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XXXXXXXXXXXXXXXXXXXXXXXXXXXX	TOTAL DUE
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XX XXXX	

Client/Authorization # XXXXXXXXXXXXXXXX

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
* * * * SUB TOTAL * * * *							XXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000.00		

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
FMT 923	XX/XX/XX	XXXXXXX
Client Number	Service Number	Page
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XXXXXXXXXXXXXXXXXXXXXXXXXXXX	TOTAL DUE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXX	
XX XXXX	

Client/Authorization # XXXXXXXXXXXXXXXX

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-99-99	X	XXXXXX	123.45	123.45	12345.67	12345.67			
* * * * SUB TOTAL * * * *							XXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000.00		

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BURROUGHS, ANDREW
59-46 PALMETTO ST 2ND FL
RIDGEWOOD
NY 11385
718-456-1827

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BALKISSOON, JULIE	HHA	09/30/13	1	1:00P-	5:00P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BURROUGHS, ANDREW
59-46 PALMETTO ST 2ND FL
RIDGEWOOD
NY 11385
718-456-1827

TOTAL DUE
64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BALKISSOON, JULIE	HHA	09/30/13	1	1:00P-	5:00P		4.00		16.10	64.40
TOTAL							4.00			64.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BURROUGHS, ANDREW
59-46 PALMETTO ST 2ND FL
RIDGEWOOD
NY 11385
718-456-1827

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BALKISSOON, JULIE	HHA	10/04/13	1	1:00P-	5:00P		4.00		16.10	64.40
TOTAL							4.00			64.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BURROUGHS, ANDREW
59-46 PALMETTO ST 2ND FL
RIDGEWOOD
NY 11385
718-456-1827

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BALKISSOON, JULIE	HHA	10/04/13	1	1:00P-	5:00P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DIMAIO, JESSICA
58-45 80TH ST PVT
MIDDLE VILLAGE
QUEENS
NY 11379
718-651-2054

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CANTERBURY, CLAIRE	HHA	09/30/13	1	9:00A-	1:00P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DIMAIO, JESSICA
58-45 80TH ST PVT
MIDDLE VILLAGE
QUEENS
NY 11379
718-651-2054

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CANTERBURY, CLAIRE	HHA	09/30/13	1	9:00A-	1:00P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DIMAIO, JESSICA
58-45 80TH ST PVT
MIDDLE VILLAGE
QUEENS
NY 11379
718-651-2054

TOTAL DUE

128.80

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CANTERBURY, CLAIRE	HHA	10/02/13	1	9:00A-	1:00P		4.00		16.10	64.40
	HHA	10/04/13	1	9:00A-	1:00P		4.00		16.10	64.40
	TOTAL						8.00			128.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

CUSTOMER NO.	INVOICE DATE	INVOICE NO
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GRISALES, OLIVA
98-01 67TH AVE APT 14S
REGO PARK
QUEENS
NY 11374
407-953-2721

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PERRIN, LORRAINE	HHA	09/30/13	1	9:00A-	1:00P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GRISALES, OLIVA
98-01 67TH AVE APT 14S
REGO PARK
QUEENS
NY 11374
407-953-2721

TOTAL DUE
64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PERRIN, LORRAINE	HHA	09/30/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							4.00			64.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, CARLOS
39-26 62ND STREET #3A
WOODSIDE
NY 11377
347-808-8866

TOTAL DUE
96.60

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	10/01/13	1	12:00N-	3:00P		3.00		16.10	48.30
	HHA	10/03/13	1	12:00N-	3:00P		3.00		16.10	48.30
TOTAL							6.00			96.60
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, CARLOS
39-26 62ND STREET #3A
WOODSIDE
NY 11377
347-808-8866

TOTAL DUE

96.60

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	10/01/13	1	12:00N-	3:00P		3.00		16.10	48.30
	HHA	10/03/13	1	12:00N-	3:00P		3.00		16.10	48.30
TOTAL							6.00			96.60
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, NILA
39- 26 62ND STREET # 3A
WOODSIDE
NY 11377
347-288-5101

TOTAL DUE
96.60

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	09/17/13	1	9:00A-12:00N			3.00		16.10	48.30
	HHA	09/19/13	1	9:00A-12:00N			3.00		16.10	48.30
						TOTAL	6.00			96.60
						QUESTIONS:	718-784-6160			

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, NILA
39- 26 62ND STREET # 3A
WOODSIDE
NY 11377
347-288-5101

