERCHAN, SANTA	4.75		69.26	I
183246	2/03/12	800000	VISITING NURSE SERVICE	MERCHAN, SANTA	9.00		131.22	I
183247	2/03/12	800000	VISITING NURSE SERVICE	MILEO, MARY	5.75		83.84	I
				CUSTOMER	19.50	0.00	284.32	
				CATEGORY	19.50	0.00	284.32	

RUN DATE	02/08/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	0
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
				SALES REGISTER			BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183248	2/03/12	000008	VISITING NURSE SERVIC	E MILEO, MARY	12.00		174.96	I	
183249	2/03/12	800000	VISITING NURSE SERVIC	E MONSERRAT, DORI	5.00		72.90	I	
183250	2/03/12	000008	VISITING NURSE SERVIC	E MONSERRAT, DORI	6.00		87.48	I	
183251	2/03/12	800000	VISITING NURSE SERVIC	E MONTES, MARTA	12.00		174.96	I	
183252	2/03/12	800000	VISITING NURSE SERVIC	E MONTES, MARTA	18.00		262.44	I	
				CUSTOMER	53.00	0.00	772.74		
				CATEGORY	53.00	0.00	772.74		

			YSIDE CITYWIDE				-	191
SALES JRN	ь # ∪267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183253 183254	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	3.00 6.00		43.74 I 87.48 I	
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE				PAGE 1 - 19	92
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183255	2/03/12	000008	VISITING NURSE SERVICE	MORAITIS, AGATH	20.00		291.60 I	
183256	2/03/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	15.00		218.70 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE 02/08/12							.93
SALES JRNL # 0267	LOC 001		REG NY NY			LTC NURSING HOMEW	
		:	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183257 2/03/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	12.00		174.96 I	
183258 2/03/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	18.00		262.44 I	
			CUSTOMER	30.00	0.00	437.40	
			000101111		0.00		
			CATEGORY	30.00	0.00	437.40	

RUN DATE 02/08/12 -	- SUP SUNNYSIDE CITYWIDE			PAGE 1 - 194
SALES JRNL # 0267	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY		ADU ADULT
	S	ALES REGISTER		BILL WEEK ENDING 2/10/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS TAX AM	T AMOUNT TYP SURPLUS
183259 2/03/12	000008 VISITING NURSE SERVICE	MORALES, GENERO	48.00	699.84 I
183260 2/03/12	000008 VISITING NURSE SERVICE	MORALES, GENERO	36.00	524.88 I
		CUSTOMER	84.00 0.0	0 1,224.72
		CATEGORY	84.00 0.0	0 1,224.72

RUN DATE 02/08	/12 - SUP SUNN	NYSIDE CITYWIDE					PAGE 1	- 19	5
SALES JRNL # 0:	267 LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L	HCSA	
		i	SALES R	EGISTE	R		BILL WEEK EN	DING	2/10/12
INVOICE# DATE	E CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183261 2/03	/12 000008	VISITING NURSE SERVICE	NAGY,	GEORGE	24.00		349.92	I	
183262 2/03	/12 000008	VISITING NURSE SERVICE	NAGY,	GEORGE	18.00		262.44	I	
				CUSTOMER	42.00	0.00	612.36		
				- CATEGORY	42.00	0.00	612.36		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 19 CCL CONGREGATE CAF BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183263 183264	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	8.00 12.00		116.64 I 174.96 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00		

RUN DATE SALES JRN			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	YP SURPLUS
183265 183266	2/03/12 2/03/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	8.00 12.00		116.64 1 174.96 1	I I
	, ,			, CUSTOMER	20.00	0.00	291.60	
				COSTONER	20.00	0.00	271.00	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	18
SALES JRN	L # 0267	LOC 001		REG NY NY			LTC NURSING		,
			S	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183267	2/03/12	000008	VISITING NURSE SERVICE	NIDO, MICHAEL	28.00		408.24	I	
183268	2/03/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	21.00		306.18	I	
					40.00	0.00	714 40		
				CUSTOMER	49.00	0.00	714.42		
				CATEGORY	49.00	0.00	714.42		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	9
SALES JRN	гь # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA'	TE CAR	
			i	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183269	2/03/12	000008	VISITING NURSE SERVICE	NIETO RAMOS, JO	36.00		524.88	I	
183270	2/03/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	27.00		393.66	I	
				CUSTOMER	63.00	0.00	918.54		
				COSTOMER	63.00	0.00	910.54		
				CATEGORY	63.00	0.00	918.54		

RUN DATE 02/ SALES JRNL #	08/12 - SUP SUNN 0267 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 200 CSA	
			SALES REGISTER			BILL WEEK END		2/10/12
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	/03/12 000008 /03/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NIEVES, NANCY	18.00 27.00		262.44 393.66	I	
1032/2 2/	03/12 000008	VISITING NORSE SERVICE	,					
			CUSTOMER	45.00	0.00	656.10		
			CATEGORY	45.00	0.00	656.10		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	201
			S	SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183273	2/03/12	800000	VISITING NURSE SERVICE	NIGRO, CATHERIN	4.00		58.32	[
183274	2/03/12	000008	VISITING NURSE SERVICE	NIGRO, CATHERIN	4.00		58.32	
				CUSTOMER	8.00	0.00	116.64	
				CATEGORY	8.00	0.00	116.64	

RUN DATE C		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY 1	NY			PAGE 1 VCP CHOICE L	- 20)2
DIEED GIGVE	0207	100 001		-	EGISTE	R		BILL WEEK EN		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		CARMEN CARMEN	8.00 11.00		116.64 160.38	I	
					CUSTOMER	19.00	0.00	277.02		
					- CATEGORY	19.00	0.00	277.02		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	203
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	MEW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDIN	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183277	2/03/12	000008	VISITING NURSE SERVICE	NOBLIN, ELOISE	10.00		145.80	<u> </u>
183278	2/03/12	800000	VISITING NURSE SERVICE	NOBLIN, ELOISE	15.00		218.70	<u> </u>
183279	2/03/12	000008	VISITING NURSE SERVICE	NOBOADESALAZAR,	12.00		174.96	[
183280	2/03/12	800000	VISITING NURSE SERVICE	NOBOADESALAZAR,	22.00		320.76	Γ
				CUSTOMER	59.00	0.00	860.22	
				CATEGORY	59.00	0.00	860.22	

			YSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 -	- 204
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
			S	ALES REGISTER			BILL WEEK END	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
183281	2/03/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	29 00		408.24	I
183282	2/03/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	20.00		306.18	I
183283	2/03/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	NUZIALE, CONCET	22.00		320.76	I
183284				OCHOA, LUIS	22.00		320.76	±
	2/03/12	000008	VISITING NURSE SERVICE	OCHOA, LUIS	21.00		306.18	<u>+</u>
183285	2/03/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	10.00		145.80	1
183286	2/03/12	800000	VISITING NURSE SERVICE	ORTEGA, CARLOS	7.00		102.06	<u>+</u>
183287	2/03/12	800000	VISITING NURSE SERVICE	ORTIZ, LILIA ORTIZ, LILIA	14.25		207.77	±
183288	2/03/12	000008	VISITING NURSE SERVICE	ORTIZ, LILIA	15.00		218.70	I
183289	2/03/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	4.00		58.32	I
183290	2/03/12	800000	VISITING NURSE SERVICE	OSPINA, ANA	4.00		58.32	I
183291	2/03/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	8.00		116.64	I
183292	2/03/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS,	23.50		342.63	I
183293	2/03/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	20.00		291.60	I
183294	2/03/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	30.50		444.69	I
183295	2/03/12	000008	VISITING NURSE SERVICE	PAPOUTSIS, MARY	2.50		36.45	I
183296	2/03/12	000008	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74	I
183297	2/03/12	000008	VISITING NURSE SERVICE	PARETTI, MARIE	32.00		466.56	I
183298	2/03/12	000008	VISITING NURSE SERVICE	PANASKAROLIDIS, PANASKAROLIDIS, PAPAZIAN, MANNI PAPAZIAN, MANNI PAPOUTSIS, MARY PAPP, TEREZIA PARETTI, MARIE PARETTI, MARIE	24.00		349.92	I
				CUSTOMER	289.75	0.00	4,224.56	
				CATEGORY	289.75	0.00	4,224.56	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES RE	GISTE	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183299 183300	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,		8.00 12.00		116.64 174.96	I	
				C	CUSTOMER	20.00	0.00	291.60		
				C	 CATEGORY	20.00	0.00	291.60		

RUN DATE 02/08/12 SALES JRNL # 0267		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	06 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183301 2/03/12 183302 2/03/12 183303 2/03/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PARTAGAS, ANA	8.00 12.00 1.00		116.64 I 174.96 I 14.58 I	
			CUSTOMER	21.00	0.00	306.18	
			CATEGORY	21.00	0.00	306.18	

RUN DATE 02/08/ SALES JRNL # 02		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 207 VCP CHOICE LHCSA BILL WEEK ENDING 2/10/1	2
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
183304 2/03/ 183305 2/03/ 183306 2/03/ 183307 2/03/	12 000008 12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PENA, VICTORIA PENA, VICTORIA PENAGOS, MARIA PENAGOS, MARIA	23.50 17.50 9.50 10.00		342.63 I 255.15 I 138.51 I 145.80 I	
			CUSTOMER	60.50	0.00	882.09	
			CATEGORY	60.50	0.00	882.09	_

RUN DATE 02/08/1						PAGE 1 - 208	
SALES JRNL # 026	7 LOC 001		REG NY NY			ADU ADULT	/10/10
		2	SALES REGISTER			BILL WEEK ENDING 2	/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
183308 2/03/1	.2 000008	VISITING NURSE SERVICE	PEREZ MONSER, C	27.25		397.31 I	
183309 2/03/1	.2 000008	VISITING NURSE SERVICE	PEREZ MONSER, C	21.00		306.18 I	
			CUSTOMER	48.25	0.00	703.49	
			CATEGORY	48.25	0.00	703.49	

RUN DATE 02/08/12 SALES JRNL # 0267	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 20 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183310 12/30/11 183311 2/03/12 183312 2/03/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PEREZ, DOMINGA PEREZ, DOMINGA PEREZ, DOMINGA	6.00 24.00 12.00		87.48 I 349.92 I 174.96 I	
			CUSTOMER	42.00	0.00	612.36	
			CATEGORY	42.00	0.00	612.36	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	210
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			\$	SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183313	2/03/12	000008	VISITING NURSE SERVICE	PEREZ, GLADYS	22.00		320.76	I
183314	2/03/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	21.00		306.18	I
				CUSTOMER	43.00	0.00	626.94	
				CATEGORY	43.00	0.00	626.94	