TOTAL DUE

96.60

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	09/17/13	1	9:00A-12:00N			3.00		16.10	48.30
	HHA	09/19/13	1	9:00A-12:00N			3.00		16.10	48.30
TOTAL							6.00			96.60
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, NILA
39- 26 62ND STREET # 3A
WOODSIDE
NY 11377
347-288-5101

TOTAL DUE

96.60

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	09/24/13	1	9:00A-12:00N			3.00		16.10	48.30
	HHA	09/26/13	1	9:00A-12:00N			3.00		16.10	48.30
TOTAL							6.00			96.60
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, NILA
39- 26 62ND STREET # 3A
WOODSIDE
NY 11377
347-288-5101

TOTAL DUE

96.60

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	09/24/13	1	9:00A-12:00N			3.00		16.10	48.30
	HHA	09/26/13	1	9:00A-12:00N			3.00		16.10	48.30
TOTAL							6.00			96.60
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, NILA
39- 26 62ND STREET # 3A
WOODSIDE
NY 11377
347-288-5101

TOTAL DUE

96.60

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	10/01/13	1	9:00A-12:00N			3.00		16.10	48.30
	HHA	10/03/13	1	9:00A-12:00N			3.00		16.10	48.30
TOTAL							6.00			96.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GUZMAN, NILA
39- 26 62ND STREET # 3A
WOODSIDE
NY 11377
347-288-5101

TOTAL DUE

96.60

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FELIZ, LOURDES	HHA	10/01/13	1	9:00A-12:00N			3.00		16.10	48.30
	HHA	10/03/13	1	9:00A-12:00N			3.00		16.10	48.30
TOTAL							6.00			96.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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2	10/11/13	0262357
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

KLAUSNER, MARTIN
67-06 164TH STREET #6G
FLUSHING
NY 11365
718-591-2982

TOTAL DUE
64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MATEO, KENIA D.	HHA	10/03/13	1	11:30A-	3:30P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

KLAUSNER, MARTIN
67-06 164TH STREET #6G
FLUSHING
NY 11365
718-591-2982

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MATEO, KENIA D.	HHA	10/03/13	1	11:30A-	3:30P		4.00		16.10	64.40
TOTAL							4.00			64.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

MERO, FRANKLYN
84-20 85TH RD 2ND FL
WOODHAVEN.
QUEENS
NY 11421
347-445-4598

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	10/11/13	0262358
Client Number	Service Number	Page
2013616	2014179	Page 1

TOTAL DUE

128.80

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CODRINGTON, MARY A.	HHA	10/01/13	1	9:00A-	1:00P		4.00		16.10	64.40
	HHA	10/03/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							8.00			128.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MERO, FRANKLYN
84-20 85TH RD 2ND FL
WOODHAVEN.
QUEENS
NY 11421

TOTAL DUE

128.80

347-445-4598

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CODRINGTON, MARY A.	HHA	10/01/13	1	9:00A-	1:00P		4.00		16.10	64.40
	HHA	10/03/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							8.00			128.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MOSER, JOAN
67-42 152ND ST
1ST FLOOR
FLUSHING
NY 11367
718-793-5878

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VEGA, LUCY	PCA	09/30/13	1	9:00A-	1:00P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	10/11/13	0262359
Client Number	Service Number	Page
2014140	2014140	Page 1

TOTAL DUE
64.40

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VEGA, LUCY	PCA	09/30/13	1	9:00A-	1:00P		4.00		16.10	64.40
					TOTAL		4.00			64.40
					QUESTIONS:	718-784-6160				

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MOSER, JOAN
67-42 152ND ST
1ST FLOOR
FLUSHING
NY 11367
718-793-5878

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CODRINGTON, MARY A.	HHA	10/04/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							4.00			64.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MOSER, JOAN
67-42 152ND ST
1ST FLOOR
FLUSHING
NY 11367
718-793-5878

TOTAL DUE

64.40

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CODRINGTON, MARY A.	HHA	10/04/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							4.00			64.40
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NAPPI, ANGELINA
23-27 23RD ST
ASTORIA
QUEENS
NY 11105
718-721-7955

TOTAL DUE
128.80

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BRUSCH, CAREN	HHA	09/28/13	1	9:00A-	1:00P		4.00		16.10	64.40
	HHA	09/29/13	1	9:00A-	1:00P		4.00		16.10	64.40
TOTAL							8.00			128.80
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO
2	10/11/13	0262361
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Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