		SUNNYSIDE CITY		G				- 21	.1
SALES JRNL	# 0267 LOC	C 001 SUNNYSID	DE CITYWIDE RE S A L	GNY NY ES REGISTER			ADU ADULT BILL WEEK EN	DING	2/10/12
			5 11 =				2122 ((2211 211	2110	2,10,12
INVOICE#	DATE CUS	ST NO CUSTOMER	NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	,		NURSE SERVICE NURSE SERVICE	PEREZ, JOAQUIN PEREZ, JOAQUIN	6.00 9.00		87.48 131.22	I I	
				CUSTOMER	15.00	0.00	218.70		
				CATEGORY	15.00	0.00	218.70		

RUN DATE 02/08/12 SALES JRNL # 0267		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 212 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
183317 2/03/12 183318 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	·	20.00 15.00		291.60 I 218.70 I
			CUSTOMER	35.00	0.00	510.30
			CATEGORY	35.00	0.00	510.30

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 21	.3
DALLED UKIN	H # 0207	100 001		LES REGISTER			BILL WEEK ENI		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183319	2/03/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	10.75		156.74	I	
183320	2/03/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	24.00		349.92	I	
183321	2/03/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	I	
183322	2/03/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	10.00		145.80	I	
183323	2/03/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	15.00		218.70	I	
183324	2/03/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	24.00		349.92	I	
183325	2/03/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	18.00		262.44	I	
183326	2/03/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	18.00		262.44	I	
183327	2/03/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	18.00		262.44	I	
				CUSTOMER	140.75	0.00	2,052.14		
				CATEGORY	140.75	0.00	2,052.14		

RUN DATE 02/ SALES JRNL #	08/12 - SUP SUNN 0267 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 214 ADU ADULT BILL WEEK ENDING 2/10/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
,	03/12 000008 03/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	POLISHOOK, FRAN POLISHOOK, FRAN	1.25		18.23 I 29.16 I
			CUSTOMER	3.25	0.00	47.39
			CATEGORY	3.25	0.00	47.39

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			11102	- 215 OMEW/O WALLS (LT VING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
183330 183331	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	16.00 24.00		233.28 349.92	I I
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 0. SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	16 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183333 183334	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	PUISELLO, CIRA PULLIZA, DIANNE	16.00 11.75 24.00 13.00		233.28 I 171.32 I 349.92 I 189.54 I	
				CUSTOMER	64.75	0.00	944.06	
				CATEGORY	64.75	0.00	944.06	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	.7
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183336	2/03/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	28.00		408.24	I	
183337	2/03/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	20.75		302.54	I	
				CUSTOMER	48.75	0.00	710.78		
				COSTOMER	40.75	0.00	/10./6		
				CATEGORY	48.75	0.00	710.78		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	218
SALES JRN	rL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AID	
			\$	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183338	2/03/12	000008	VISITING NURSE SERVICE	RAMIREZ, ANA	16.00		233.28 I	
183339	2/03/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	24.00		349.92 I	
				CUSTOMER	40.00	0.00	583.20	
				COSTOMER	40.00	0.00	303.20	
				CATEGORY	40.00	0.00	583.20	

RUN DATE 02/08/12 SALES JRNL # 0267		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - : LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183340 2/03/12 183341 2/03/12 183342 2/03/12 183343 2/03/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMIREZ, JUANA RAMIREZ, JUANA RAMLALL, LILOWT RAMLALL, LILOWT	22.00 21.00 5.00 15.00		320.76 I 306.18 I 72.90 I 218.70 I	
			CUSTOMER	63.00	0.00	918.54	
			CATEGORY	63.00	0.00	918.54	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	0
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AUR ADULT REF	IAB ON	
			S	SALES REGISTER			BILL WEEK END	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183344	2/03/12	000008	VISITING NURSE SERVICE	RAMOS, JENNIFER	21.25		309.83	I	
183345	2/03/12	800000	VISITING NURSE SERVICE	RAMOS, JENNIFER	23.75		346.28	I	
				CUSTOMER	45.00	0.00	656.11		
				CATEGORY	45.00	0.00	656.11		

RUN DATE 02/08 SALES JRNL # 0		SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DAT	E CUST NO	_	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, .,
183346 2/03 183347 2/03 183348 2/03 183349 2/03	/12 000008 /12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMPHAL, INDRIA RAMPHAL, INDRIA RANDAZZO, ROSAL RANDAZZO, ROSAL	4.00 8.00 7.75 8.00		58.32 I 116.64 I 113.00 I 116.64 I	
			CUSTOMER	27.75	0.00	404.60	
			CATEGORY	27.75	0.00	404.60	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 222
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MEN	
			S	SALES REGISTER			BILL WEEK END	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
183350	2/03/12	000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I
183351	2/03/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	3.00		43.74	I
				CUSTOMER	6.00	0.00	87.48	
				COBTONER	0.00	0.00	07.10	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_ 223
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	
			:	SALES REGI	STER		BILL WEEK EN	DING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
183352	1/27/12	000008	VISITING NURSE SERVICE	REINA, JOSE	4.50		65.61	I
183353	2/03/12	800000	VISITING NURSE SERVICE	REINA, JOSE	8.00		116.64	I
183354	2/03/12	800000	VISITING NURSE SERVICE	REINA, JOSE	12.00		174.96	I
				CUSTO	MER 24.50	0.00	357.21	
				CATEG	ORY 24.50	0.00	357.21	

RUN DATE 02/08/12 - SALES JRNL # 0267	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	224
STEEDS STATE III SEST	200 001		SALES REGISTER			BILL WEEK ENDIN	G 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183355 2/03/12 183356 2/03/12	800000	VISITING NURSE SERVICE	,	6.00		87.48 I 43.74 I	
183356 2/03/12	000008	VISITING NURSE SERVICE	RICOTIA, SAVERI	3.00		43.74 1	
			CUSTOMER	9.00	0.00	131.22	
			CATEGORY	9.00	0.00	131.22	
183356 2/03/12	000008	VISITING NURSE SERVICE	CUSTOMER			131.22	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 22	25
	.2 ,, 020,	200 001		SALES REGISTER			BILL WEEK EN		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183357	1/06/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, OL	4.00		58.32	I	
183358	2/03/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	8.00		116.64	I	
183359	2/03/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	8.00		116.64	I	
				CUSTOMER	20.00	0.00	291.60		
				CATEGORY	20.00	0.00	291.60		

RUN DATE 02/08/1			222				26
SALES JRNL # 026	7 LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOMEW BILL WEEK ENDING	2/10/12
							_, _ , ,
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183360 2/03/1	2 000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	31.25		455.63 I	
183361 2/03/1	2 000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	24.00		349.92 I	
			CUSTOMER	55.25	0.00	805.55	
			0001011211	33.23	0.00	003.33	
			CA HE CODY		0.00	005 55	
			CATEGORY	55.25	0.00	805.55	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	==:
511225 0141	2 11 020,	200 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
183362	2/03/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	10.00		145.80	I T
183363	2/03/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	10.00		145.80	1
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 228 ADU ADULT BILL WEEK ENDING 2/10/12	
				SALES REGISTER			BILL WEEK ENDING 2/10/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
183364 183365	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 9.00		87.48 I 131.22 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22	19
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
				SALES REGISTER			BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183366	2/03/12	000008	VISITING NURSE SERVICE	RIVERA, ERNESTO	8.00		116.64	I	
183367	2/03/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	12.00		174.96	I	
				CUSTOMER	20.00	0.00	291.60		
				GAMPIGODY					
				CATEGORY	20.00	0.00	291.60		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 23	30
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183368	2/03/12	000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	8.00		116.64	I	
183369	2/03/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	12.00		174.96	I	
				CUSTOMER	20.00	0.00	291.60		
				CATEGORY	20.00	0.00	291.60		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	31
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183370	2/03/12	000008	VISITING NURSE SERVICE	RIVERA, LEONOR	2.00		29.16 I	
183371	2/03/12	800000	VISITING NURSE SERVICE	RIVERA, LEONOR	4.00		58.32 I	
183372	2/03/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	16.00		233.28 I	
183373	2/03/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	12.00		174.96 I	
				CUSTOMER	34.00	0.00	495.72	
				CATEGORY	34.00	0.00	495.72	

RUN DATE	02/08/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	232
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183374	2/03/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	14.75		215.06	I
183375	2/03/12	800000	VISITING NURSE SERVICE	RIVERA, WANDA	22.50		328.05	I
183376	2/03/12	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	4.00		58.32	I
183377	2/03/12	800000	VISITING NURSE SERVICE	ROBERTS, SARAH	8.00		116.64	I
				CUSTOMER	49.25	0.00	718.07	
				CATEGORY	49.25	0.00	718.07	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 23	3
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			:	SALES REGISTER			BILL WEEK END	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183378	2/03/12	000008	VISITING NURSE SERVICE	ROBINSON, MARGA	28.00		408.24	I	
183379	2/03/12	800000	VISITING NURSE SERVICE	ROBINSON, MARGA	21.00		306.18	I	
				CUSTOMER	49.00	0.00	714.42		
				COSTONER	47.00	0.00	711.12		
				CATEGORY	49.00	0.00	714.42		

RUN DATE 02/ SALES JRNL #	/08/12 - SUP SUNN # 0267 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1	- 234 OMEW/O WALLS (LT
SALES UNIL #	+ 0207 LOC 001		SALES REGISTER			BILL WEEK END	
INVOICE# D	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	/03/12 000008 /03/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ROCCISANO, LOUI ROCCISANO, LOUI	24.00 24.00		349.92 349.92	I
103301 2/	03/12 000008	VISITING NORSE SERVICE	ROCCISANO, LOUI				
			CUSTOMER	48.00	0.00	699.84	
			CATEGORY	48.00	0.00	699.84	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	35
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183382	2/03/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, FERM	10.00		145.80 I	
183383	2/03/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, FERM	10.00		145.80 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 236	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			:	SALES REGISTER			BILL WEEK ENDING 2/	/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
183384	2/03/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	24.00		349.92 I	
183385	2/03/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	18.00		262.44 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 23	37
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
				SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183386	2/03/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, MARC	48.00		699.84	I	
183387	2/03/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	36.00		524.88	I	
				CUSTOMER	84.00	0.00	1,224.72		
				COSTOMER	04.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

RUN DATE 02/08/1 SALES JRNL # 026		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 238 LTC NURSING HOMEW/O BILL WEEK ENDING	WALLS (LT 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183388 1/27/1 183389 2/03/1		VISITING NURSE SERVICE VISITING NURSE SERVICE		20.00 15.00		291.60 I 218.70 I	
			CUSTOMER	35.00	0.00	510.30	
			CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	239 SA
0111111	2 11 0207	200 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183390	2/03/12	800000	VISITING NURSE SERVICE		28.00		408.24	[
183391	2/03/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, PORF	21.00		306.18	
				CUSTOMER	49.00	0.00	714.42	
				CATEGORY	49.00	0.00	 714.42	

	02/08/12 IL # 0267		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	.,
			i	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183392	2/03/12	800000	VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	22.00		320.76 I	
183393 183394	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	18.00 8.00		262.44 I 116.64 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

			YSIDE CITYWIDE				PAGE 1 - 241	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0 /1 0 /1 0
			2	SALES REGISTER			BILL WEEK ENDING 2	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
183395	2/03/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	9.00		131.22 I	
183396	2/03/12	800000	VISITING NURSE SERVICE	ROMERO, HERNAN	12.75		185.90 I	
				CUSTOMER	21.75	0.00	317.12	
				COBTOLLIC	21.75	0.00	317.12	
				CATEGORY	21.75	0.00	317.12	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	242
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183397	2/03/12	000008	VISITING NURSE SERVICE	ROMERO, SANTHY	32.00		466.56 I	
183398	2/03/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	22.50		328.05 I	
				CUSTOMER	54.50	0.00	794.61	
				CATEGORY	54.50	0.00	794.61	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY				PAGE 1 LTC NURSING	- 24 HOMEW/	
			5	SALES REC	GISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFEREI	NCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183399	2/03/12	800000	VISITING NURSE SERVICE	ROMO, FI	LOR	32.00		466.56	I	
183400	2/03/12	800000	VISITING NURSE SERVICE	ROMO, F	LOR	24.00		349.92	I	
183401	2/03/12	800000	VISITING NURSE SERVICE	ROSA, AI	NA	16.00		233.28	I	
183402	2/03/12	800000	VISITING NURSE SERVICE	ROSA, AI	NA 	24.00		349.92	I 	
				Cī	USTOMER	96.00	0.00	1,399.68		
				C	ATEGORY	96.00	0.00	1,399.68		

RUN DATE 02/08/						PAGE 1 - 2	44
SALES JRNL # 020	57 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0/10/10
			SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183403 2/03/2	2 000008	VISITING NURSE SERVICE	ROSA, LUZ E	32.00		466.56 I	
183404 2/03/3	2 000008	VISITING NURSE SERVICE	ROSA, LUZ E	23.00		335.35 I	
			CUSTOMER	55.00	0.00	801.91	
			CATEGORY	55.00	0.00	801.91	

RUN DATE SALES JRN		- SUP SUNN	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 24 VCP CHOICE LHCSA	45
BALLED OIGN	L # 0207	HOC 001		ALES REGISTER	3		BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183405	2/03/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	8.00		116.64 I	
183406	2/03/12	800000	VISITING NURSE SERVICE	ROSA, MANOLO	8.00		116.64 I	
183407	2/03/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	12.00		174.96 I	
183408	2/03/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	18.00		262.44 I	
183409	2/03/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	1.00		14.58 I	
183410	2/03/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	15.00		218.70 I	
				CUSTOMER	62.00	0.00	903.96	
				CATEGORY	62.00	0.00	903.96	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	46
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183411	2/03/12	800000	VISITING NURSE SERVICE	ROSSI, RAYMOND	4.00		58.32 I	
183412	2/03/12	800000	VISITING NURSE SERVICE	ROSSI, RAYMOND	9.00		131.22 I	
183413	2/03/12	800000	VISITING NURSE SERVICE	RUBIN, EVGENY	2.50		36.45 I	
				CUSTOMER	15.50	0.00	225.99	
				CATEGORY	15.50	0.00	225.99	

			YSIDE CITYWIDE				11102	- 247
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
				SALES REGISTER			BILL WEEK END	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
183414	2/03/12	000008	VISITING NURSE SERVICE	RUEDA, INES	26.00		379.08	I
183415	2/03/12	800000	VISITING NURSE SERVICE	·	19.00		277.02	I
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

RUN DATE 02/08 SALES JRNL # 0			REG NY NY SALES REGISTER			11102	- 248 OMEW/O WALLS (LT DING 2/10/12
INVOICE# DAT	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
183416 2/03 183417 2/03		VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	12.50 18.00		182.25 262.44	I I
			CUSTOMER	30.50	0.00	444.69	
			 CATEGORY	30.50	0.00	444.69	

	- SUP SUNNYSIDE CITYWIDE				PAGE 1 - 249
SALES JRNL # 0267	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY	. D		ADU ADULT
		SALES REGISTI	i R	1	BILL WEEK ENDING 2/10/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS '	TAX AMT	AMOUNT TYP SURPLUS
183418 2/03/12	000008 VISITING NURSE SERV	ICE RUSSO, MONICA	40.00		583.20 I
183419 2/03/12	000008 VISITING NURSE SERV	ICE RUSSO, MONICA	30.00		437.40 I
		CUSTOMER	70.00	0.00	1,020.60
					,
			70.00	0.00	1,020.60
		CATEGORY	70.00	0.00	1,020.00

			YSIDE CITYWIDE				PAGE 1	- 250
SALES JRN	L # 0267	LOC 001		REG NY NY				OMEW/O WALLS (LT
			2	SALES REGISTER			BILL WEEK END	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
183420	1/27/12	000008	VISITING NURSE SERVICE	SAAVEDRA, STELL	6.00		87.48	I
183421	2/03/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	10.00		145.80	I
183422	2/03/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	21.50		313.47	I
				CUSTOMER	37.50	0.00	546.75	
				CATEGORY	37.50	0.00	546.75	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 CCL CONGREGATE CA	RE PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183423	1/20/12	800000	VISITING NURSE SERVICE	,	6.50		94.77 I	
183424	1/27/12	800000	VISITING NURSE SERVICE	,	6.00		87.48 I	
183425	2/03/12	800000	VISITING NURSE SERVICE	SAKELL, CHRYSAN	24.00		349.92 I	
183426	2/03/12	800000	VISITING NURSE SERVICE	SAKELL, CHRYSAN	18.00		262.44 I	
				CUSTOMER	54.50	0.00	794.61	
				CATEGORY	54.50	0.00	794.61	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	252
SALES JRN	ь # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			:	SALES REGISTER			BILL WEEK ENDING	3 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
183427	2/03/12	000008	VISITING NURSE SERVICE	SALADIN, MARIA	24.00		349.92 I	
183428	2/03/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	33.00		481.14 I	
				CUSTOMER	57.00	0.00	831.06	
				CODICILL	37.00	0.00	031.00	
				CATEGORY	57.00	0.00	831.06	

RUN DATE 02/08/12 - SUP SUNNYSII					11102	- 25	3
SALES JRNL # 0267 LOC 001 St	SUNNYSIDE CITYWIDE REG N				ADU ADULT	TNG	0/10/10
	SALES	REGISTER			BILL WEEK ENI	JING	2/10/12
INVOICE# DATE CUST NO CUS	STOMER NAME	REFERENCE	HOURS TA	TMA XA	AMOUNT	TYP	SURPLUS
183429 2/03/12 000008 VIS	SITING NURSE SERVICE	SALCEDO, JOSE	3.00		43.74	I	
183430 2/03/12 000008 VIS	SITING NURSE SERVICE	SALCEDO, JOSE	6.00		87.48	I	
		CUSTOMER	9.00	0.00	131.22		
		CATEGORY	9.00	0.00	131.22		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - AUR ADULT REHAI BILL WEEK ENDIR	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183431 183432	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	SALERNO, PEARL SALERNO, PEARL	2.00		29.16 29.16	[[
				CUSTOMER	4.00	0.00	58.32	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING I BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183433 183434	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		18.00 18.00		262.44 262.44	I I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	256
SALES OW	11 # 0207	ПОС 001		ALES REGISTER			BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183435	2/03/12	000008	VISITING NURSE SERVICE	SALVUCCI, YOLAN	4.00		58.32	I
183436	2/03/12	800000	VISITING NURSE SERVICE	SALVUCCI, YOLAN	12.00		174.96	I
183437	2/03/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	8.00		116.64	I
183438	2/03/12	800000	VISITING NURSE SERVICE	SAMPOGNA, LUCY	8.00		116.64	I
183439	2/03/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	24.00		349.92	I
183440	2/03/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	21.00		306.18	I
				CUSTOMER	77.00	0.00	1,122.66	
				CATEGORY	77.00	0.00	1,122.66	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 257
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				E CARE PROGRAM
			i	SALES REGISTER			BILL WEEK END	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
183441	2/03/12	000008	VISITING NURSE SERVICE	SANCHEZ, MARIA	12.00		174.96	I
183442	2/03/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	18.00		262.44	I
				CUSTOMER	30.00	0.00	437.40	
				COSTONER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 25	58
SALES JRN	ı∟ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183443	2/03/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	8.00		116.64	I	
183444	2/03/12	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	10.00		145.80	I	
183445	1/20/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	6.00		87.48	I	
183446	2/03/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	24.00		349.92	I	
183447	2/03/12	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	18.00		262.44	I	
				CUSTOMER	66.00	0.00	962.28		
				CATEGORY	66.00	0.00	962.28		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183448 183449	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		18.00 18.00		262.44 262.44	I	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

			YSIDE CITYWIDE				PAGE 1		
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LH		
			5	ALES KEGISIEK			DILL WEEK END	ING Z/10/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
183450	2/03/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	32.00		466.56	т	
183451	2/03/12	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	23.75		346.28	I	
183452	2/03/12	000008	VISITING NURSE SERVICE	SERRANO, AGUEDA	32.00		466.56	I	
183453	2/03/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	24.00		349.92	I	
				CUSTOMER	111.75	0.00	1,629.32		
				CATEGORY	111.75	0.00	1,629.32		