REYES, CARMEN
1687 GATES AVE APT.1
RIDGEWOOD
NY 11385
718-497-0626

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
2013761	2013761	Page 1

TOTAL DUE

96.60

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DEFRANK, JENNIFER M.	HHA	09/30/13	1	9:00A-	3:00P		6.00		16.10	96.60
TOTAL							6.00			96.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2	10/11/13	0262362
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

REYES, CARMEN
1687 GATES AVE APT.1
RIDGEWOOD
NY 11385
718-497-0626

TOTAL DUE
96.60

SUNNYSIDE COMMUNITY SERVICES
43-31 39TH STREET
LONG ISLAND CIT NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DEFRANK, JENNIFER M.	HHA	09/30/13	1	9:00A-	3:00P		6.00		16.10	96.60
TOTAL							6.00			96.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUISIN, XENIA
142-31 BOOTH MEMORIAL AVE
PVT
FLUSHING
NY 11355

TOTAL DUE
130.00

DUISIN, CHRISTINE
20 E 35 STREET APT 6G
NEW YORK NY 10016

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JIRAVATANADUMRONG, VORARUTH	HHA	09/28/13	1	9:00A-	1:00P		4.00		17.00	68.00
	HHA	09/30/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							8.00			130.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUISIN, XENIA
142-31 BOOTH MEMORIAL AVE
PVT
FLUSHING
NY 11355

TOTAL DUE
130.00

DUISIN, CHRISTINE
20 E 35 STREET APT 6G
NEW YORK NY 10016

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JIRAVATANADUMRONG, VORARUTH	HHA	09/28/13	1	9:00A-	1:00P		4.00		17.00	68.00
	HHA	09/30/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							8.00			130.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
40	10/11/13	0262364
Client Number	Service Number	Page
2001049	2001049	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUISIN, XENIA
142-31 BOOTH MEMORIAL AVE
PVT
FLUSHING
NY 11355

TOTAL DUE
248.00

DUISIN, CHRISTINE
20 E 35 STREET APT 6G
NEW YORK NY 10016

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JIRAVATANADUMRONG, VORARUTH	HHA	10/01/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/02/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/03/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/04/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							16.00			248.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
40	10/11/13	0262364
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUISIN, XENIA
142-31 BOOTH MEMORIAL AVE
PVT
FLUSHING
NY 11355

TOTAL DUE
248.00

DUISIN, CHRISTINE
20 E 35 STREET APT 6G
NEW YORK NY 10016

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JIRAVATANADUMRONG, VORARUTH	HHA	10/01/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/02/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/03/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/04/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							16.00			248.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MINTEH, EBURAHINA
818 HOME ST APT 7P
BRONX
NY 10459
347-590-6429

TOTAL DUE

58.00

DOMINICAN SISTERS FAM HLTH
225 WEST 34TH STREET
SUITE 403
NEW YORK NY 10122

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMIREZ, VELQUIZ	HHA	09/12/13	1	3:30P-	7:30P		4.00		14.50	58.00
TOTAL							4.00			58.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MINTEH, EBURAHINA
818 HOME ST APT 7P
BRONX
NY 10459
347-590-6429

TOTAL DUE
58.00

DOMINICAN SISTERS FAM HLTH
225 WEST 34TH STREET
SUITE 403
NEW YORK NY 10122

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMIREZ, VELQUIZ	HHA	09/12/13	1	3:30P-	7:30P		4.00		14.50	58.00
						TOTAL	4.00			58.00
						QUESTIONS:	718-784-6160			

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MINTEH, EBURAHINA
818 HOME ST APT 7P
BRONX
NY 10459
347-590-6429

TOTAL DUE
116.00

DOMINICAN SISTERS FAM HLTH
225 WEST 34TH STREET
SUITE 403
NEW YORK NY 10122

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMIREZ, VELQUIZ	HHA	09/29/13	1	10:00A-	2:00P		4.00		14.50	58.00
	HHA	09/30/13	1	3:30P-	7:30P		4.00		14.50	58.00
TOTAL							8.00			116.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

CUSTOMER NO.	INVOICE DATE	INVOICE NO
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Client Number	Service Number	Page
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Payment Is Due Upon Receipt.