RUN DATE 02/08/12 SALES JRNL # 0267		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	261 ING 2/10/12
			JALES KEGISTER			BIDD WEEK ENDI	.NG 2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183454 2/03/12 183455 2/03/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	SEXTON, MARY SEXTON, MARY	2.00 1.00		29.16 14.58	I I
			CUSTOMER	3.00	0.00	43.74	
			CATEGORY	3.00	0.00	43.74	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	262
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183456	2/03/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	29.00		422.82 I	
183457	2/03/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	14.00		204.12 I	
				CUSTOMER	43.00	0.00	626.94	
				CATEGORY	43.00	0.00	626.94	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING	- 26	
	,	200 001		SALES REGISTE	R		BILL WEEK EN		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183458 183459	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE	,	24.75 18.00		360.86 262.44	I	
103439	2/03/12	000008	VISITING NURSE SERVICE	SILLS, UAMES -			202.44		
				CUSTOMER	42.75	0.00	623.30		
				– CATEGORY	 42.75	0.00	623.30		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, -,
183460 183461 183462 183463	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	SINGH, BADREE SINGH, BADREE SINGH, JAMOONIE SINGH, JAMOONIE	12.00 18.00 6.00 9.00		174.96 I 262.44 I 87.48 I 131.22 I	
				CUSTOMER	45.00	0.00	656.10	
				CATEGORY	45.00	0.00	656.10	

			NYSIDE 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
183464	2/03/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - CCL CONGREGATE BILL WEEK ENDI	E CARE PROGRAM
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
183465 183466	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 4.00		116.64 58.32	I I
				CUSTOMER	12.00	0.00	174.96	
				CATEGORY	12.00	0.00	 174.96	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 267	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/O WA	LLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING 2/1	0/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURI	PLUS
183467	2/03/12	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	12.00		174.96	I	
183468	2/03/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	18.00		262.44	I	
					20.00		425 40		
				CUSTOMER	30.00	0.00	437.40		
				CATEGORY	30.00	0.00	437.40		

RUN DATE 02/08 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 ADU ADULT	- 26	8
Brilles State II 6	100 001		-	EGISTE	E R		BILL WEEK EN	DING	2/10/12
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183469 2/03 183470 2/03		VISITING NURSE SERVICE	,	ELSA	6.00 6.00		87.48 87.48	I	
1834/0 2/03	712 000008	VISITING NURSE SERVICE	5010,	ELSA -					
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 269
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			· ·	SALES REGISTER			BILL WEEK ENDI	ING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP SURPLUS
183471	2/03/12	000008	VISITING NURSE SERVICE	STAMBOULIDIS, V	32.00		466.56	I
183472	2/03/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	23.25		338.99	I
				CUSTOMER	55.25	0.00	805.55	
				CATEGORY	55.25	0.00	805.55	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADU	
			S	ALES REGISTER			BILL WEEK ENDIN	G 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183473 183474	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	STEIN, STEPHANI STEIN, STEPHANI	12.00		174.96 I 131.22 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 02 SALES JRNL	2/08/12 - SUP SUN # 0267 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 2' ADU ADULT BILL WEEK ENDING	71 2/10/12
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	2/03/12 000008 2/03/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	STERGIOU, GLORI STERGIOU, GLORI	2.00		29.16 I 58.32 I	
			CUSTOMER	6.00	0.00	87.48	
			CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE				PAGE 1 -	272
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
				SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183477	2/03/12	000008	VISITING NURSE SERVICE	STICKELL, BLANC	14.00		204.12	I
183478	2/03/12	000008	VISITING NURSE SERVICE	STICKELL, BLANC	20.50		298.89	I
183479	2/03/12	000008	VISITING NURSE SERVICE	STROBL, ALFRED	18.00		262.44	I
183480	2/03/12	000008	VISITING NURSE SERVICE	STROBL, ALFRED	18.00		262.44	I
				CUSTOMER	70.50	0.00	1,027.89	
				CATEGORY	70.50	0.00	1,027.89	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 273	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING 2	/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
183481	1/27/12	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I	
183482	2/03/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	12.00		174.96 I	
183483	2/03/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	12.00		174.96 I	
				CUSTOMER	28.00	0.00	408.24	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 274	
SALES JRN	ı∟ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 2/1	10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
183484	2/03/12	000008	VISITING NURSE SERVICE	TABICKMAN, DORO	2.00		29.16 I	
183485	2/03/12	000008	VISITING NURSE SERVICE	TABICKMAN, DORO	2.00		29.16 I	
				CUSTOMER	4.00	0.00	58.32	
				CATEGORY	4.00	0.00	58.32	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 275 VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183486	2/03/12	000008	VISITING NURSE SERVICE	TABOADA, ELIZAB	32.00		466.56 I	
183487	2/03/12	000008	VISITING NURSE SERVICE	TABOADA, ELIZAB	8.00		116.64 I	
183488	2/03/12	800000	VISITING NURSE SERVICE	TABOADA, ELIZAB	15.75		229.64 I	
				CUSTOMER	55.75	0.00	812.84	
				CATEGORY	55.75	0.00	812.84	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	276
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S	ALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183489	2/03/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	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	277
511225 0141	2 020,	200 001		SALES REGISTE	R		BILL WEEK ENDI	NG 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183490 183491	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TAN, RONGZHAO TAN, RONGZHAO	3.00 6.00		43.74 87.48	I I
				CUSTOMER	9.00	0.00	131.22	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27	8
SALES JRN	ı∟ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
				SALES REGISTER			BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183492	2/03/12	000008	VISITING NURSE SERVICE	TAVANO, SILVIA	31.25		455.63	I	
183493	2/03/12	800000	VISITING NURSE SERVICE	TAVANO, SILVIA	24.00		349.92	I	
				CUSTOMER	55.25	0.00	805.55		
				CATEGORY	 55.25	0.00	 805.55		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	E R		PAGE 1 - 279 LTC NURSING HOMEW/O WALLS BILL WEEK ENDING 2/10/1	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
183494 183495	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 12.00		116.64 I 174.96 I	
				CUSTOMER	20.00	0.00	291.60	-
				- CATEGORY	20.00	0.00	291.60	-

RUN DATE 02/08	3/12 - SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	280
SALES JRNL # (1267 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDI	NG 2/10/12
INVOICE# DAT	CE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183496 2/03	3/12 000008	VISITING NURSE SERVICE	TAWADROUS, ANWA	8.00		116.64	I
183497 2/03	3/12 000008	VISITING NURSE SERVICE	TAWADROUS, ANWA	12.00		174.96	I
183498 1/27	7/12 000008	VISITING NURSE SERVICE	TEJADA, BALDOME	6.00		87.48	I
183499 2/03	3/12 000008	VISITING NURSE SERVICE	TEJADA, BALDOME	8.00		116.64	I
183500 2/03	3/12 000008	VISITING NURSE SERVICE	TEJADA, BALDOME	12.00		174.96	I
			CUSTOMER	46.00	0.00	670.68	
			CATEGORY	46.00	0.00	670.68	

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - HOA HOSPICE ADU: BILL WEEK ENDING	LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
183501 183502	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TEMBELIS, DAPHN TEMBELIS, DAPHN	6.00 9.00		87.48 I 131.22 I	
				CUSTOMER	15.00	0.00	218.70	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	
Bribbs orde	0207	100 001		ALES REGISTER			BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
183503	2/03/12	000008	VISITING NURSE SERVICE	TERZIAN, ASDGHI	20.00		291.60	Ī
183504	2/03/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	15.00		218.70	1
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE 0	2/08/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	283
SALES JRNL	# 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	ALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183505	2/03/12	800000	VISITING NURSE SERVICE	TISHCOFF, HERTA	3.00		43.74 I	
183506	2/03/12	800000	VISITING NURSE SERVICE	TISHCOFF, HERTA	3.00		43.74 I	
183507	2/03/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	4.00		58.32 I	
183508	2/03/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	8.00		116.64 I	
				CUSTOMER	18.00	0.00	262.44	
				CATEGORY	18.00	0.00	262.44	

RUN DATE 02/08/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	4
SALES JRNL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
		S	ALES REGISTER	?		BILL WEEK EN	DING	2/10/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183509 2/03/12	800000	VISITING NURSE SERVICE	TORO, PURA	48.00		699.84	I	
183510 2/03/12	000008	VISITING NURSE SERVICE	TORO, PURA	35.75		521.24	I	
183511 2/03/12	000008	VISITING NURSE SERVICE	TORRES, LUZ M	40.00		583.20	I	
183512 2/03/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	30.00		437.40	I	
			CUSTOMER	153.75	0.00	2,241.68		
			CATEGORY	153.75	0.00	2,241.68		

RUN DATE 02/08/12 SALES JRNL # 0267	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTE	R		PAGE 1 - 285 LTC NURSING HOMEW/C BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183513 2/03/12 183514 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	24.00 18.00		349.92 I 262.44 I	
			CUSTOMER	42.00	0.00	612.36	
			– CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK ENDI	CSA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
183515 183516 183517 183518	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 12.00 32.00 24.00		116.64 174.96 466.56 349.92	I I I
				CUSTOMER	76.00	0.00	1,108.08	
				CATEGORY	76.00	0.00	1,108.08	

RUN DATE SALES JRN		SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	
183519 183520	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		8.00 12.00		116.64 I 174.96 I	
				CUSTOMER	20.00	0.00	291.60	
				CATEGORY	20.00	0.00		

RUN DATE SALES JRN	- , ,	- SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHO BILL WEEK END	CSA
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
183521 183522 183523 183524	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	32.00 24.00 4.00 3.00		466.56 349.92 699.84 524.88	I I I
				CUSTOMER	63.00	0.00	2,041.20	
				CATEGORY	63.00	0.00	2,041.20	

RUN DATE 02 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEN BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	20.00 15.00		291.60 I 218.70 I	
				CUSTOMER	35.00	0.00	510.30	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	90
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183527	2/03/12	000008	VISITING NURSE SERVICE	VALENCIANO-ROJ,	24.75		360.86 I	
183528	2/03/12	800000	VISITING NURSE SERVICE	VALENCIANO-ROJ,	20.00		291.60 I	
				CUSTOMER	44.75	0.00	652.46	
				CATEGORY	44.75	0.00	652.46	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	91
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
				SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183529	2/03/12	000008	VISITING NURSE SERVICE	VALENTI, HELEN	2.00		29.16	I	
183530	2/03/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	4.00		58.32	I	
				CUSTOMER	6.00	0.00	87.48		
				CATEGORY	6.00	0.00	87.48		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 292 LTC NURSING HOMEW/O WALLS (LT
				S A L E S R E G I S T E R			BILL WEEK ENDING 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
183531	2/03/12	800000	VISITING NURSE SERVICE	•	2.00		29.16 I
183532	2/03/12	000008	VISITING NURSE SERVICE	VAROL, ELMAS	3.75		54.68 I
				CUSTOMER	5.75	0.00	83.84
				CATEGORY	5.75	0.00	83.84

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 29	93
	2 11 0207	200 001		SALES REGISTER			BILL WEEK END		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183533 183534	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	VASQUEZ, ARTURO VASOUEZ, ARTURO	24.25 20.50		353.57 298.89	I	
103334	2/03/12	000008	VISITING NORSE SERVICE	VASQUEZ, ARTURO			290.09		
				CUSTOMER	44.75	0.00	652.46		
				CATEGORY	44.75	0.00	652.46		

			YSIDE CITYWIDE				PAGE 1		
SALES JRN	ı∟ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H		•
			\$	SALES REGISTER			BILL WEEK END	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183535	2/03/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	18.00		262.44	I	
183536	2/03/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	15.00		218.70	I	
183537	2/03/12	000008	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	12.00		174.96	I	
183538	2/03/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	9.00		131.22	I	
183539	2/03/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	22.00		320.76	I	
183540	2/03/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	11.00		160.38	I	
				CUSTOMER	87.00	0.00	1,268.46		
				CATEGORY	87.00	0.00	1,268.46		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 295 VCP CHOICE LHCSA	/10 /10
				SALES REGISTER			BILL WEEK ENDING 2,	/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP ST	JRPLUS
183541 183542	2/03/12 2/03/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ ~ ,	10.25 7.00		149.45 I 102.06 I	
				CUSTOMER	17.25	0.00	251.51	
				CATEGORY	17.25	0.00	251.51	

	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
183543 12/23/11 183544 2/03/12	000008 VISITING NURSE SERVICE 000008 VISITING NURSE SERVICE	- ,	5.00 16.50		72.90 I 240.57 I	
		CUSTOMER	21.50	0.00	313.47	
		CATEGORY	21.50	0.00	313.47	

			YSIDE CITYWIDE				PAGE 1 - 29	97
SALES JRN	L # U267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	2/10/12
							DIES WEEK ENDING	2,10,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183545 183546	2/03/12 2/03/12	000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		16.00 24.00		233.28 I 349.92 I	
100010	2,00,12	00000	VIDITING NOMBE BENVIOL					
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

			YSIDE CITYWIDE				PAGE 1 - 298	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 2/10/	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
183547	2/03/12	000008	VISITING NURSE SERVICE	VICEDO, FREDELI	3.00		43.74 I	
183548	2/03/12	800000	VISITING NURSE SERVICE	VICEDO, FREDELI	3.00		43.74 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 299 HOA HOSPICE ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183549	2/03/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 30	0
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183550	2/03/12	000008	VISITING NURSE SERVICE	VILLAPOL, ANNA	12.00		174.96 I	
183551	2/03/12	000008	VISITING NURSE SERVICE	VILLAPOL, ANNA	17.75		258.80 I	
				CUSTOMER	29.75	0.00	433.76	
				CATEGORY	29.75	0.00	433.76	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	301
SALES JR	NL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183552	2/03/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 30)2
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183553	2/03/12	000008	VISITING NURSE SERVICE	VITO, CARMEN	12.00		174.96	I	
183554	2/03/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	17.75		258.80	I	
							400.56		
				CUSTOMER	29.75	0.00	433.76		
				CATEGORY	29.75	0.00	433.76		

RUN DATE 02/08/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 303 SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE REG NY NY VCP CHOICE LHCSA										
			5	SALES REGISTER			BILL WEEK ENDI	NG	2/10/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP	SURPLUS	
183555	2/03/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	39.00		568.62	I		
183556	2/03/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	29.50		430.11	I		
183557	2/03/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74	I		
183558	2/03/12	800000	VISITING NURSE SERVICE	WALLE, ILEANA	8.00		116.64	I		
183559	2/03/12	000008	VISITING NURSE SERVICE	WALLE, ILEANA	12.00		174.96	I		
				CUSTOMER	91.50	0.00	1,334.07			
				CATEGORY	91.50	0.00	1,334.07			

RUN DATE O		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK EN	- 30 DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183561 183562	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	WEINHAUS, SUSAN WEINHAUS, SUSAN WITTKOWSKI, ELF WITTKOWSKI, ELF	15.00 16.00 6.00 9.00		218.70 233.28 87.48 131.22	I I I	
				CUSTOMER	46.00	0.00	670.68		
				CATEGORY	46.00	0.00	670.68		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 30)5
SALES URN	L # 0267	LOC 001		SALES REGISTER			BILL WEEK ENI		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183564 183565	2/03/12 2/03/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	YAGHDJIAN, SIRA YAGHDJIAN, SIRA	4.00 12.00		58.32 174.96	I	
103303	2/03/12	000008	VISITING NURSE SERVICE	IAGHDUIAN, SIRA	12.00		1/4.90		
				CUSTOMER	16.00	0.00	233.28		
				CATEGORY	 16.00	0.00	233.28		

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 30	16
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA	TE CAR	E PROGRAM
			i	SALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183566	2/03/12	000008	VISITING NURSE SERVICE	YELLAPAH, DOLLI	6.00		87.48	I	
183567	2/03/12	000008	VISITING NURSE SERVICE	YELLAPAH, DOLLI	6.00		87.48	I	
							174 06		
				CUSTOMER	12.00	0.00	174.96		
				CATEGORY	12.00	0.00	174.96		

RUN DATE (SALES JRNI		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 3 ADU ADULT BILL WEEK ENDING	07 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183568 183569 183570 183571	2/03/12 2/03/12 2/03/12 2/03/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	ZAMBRANO, CRUZM ZAMBRANO, VICTO	13.00 15.00 12.00 6.00		189.54 I 218.70 I 174.96 I 87.48 I	
				CUSTOMER	46.00	0.00	670.68	
				CATEGORY	46.00	0.00	670.68	

RUN DATE 02/08/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 308 SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 2/10/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 183572 66.40 I 2/03/12 000010 199.20 I 2/03/12 183573 000010 183574 2/03/12 000010 I 183575 2/03/12 000010 183576 2/03/12 000010 183577 2/03/12 000010 183578 2/03/12 000010 183579 2/03/12 000010 183580 1/13/12 000010 183581 2/03/12 000010 183582 2/03/12 000010 183583 2/03/12 000010 183584 2/03/12 000010 183585 2/03/12 000010 183586 2/03/12 000010 183587 2/03/12 000010 183588 2/03/12 000010 183589 2/03/12 000010 183590 2/03/12 000010 183591 2/03/12 000010 183592 2/03/12 000010 183593 2/03/12 000010 183594 2/03/12 000010 183595 2/03/12 000010 183596 2/03/12 000010 183597 2/03/12 000010 183598 2/03/12 000010 183599 2/03/12 000010 183600 2/03/12 000010 183601 2/03/12 000010 183602 2/03/12 000010 183603 2/03/12 000010 183604 2/03/12 000010 183605 2/03/12 000010 183606 2/03/12 000010 183607 2/03/12 000010 183608 2/03/12 000010 183609 2/03/12 000010 183610 2/03/12 000010 GUILDNET 183611 000010 GUILDNET 2/03/12 183612 2/03/12 000010 GUILDNET 183613 000010 GUILDNET 2/03/12 183614 000010 GUILDNET 2/03/12 183615 2/03/12 000010 183616 2/03/12 000010 183617 2/03/12 000010 183618 2/03/12 000010 183619 2/03/12 000010 GUILDNET 2/03/12 000010 GUILDNET 183620

RUN DATE	02/08/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 2 -	309
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET	
				REGNY NY SALES REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE		CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183621	2/03/12	000010	GUILDNET	ORTIZ. LAURA	63.00		836.64 I	
183622	2/03/12	000010	GUILDNET	PAPHITIS, RICHA	16.00		212.48 I	
183623	2/03/12	000010	GUILDNET	PAPHITIS, RICHA	24.00		318.72 I	
183624	2/03/12	000010	GUILDNET	PAZIOULIS, GEOR	42.00		557.76 I	
183625	2/03/12	000010	GUILDNET	PAZIOULIS, KLEO	35.00		464.80 I	
183626	1/27/12	000010	GUILDNET	PEREZ, MARIA	30.00		398.40 I	
183627	2/03/12	000010	GUILDNET	PEREZ, MARIA	18.00		239.04 I	
183628	2/03/12	000010	GUILDNET	PICHARDO, MARIA	36.00		478.08 I	
183629	2/03/12	000010	GUILDNET	PICHARDO, MARIA	27.00		358.56 I	
183630	2/03/12	000010	GUILDNET	PROANO, ALICIA	20.00		265.60 I	
183631	2/03/12	000010	GUILDNET	PROANO, BRUNO	33.00		438.24 I	
183632	2/03/12	000010	GUILDNET	PRYCE, CLYDIA	10.00		132.80 I	
183633	2/03/12	000010	GUILDNET	RESTULA, VINCEN	20.00		265.60 I	
183634	1/27/12	000010	GUILDNET	RIVAS, GERTRUDI	23.00		305.44 I	
183635	2/03/12	000010	GUILDNET	RODRIGUEZ, HOLG	62.00		823.36 I	
183636	2/03/12	000010	GUILDNET	ROJAS, ANGEL	15.00		199.20 I	
183637	2/03/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		265.60 I	
183638	2/03/12	000010	GUILDNET	RUBIANO, MARIA	12.00		159.36 I	
183639	2/03/12	000010	GUILDNET	SALJANIN, DILJA	59.00		783.52 I	
183640	2/03/12	000010	GUILDNET	SANCHEZ, ELIZAB	14.00		185.92 I	
183641	2/03/12	000010	GUILDNET	SANCHEZ, ELIZAB	21.00		278.88 I	
183642	2/03/12	000010	GUILDNET	SHELTON, AGUEDA	21.00		278.88 I	
183643	1/27/12	000010	GUILDNET	SOMRAJ, UMILLA	17.00		225.76 I	
183644	2/03/12	000010	GUILDNET	TOROSSIAN, PARI	28.00		371.84 I	
183645	2/03/12	000010	GUILDNET	VILLACRES, LUZ	8.00		106.24 I	
183646	2/03/12	000010	GUILDNET	VLAHOS, MARIE	40.00		531.20 I	
183647	2/03/12	000010	GUILDNET	VLAHOS, MARIE	30.00		398.40 I	
183648	2/03/12	000010	GUILDNET	WEISZ, KLARA	8.00		106.24 I	
183649	2/03/12	000010	GUILDNET	WEST, BALDWIN	16.00		212.48 I	
183650	2/03/12	000010	GUILDNET	WHITLEY, MYRNA	20.00		265.60 I	
183651	2/03/12	000010	GUILDNET	YI, CARLOS	24.00		318.72 I	
183652	2/03/12	000010	GUILDNET	YIANTSELIS, VIR	4.00		720.00 I	
183653	2/03/12	000010	GUILDNET	YIANTSELIS, VIR	3.00		540.00 I	
183654	2/03/12	000010	GUILDNET	ZARE, GLORIA	56.00		743.68 I	
183655	2/03/12	000010	GUILDNET	ZUMAETA, FANNY	30.00		398.40 I	
183656	2/03/12	000010	GUILDNET	ZUMAETA, FANNY	30.00		398.40 I	
				REFERENCE ORTIZ, LAURA PAPHITIS, RICHA PAPHITIS, RICHA PAZIOULIS, GEOR PAZIOULIS, KLEO PEREZ, MARIA PEREZ, MARIA PICHARDO, MARIA PICHARDO, MARIA PICHARDO, BRUNO PRYCE, CLYDIA RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SANCHEZ, ELIZAB SANCHEZ, ELIZAB SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA TOROSSIAN, PARI VILLACRES, LUZ VLAHOS, MARIE VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY CUSTOMER	2,112.25	0.00	32,385.40	_
							32,385.40	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTE			PAGE 1	- 31	0
SALES JRN	IL # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FI	RST	
				SALES REGISTE	R		BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183657	1/27/12	000122	HEALEH ETDOM		45.00		750 60	_	
183658	2/03/12	000122	HEALIH FIRSI	AUER, BARBARA	45.00		759.60 472.64		
183659	2/03/12	000122	HEALIH FIRSI	BEGUM, MANWAKA	28.00		4/2.04	<u>+</u>	
183660	2/03/12	000122	HEALIH FIRSI	BHAIRU, KUWSILI	30.00		945.28	<u>+</u>	
183661	2/03/12	000122	HEALIH FIRSI	GARMONA LUZ	40.00		675.20	<u>+</u>	
183662	2/03/12	000122	HEALIH FIRSI	CARMONA, LUZ	40.00		0/5.20	<u>+</u>	
		000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	Τ_	
183663	2/03/12	000122	HEALTH FIRST	CEBALLOS, ANA	2.00		33.76		
183664	2/03/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	Τ	
183665	2/03/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	Ţ	
183666	2/03/12	000122	HEALTH FIRST	DENNISON, KELVI	8.00		135.04	Ţ	
183667	2/03/12	000122	HEALTH FIRST	DORNELLAS, STEL	24.00		405.12	Τ_	
183668	2/03/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	24.00		405.12	I	
183669	2/03/12	000122	HEALTH FIRST	ESTEVES, JOSE	62.00		1,046.56	I	
183670	2/03/12	000122	HEALTH FIRST	FERGERSON, TINA	35.00		590.80	I	
183671	2/03/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
183672	2/03/12	000122	HEALTH FIRST	FONTANES, PEDRO	28.00		472.64	I	
183673	1/27/12	000122	HEALTH FIRST	FRANCISCO, RICH	64.00		1,080.32	I	
183674	1/27/12	000122	HEALTH FIRST	FRIAS, BARBARA	24.00		405.12	I	
183675	2/03/12	000122	HEALTH FIRST	HENRY, BRENDA	4.00		67.52	I	
183676	2/03/12	000122	HEALTH FIRST	KAUR, HARBANS	47.00		793.36	I	
183677	2/03/12	000122	HEALTH FIRST	LARA, TOMASA	28.00		472.64	I	
183678	2/03/12	000122	HEALTH FIRST	LAZALA, GLADYS	72.00		1,215.36	I	
183679	2/03/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	77.00		1,299.76	I	
183680	2/03/12	000122	HEALTH FIRST	MACARENA, SAHAR	63.00		1,063.44	I	
183681	2/03/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	I	
183682	2/03/12	000122	HEALTH FIRST	ORTIZ, TULA	25.00		422.00	I	
183683	2/03/12	000122	HEALTH FIRST	RIVERA, CHRISTO	21.00		354.48	I	
183684	2/03/12	000122	HEALTH FIRST	RIVERA, EDDIE	21.00		354.48	I	
183685	2/03/12	000122	HEALTH FIRST	RODRIGUEZ, MARG	20.00		337.60	I	
183686	2/03/12	000122	HEALTH FIRST	RUIZ JR, SAMUEL	17.00		286.96	I	
183687	2/03/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	I	
183688	2/03/12	000122	HEALTH FIRST	SALHUANA, YOLAN	16.00		270.08	I	
183689	2/03/12	000122	HEALTH FIRST	SPIVEY, PATRICI	8.00		135.04	I	
183690	2/03/12	000122	HEALTH FIRST	ST ROMAINE, CLA	68.00		1,147.84	I	
183691	2/03/12	000122	HEALTH FIRST	SURIEL, GERTRUD	12.00		202.56	I	
183692	2/03/12	000122	HEALTH FIRST	TEJADA, PAULA	40.00		675.20	I	
183693	2/03/12	000122	HEALTH FIRST	WILLIAMS, RODNE	24.00		405.12	I	
				AUER, BARBARA BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DENNISON, KELVI DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HENRY, BRENDA KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA ORTIZ, TULA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD TEJADA, PAULA WILLIAMS, RODNE	1,234.00	0.00	20,829.92		
				- CATEGORY	1,234.00	0.00	20,829.92		

RUN DATE	02/08/12 -	- SUP SUNN	IYSIDE CITYWIDE REG SUNNYSIDE CITYWIDE REG SALE				PAGE 1	- 3	11
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			NHP NEIGHBORE	IOOD I	HEALTH
			SALE	S REGISTER			BILL WEEK END	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183694	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S AHMED IIMARA	56 00		945 28	I	
183695	1/20/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S AKHTAR SELINA	62.00		1.046.56	Ī	
183696	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	ARDITTO PATRIC	30.00		506.40	Ī	
183697	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	BRATHWAITE, DON	35.00		590.80	Ī	
183698	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	CHUKWUJIORAH. T	50.00		844.00	Ī	
183699	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	DIAZ, CARMEN	20.00		337.60	Ī	
183700	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FERNANDEZ, MARI	12.00		202.56	I	
183701	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	FLORES, MARITZA	50.00		844.00	I	
183702	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	JONES, CYNTHIA	42.50		717.40	I	
183703	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHALIL, RASHAN	29.00		489.52	I	
183704	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KHAN, FARUQUE	30.00		506.40	I	
183705	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	KROLL, KATHERIN	28.00		472.64	I	
183706	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MORALES, EDWIN	42.00		708.96	I	
183707	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	MOSKOWITZ, RONA	35.75		603.46	I	
183708	1/13/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	OCASIO, VIRGINI	23.25		392.46	I	
183709	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	RODRIGUEZ, MARI	12.00		202.56	I	
183710	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S SALVATO, MARY	54.00		911.52	I	
183711	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S SANCHEZ, CHRIST	9.00		151.92	I	
183712	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S SCOTT, MICHAEL	40.00		675.20	I	
183713	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S SHEPPARD, ERMA	70.00		1,181.60	I	
183714	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	B WELLS, WYNORIA	15.50		261.64	I	
183715	2/03/12	000120	NEIGHBORHOOD HEALTH PROVIDERS	S WILSON, SHERYL	34.00		573.92	I	
			NEIGHBORHOOD HEALTH PROVIDERS	CUSTOMER	780.00	0.00	13,166.40		
				CATEGORY	780.00	0.00	13,166.40		

			YSIDE CITYWIDE				-	- 31	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOI		
				SALES REGISTER			BILL WEEK ENI	DING	2/10/12
T1770 T GT		GTTGT 310	arramoved many		******		3.1/OTDT		G11D D1 11G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183716	2/03/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	63.00		1,063.44	I	
183717	2/03/12	000126	NYS CATHOLIC/FIDELIS	•	32.00		540.16	Ī	
				•				_	
183718	2/03/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	14.00		236.32	I	
183719	2/03/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	21.00		354.48	I	
183720	2/03/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	25.00		422.00	I	
183721	2/03/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.92	I	
183722	2/03/12	000126	NYS CATHOLIC/FIDELIS	MULLOKONDOVA, S	6.00		101.28	Т	
183723	2/03/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,063.44	T	
183724	2/03/12	000126	NYS CATHOLIC/FIDELIS	PEREZ, MARIA E	20.00		337.60		
				·					
183725	2/03/12	000126	NYS CATHOLIC/FIDELIS	ROMERO AYALA, A	16.00		270.08	Τ	
183726	2/03/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	40.00		675.20	I	
183727	2/03/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	33.00		557.04	I	
				CUSTOMER	417.00	0.00	7,038.96		
				CATEGORY	417.00	0.00	7,038.96		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED H	- 31	.3
DALLES OWN	11 # 0207	100 001	SOUNTSIDE CITIWIDE	SALES REGISTER			BILL WEEK ENI		2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183728	2/03/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	49.00		840.84	I	
183729	2/03/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	38.00		652.08	I	
183730	2/03/12	000128	UNITED HEALTH CARE	MUSHAYEV, BORIS	56.00		960.96	I	
183731	2/03/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
183732	2/03/12	000128	UNITED HEALTH CARE	SANTOS, MILAGRO	20.00		343.20	I	
183733	2/03/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	28.00		480.48	I	
183734	2/03/12	000128	UNITED HEALTH CARE	ZANE, GEORGE	15.00		257.40	I	
				CUSTOMER	262.00	0.00	4,495.92		
				CATEGORY	262.00	0.00	4,495.92		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM HE	- 31	.4
				SALES REGISTER			BILL WEEK END	ING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183735	2/03/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
183736	2/03/12	000114	EMBLEM HEALTH	COPELAND, ELISE	30.00		427.50	I	
183737	2/03/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	19.25		269.50	I	
183738	2/03/12	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,176.00	I	
183739	2/03/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
183740	2/03/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	55.75		780.50	I	
				CUSTOMER	285.00	0.00	3,997.50		
				CATEGORY	285.00	0.00	3,997.50		

			YSIDE CITYWIDE					- 31	
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE RE				HIP HEALTH IN		
			S A L	ES REGISTER			BILL WEEK ENI	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183741	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL	13.75		232.10	I	
183742	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	BORLAZA, FRANCI	84.00		1,417.92	I	
183743	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	CIPRIAN, JACQUE	8.00		135.04	I	
183744	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	DE JESUS, TIBUR	63.00		1,063.44	I	
183745	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	GOMES, AGUSTINA	61.00		1,029.68	I	
183746	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	LOYOLA, MARIA	50.00		844.00	I	
183747	1/27/12	000136	HEALTH INSURANCE PLAN OF NY	ORR, LOUISE	38.00		641.44	I	
183748	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	PARADISE, ANITA	24.00		405.12	I	
183749	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	SHAH, HANSIKABE	4.00		67.52	I	
183750	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	TOWLES, ADA	20.00		337.60	I	
183751	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	WILLIAMS, DIANE	20.00		337.60	I	
183752	2/03/12	000136	HEALTH INSURANCE PLAN OF NY	ZAMBRANO, ZOILA	8.00		135.04	I	
				CUSTOMER	393.75	0.00	6,646.50		
				CATEGORY	393.75	0.00	6,646.50		

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SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HPS HEALTH PI	LUS	
				SALES REGISTER			BILL WEEK ENI	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183753	1/20/12	000138	HEALTH PLUS PHSP, INC	HARDING, EDNA	36.00		612.00	I	
183754	2/03/12	000138	HEALTH PLUS PHSP, INC	VAZQUEZ, ARCADI	12.00		204.00	I	
183755	2/03/12	000138	HEALTH PLUS PHSP, INC	VEGA, GLORIA	35.00		595.00	I	
183756	2/03/12	000138	HEALTH PLUS PHSP, INC	WALTERS, BYRON	25.00		425.00	I	
183757	2/03/12	000138	HEALTH PLUS PHSP, INC	YOUNG, KALEILE	18.00		306.00	I	
				CUSTOMER	126.00	0.00	2,142.00		
				CATEGORY	126.00	0.00	2,142.00		

RUN DATE	02/08/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 31	.7
SALES JRN	ъ # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AFF AFFINITY	HEALT	
				SALES REGISTER			BILL WEEK ENI	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183758	2/03/12	000142	AFFINITY HEALTH PLUS	PURNELL, ROSE M	28.00		672.00	I	
183759	2/03/12	000142	AFFINITY HEALTH PLUS	VAMVAKAS, SOPHI	24.00		576.00	I	
				CUSTOMER	52.00	0.00	1,248.00		
				CATEGORY	52.00	0.00	1,248.00		

RUN DATE	02/08/12 -	- SUP SUNN	IYSIDE CITYWIDE	REG NY NY SALES REGISTE:			PAGE 1	- 31	L8
SALES UKN	ш # 0267	LOC 001	SUNNISIDE CITIMIDE	SALES REGISTE	R		RILL WEEK EN	OING	2/10/12
							DILL WELK LIN	21110	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
				ABBAS, SENOWARA ANDERSON, BETH ARIAS, NORA BEDOYA, MONICA BESANT, NAOMI BRACERO, HELEN BRIGGS, LOUIS CHAPMAN, ESTREL CORDERO, ROSEND DAVIS, ANGIE DEWANJEE, MIRA DURHAM, CYNTHIA GALAS, TERESA MANIACI, VINCEN MURDOCK, GERTRU PERSAD, USHA PUCHUELA, MARIA RAMPERSAID, ALI RYALS, CHARLES SANTORO, MATTHE VALLE, BLASINA —— CUSTOMER				_	
183760	2/03/12	000130	METROPLUS HEALTH	ABBAS, SENOWARA	84.00		1,440.60	I	
183761	2/03/12	000130	METROPLUS HEALTH	ANDERSON, BETH	42.00		720.30	I	
183762	2/03/12	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
183763	2/03/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	35.00		600.25	I	
183764	2/03/12	000130	METROPLUS HEALTH	BESANT, NAOMI	20.00		343.00	I	
183765	2/03/12	000130	METROPLUS HEALTH	BRACERO, HELEN	56.00		960.40	I	
183766	2/03/12	000130	METROPLUS HEALTH	BRIGGS, LOUIS	77.00		1,320.55	I	
183767	2/03/12	000130	METROPLUS HEALTH	CHAPMAN, ESTREL	15.00		257.25	I	
183768	2/03/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	70.00		1,200.50	I	
183769	1/20/12	000130	METROPLUS HEALTH	DAVIS, ANGIE	145.00		2,486.75	I	
183770	2/03/12	000130	METROPLUS HEALTH	DEWANJEE, MIRA	20.00		343.00	I	
183771	2/03/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	14.00		240.10	I	
183772	2/03/12	000130	METROPLUS HEALTH	GALAS, TERESA	37.00		634.55	I	
183773	2/03/12	000130	METROPLUS HEALTH	MANIACI, VINCEN	84.00		1,440.60	I	
183774	2/03/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I	
183775	2/03/12	000130	METROPLUS HEALTH	PERSAD, USHA	67.75		1,161.91	I	
183776	2/03/12	000130	METROPLUS HEALTH	PUCHUELA, MARIA	56.00		960.40	I	
183777	1/27/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	19.00		325.85	I	
183778	1/27/12	000130	METROPLUS HEALTH	RYALS, CHARLES	69.00		1,183.35	I	
183779	1/27/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	48.00		823.20	I	
183780	2/03/12	000130	METROPLUS HEALTH	VALLE, BLASINA	45.00		771.75	I	
	, ,								
				CUSTOMER	1,111.75	0.00	19,066.51		
							19,066.51		
1				***************************************	,		.,		

RUN DATE 02 SALES JRNL	/08/12 - SUP SUNN # 0267 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I				PAGE 1 WEL WELCARE C BILL WEEK END		9 2/10/12
INVOICE#	DATE CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183782 2	/03/12 000124 /03/12 000124 /03/12 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GENAO, DANIELA MARTINEZ, MARIA RAMIREZ, ALIDA	33.00 42.00 63.00		567.60 722.40 1,083.60	I I I	
				CUSTOMER	138.00	0.00	2,373.60		
				CATEGORY	138.00	0.00	2,373.60		

			YSIDE CITYWIDE	DEC N	777				320
SALES JRNI	L # U267	LOC 001	SUNNYSIDE CITYWIDE	REG N S A L E S				NPS NY PRESBYT BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
183784	2/03/12	000134	NY-PRESBYTERIAN SYSTEM	SELECT	KARASSAVIDIS, A	35.00		600.60	I
					CATEGORY	35.00	0.00	600.60	

RUN DATE 02/08/12 - SALES JRNL # 0267	SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - AMG AMERIGROU BILL WEEK END	
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
183785 2/03/12 183786 12/30/11	000132 AMERIGROUP 000132 AMERIGROUP	FERNANDEZ, NORK GUERRA, LORRAIN	42.00 80.00		708.54 1,349.60	I I
		CUSTOMER	122.00	0.00	2,058.14	
		CATEGORY	122.00	0.00	2,058.14	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	322
SALES JRN	IL # 0267	TOG 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E	NY NY			PAR PRIVATE	NG 2/10/12
			SALE	S KEGISIEK			PILL MEEK ENDI	NG 2/10/12
	DATE		CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	
183787	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS	4.00		58.00	I
183788	1/27/12	000002	SUNNYSIDE COMMUNITY SERVICES	BUTLER, MARY	4.00		58.00	I
183789	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	BUTLER, MARY	4.00		58.00	I
183790	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	BUTLER, MARY	4.00		58.00	I
183791	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	3.00		43.50	I
183792	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JANE	3.00		43.50	I
183793	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JOSEPH	3.00		43.50	I
183794	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	GRECH, JOSEPH	3.00		43.50	I
183795	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	KRITSONIS-KOLLA	4.00		58.00	I
183796	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, MARIA	2.00		29.00	I
183797	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	MOSCOSO, TIRSO	2.00		29.00	I
183798	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	SAK, FIRDEVS	3.75		54.38	I
183799	2/03/12	000002	SUNNYSIDE COMMUNITY SERVICES	BURY, GLADYS BUTLER, MARY BUTLER, MARY BUTLER, MARY GRECH, JANE GRECH, JANE GRECH, JOSEPH GRECH, JOSEPH KRITSONIS-KOLLA MOSCOSO, MARIA MOSCOSO, TIRSO SAK, FIRDEVS SAK, FIRDEVS	3.75		54.38	I
				CUSTOMER	43.50	0.00	630.76	
183800	2/03/12	000040	DIITCIN CUDICTINE	DIITCIN VENIA	9 00		124 00	т
183801	2/03/12	000040	DUISIN, CHRISTINE	DUISIN, AENIA	12 00		186 00	<u>т</u>
103001	2/03/12	000040	DUISIN, CHRISTINE DUISIN, CHRISTINE	DOISIN, KENIK				
				CUSTOMER	20.00	0.00	310.00	
183802	2/03/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	10.00		137.90	I
183803	2/03/12	000049	ELIZABETH SETON PEDIATRIC CTR	DIOP, SERIGNE	15.00		206.85	I
183804	2/03/12	000049	ELIZABETH SETON PEDIATRIC CTR ELIZABETH SETON PEDIATRIC CTR ELIZABETH SETON PEDIATRIC CTR	MORSHELINA, NAS	1.00		13.79	I
				CUSTOMER	26.00	0.00	358.54	
183805	2/03/12	000069	ΔΜΥ Τ. WFT.TMΔΝ	THISKIND FRANCE	4 00		780 00	Т
183806	2/03/12	000069	AMV I. WEITHAN	LUSKIND, FRANCE	3 00		558 00	<u>+</u> T
103000	2/03/12	000000	AMY L. WELTMAN AMY L. WELTMAN	HOSKIND, FRANCE				
				COSTOMER	7.00	0.00	1,330.00	
183807	2/03/12	000078	MCDERMOTT, LOUISE MCDERMOTT, LOUISE	MCDERMOTT, LOUI	4.00		62.00	I
183808	2/03/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	4.00		62.00	I
				CUSTOMER	8.00	0.00	124.00	
				CATEGORY				
1				CATEGORI	T04.00	0.00	2,701.30	

RUN DATE	02/08/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 32	23
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN	'S AII	SOCIETY
			S	ALES REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
10000	0 / 0 0 / 1 0				10.00		155.00	_	
183809	2/03/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	10.00		155.00	I	
183810	2/03/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	15.00		232.50	I	
183811	2/03/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	2.00		31.00	I	
183812	2/03/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	4.00		62.00	I	
183813	2/03/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	2.00		31.00	I	
183814	2/03/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	4.00		62.00	I	
183815	2/03/12	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	15.75		244.13	I	
183816	2/03/12	000088	CHILDREN'S AID SOCIETY	JOHNSON, CAMRYN	4.00		62.00	Ī	
183817	2/03/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	14.00		217.00	T	
183818	2/03/12	000088	CHILDREN'S AID SOCIETY	REDDICK, LORENZ	9.00		139.50	T	
183819	2/03/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	14.00		217.00	Ť	
183820	2/03/12	000088	CHILDREN'S AID SOCIETY	REDDICK, TRINIT	9.00		139.50		
183821					16.00			<u>+</u>	
	2/03/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA			248.00		
183822	2/03/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	11.75		182.13	1	
				CUSTOMER	130.50	0.00	2,022.76		
				CATEGORY	130.50	0.00	2,022.76		
1				CATEGORI	130.30	0.00	2,022.70		

RUN DATE	02/08/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1 - 3	24
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG N	.= -:-			GHC GIRLING HEALT	
				SALES	S REGISTER			BILL WEEK ENDING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
183823	1/13/12	000090	GIRLING HEALTH CARE	OF NY	DIRADOURIAN, NI	9.00		117.00 I	
					CATEGORY	9.00	0.00	117.00	

RUN DATE	02/08/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	25
SALES JRN	L # 0267	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			PAR PRIVATE		
				SALES	REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183824	2/03/12	000098	MILDRED PANSE	Ρ.	ANSE, MILDRED	4.00		62.00	I	
					CATEGORY	4.00	0.00	62.00		

RUN DATE 02/08/12 - SUP SUNNYSIDE CITYWIDE CALEGORIUM # 02/07 LOG 001 CINDWALDE CITYWIDE DEC NV NV										
SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE			SUNNYSIDE CITYWIDE	REG NY NY	ELD ELDERSERVEHEALTH					
				SALES REGISTER			BILL WEEK ENDI	NG 2/10/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS		
183825	1/06/12	000101	ELDERSERVEHEALTH	BEAN, ELMIRA	5.00		67.50	I		
183826	1/20/12	000101	ELDERSERVEHEALTH	BEAN, ELMIRA	5.00		67.50	Ι		
183827	2/03/12	000101	ELDERSERVEHEALTH	BEAN, ELMIRA	10.00		135.00	I		
183828	2/03/12	000101	ELDERSERVEHEALTH	BEAN, ELMIRA	6.00		81.00	I		
183829	2/03/12	000101	ELDERSERVEHEALTH	BLACK, DOROTHY	8.00		108.00	I		
183830	2/03/12	000101	ELDERSERVEHEALTH	BLACK, DOROTHY	8.00		108.00	I		
				CUSTOMER	42.00	0.00	567.00			
				CATEGORY	42.00	0.00	567.00			

RUN DATE 02/08/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE REG NY NY								PAGE 1 - 327 PAR PRIVATE		
Bridde Grav	1 0207	100 001	SOMMIDIDE CITIVIDE	SALES REGISTER			BILL WEEK ENDIN	IG 2/10/12		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS		
183831 183832	2/03/12 2/03/12	000143 000143	ETTORE COPPOLA ETTORE COPPOLA	COPPOLA, ETTORE COPPOLA, ETTORE	8.00 7.75		130.00 120.13	- - -		
				CUSTOMER	15.75	0.00	250.13			
183833 183834	2/03/12 2/03/12	000145 000145	LARRY EISENBERG LARRY EISENBERG	BERGER, TESS BERGER, TESS	32.00 21.00		523.00 I 325.50 I	- - -		
				CUSTOMER	53.00	0.00	848.50			
				CATEGORY	68.75	0.00	1,098.63			

RUN DATE 0)2/08/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 32	28
SALES JRNL	# 0267	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			CCM COMPREHE	NSIVE	CARE MGMT
				SALE	S REGISTER			BILL WEEK EN	DING	2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183835	2/03/12	000150	COMPREHENSIVE CARE N	MANAGEMENT	ROSARIO, CELEST	17.75		232.88	I	
183836	2/03/12	000150	COMPREHENSIVE CARE	MANAGEMENT	ROSARIO, CELEST	18.00		236.16	I	
					CUSTOMER	35.75	0.00	469.04		
					CATEGORY	35.75	0.00	469.04		

RUN DATE 02/08/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE				REG NY NY SALES REGISTER			PAGE 1 PAR PRIVATE BILL WEEK END		29 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183837 183838	2/03/12 2/03/12	000151 000151	MICHAEL SIANO MICHAEL SIANO	SIANO, ANDREW SIANO, ANDREW	4.00 12.00			I I	
				CUSTOMER	16.00	0.00	216.00		
183839 183840	2/03/12 2/03/12	000153 000153	PATRICIA RUECKHER PATRICIA RUECKHER	RUECKHER, PATRI RUECKHER, PATRI	6.00 9.00		93.00 139.50	I I	
				CUSTOMER	15.00	0.00	232.50		
183841 183842	2/03/12 2/03/12	000155 000155	ROSEMARY JIBAJA ROSEMARY JIBAJA		96.00 71.75		1,560.00 1,112.13	I I	
				CUSTOMER			2,672.13		
183843 183844	2/03/12 2/03/12	002215 002215	KEITH SALMON KEITH SALMON	LAWRANCE, LILLA LAWRANCE, LILLA	8.00 12.00		136.00 186.00	I I	
						0.00	322.00		
183845 183846	2/03/12 2/03/12	003108 003108	NIGRO, CATHERINE NIGRO, CATHERINE		8.00 12.00		124.00 186.00	I I	
				CUSTOMER			310.00		
183847 183848	2/03/12 2/03/12	003743 003743	VICTOR NICASSIO VICTOR NICASSIO		3.00 6.00		46.50 93.00	I I	
				CUSTOMER		0.00	139.50		
183849 183850	2/03/12 2/03/12	004784 004784	CAMILLERI, JOSEPH CAMILLERI, JOSEPH		10.00		135.00 131.63	I I	
						0.00	266.63		
183851 183852	2/03/12 2/03/12	006337 006337	STEPHEN EDEL STEPHEN EDEL	EDEL, CANDACE EDEL, CANDACE	41.25 39.00		663.38 604.50	I I	
						0.00			
183853 183854	2/03/12 2/03/12	007521 007521	DOROTHY GILBERT DOROTHY GILBERT		17.50 18.00		279.50 279.00	I I	
				CUSTOMER		0.00	558.50		
183855 183856	2/03/12 2/03/12	007630 007630	MAUREEN MAIORANA MAUREEN MAIORANA	MAIORANA, MAURE MAIORANA, MAURE	4.00		65.00 65.00	I I	
				CUSTOMER	8.00	0.00	130.00		

RUN DATE 02/08/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R							PAGE 2 - 33 PAR PRIVATE BILL WEEK ENDING		30 2/10/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
183857 183858	2/03/12 2/03/12	007631 007631	MICHAEL MAIRANO MICHAEL MAIRANO	MAIORANA, MICHE MAIORANA, MICHE	6.00 5.75		97.50 93.44	I	
				CUSTOMER	11.75	0.00	190.94		
183859 183860	2/03/12 2/03/12	007883 007883	ABBAMONTE, RUTH ABBAMONTE, RUTH	ABBAMONTE, RUTH ABBAMONTE, RUTH	4.00		68.00 31.00	I	
				CUSTOMER	6.00	0.00	99.00		
183861 183862	2/03/12 2/03/12	009036 009036	MR. FERNANDO RIVERA MR. FERNANDO RIVERA	RIVERA, ALCIRA RIVERA, ALCIRA	1.00		15.50 93.00	I	
				CUSTOMER	7.00	0.00	108.50		
183863 183864	2/03/12 2/03/12	009226 009226	ALZHEIMER'S ASSOCIATION ALZHEIMER'S ASSOCIATION	CARDENAS, GUSTA CARDENAS, GUSTA	4.00		62.00 62.00	I	
				CUSTOMER	8.00	0.00	124.00		
183865 183866	2/03/12 2/03/12	009498 009498	LOUIS LE NOACH LOUIS LE NOACH	LENOACH, LOUIS LENOACH, LOUIS	6.00		102.00 46.50	I	
				CUSTOMER	9.00	0.00	148.50		
183867 183868	2/03/12 2/03/12	009566 009566	ELIZABETH CERNY ELIZABETH CERNY	CERNY, ELIZABET CERNY, ELIZABET	3.00 6.00		46.50 93.00	I	
				CUSTOMER	9.00	0.00	139.50		
183869	2/03/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
183870	2/03/12	009752	PETER CAPORASO	CAPORASO, VINCE	12.00		204.00	I	
183871	2/03/12	009788	ARIADNI GLYPTIS	GLYPTIS, ARIADN	3.00		46.50	I	
183872 183873	2/03/12 2/03/12	997760 997760	MARASA, ANTONIO MARASA, ANTONIO	MARASA, ANTONIO MARASA, ANTONIO	3.00		40.50 81.00	I	
				CUSTOMER	9.00	0.00	121.50		
				CATEGORY	472.00	0.00	7,390.58		
				LOCATION	22,023.25		336,201.77		
				COMPANY	22,023.25	0.00	336,201.77		

RUN DATE 02/08/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 331
SALES JRNL # 0267 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

ALES JRNL # 0267 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 2/10/12

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

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