Client Copy

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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MINTEH, EBURAHINA
818 HOME ST APT 7P
BRONX
NY 10459
347-590-6429

TOTAL DUE
221.13

DOMINICAN SISTERS FAM HLTH
225 WEST 34TH STREET
SUITE 403
NEW YORK NY 10122

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMIREZ, VELQUIZ	HHA	10/01/13	1	3:30P-	7:15P		3.75		14.50	54.38
	HHA	10/02/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/03/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/04/13	1	3:30P-	7:00P		3.50		14.50	50.75
TOTAL							15.25			221.13
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
49	10/11/13	0262367
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MINTEH, EBURAHINA
818 HOME ST APT 7P
BRONX
NY 10459
347-590-6429

TOTAL DUE

221.13

DOMINICAN SISTERS FAM HLTH
225 WEST 34TH STREET
SUITE 403
NEW YORK NY 10122

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMIREZ, VELQUIZ	HHA	10/01/13	1	3:30P-	7:15P		3.75		14.50	54.38
	HHA	10/02/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/03/13	1	3:30P-	7:30P		4.00		14.50	58.00
	HHA	10/04/13	1	3:30P-	7:00P		3.50		14.50	50.75
TOTAL							15.25			221.13
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MCDERMOTT, LOUISE
33-44 JUNCTION BLVD
APT 1X
JACKSON HEIGHTS
NY 11372

TOTAL DUE

124.00

MCDERMOTT, LOUISE
33-44 JUNCTION BLVD.
APT. 1X
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GIORDANO, CARMELA M.	PCA	10/01/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/03/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							8.00			124.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MCDERMOTT, LOUISE
33-44 JUNCTION BLVD
APT 1X
JACKSON HEIGHTS
NY 11372

TOTAL DUE

124.00

MCDERMOTT, LOUISE
33-44 JUNCTION BLVD.
APT. 1X
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GIORDANO, CARMELA M.	PCA	10/01/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/03/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							8.00			124.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

DAVIS, LENEESIA
40-25 COLLEGE POINT BOULE
FLUSHING APT 3-D
QUEENS
NY 11354

TOTAL DUE

139.50

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	10/11/13	0262369
Client Number	Service Number	Page
2013649	2013649	Page 1

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HE, HUI LUN	HHA	09/28/13	1	8:00A-	1:00P		5.00		15.50	77.50
	HHA	09/30/13	1	3:30P-	7:30P		4.00		15.50	62.00
TOTAL							9.00			139.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	10/11/13	0262369
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DAVIS, LENEESIA
40-25 COLLEGE POINT BOULE
FLUSHING APT 3-D
QUEENS
NY 11354

TOTAL DUE

139.50

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HE, HUI LUN	HHA	09/28/13	1	8:00A-	1:00P		5.00		15.50	77.50
	HHA	09/30/13	1	3:30P-	7:30P		4.00		15.50	62.00
TOTAL							9.00			139.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

DAVIS, LENEESIA
40-25 COLLEGE POINT BOULE
FLUSHING APT 3-D
QUEENS
NY 11354

TOTAL DUE

248.00

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	10/11/13	0262370
Client Number	Service Number	Page
2013649	2013649	Page 1

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HE, HUI LUN	HHA	10/01/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/02/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/03/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/04/13	1	3:30P-	7:30P		4.00		15.50	62.00
TOTAL							16.00			248.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	10/11/13	0262370
Client Number	Service Number	Page
2013649	2013649	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DAVIS, LENEESIA
40-25 COLLEGE POINT BOULE
FLUSHING APT 3-D
QUEENS
NY 11354

TOTAL DUE
248.00

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HE, HUI LUN	HHA	10/01/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/02/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/03/13	1	3:30P-	7:30P		4.00		15.50	62.00
	HHA	10/04/13	1	3:30P-	7:30P		4.00		15.50	62.00
TOTAL							16.00			248.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	10/11/13	0262371
Client Number	Service Number	Page
2006795	2006795	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUNNE, MYEISHA
1440 FREEPORT LOOP
APT 12D
BROOKLYN
NY 11239

TOTAL DUE

77.50

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, JEAN	HHA	09/30/13	1	3:00P-	8:00P		5.00		15.50	77.50
					TOTAL		5.00			77.50
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
88	10/11/13	0262371
Client Number	Service Number	Page
2006795	2006795	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUNNE, MYEISHA
1440 FREEPORT LOOP
APT 12D
BROOKLYN
NY 11239

TOTAL DUE

77.50

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, JEAN	HHA	09/30/13	1	3:00P-	8:00P		5.00		15.50	77.50
					TOTAL		5.00			77.50
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
2006795	2006795	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUNNE, MYEISHA
1440 FREEPORT LOOP
APT 12D
BROOKLYN
NY 11239

TOTAL DUE

310.00

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, JEAN	HHA	10/01/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/02/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/03/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/04/13	1	3:00P-	8:00P		5.00		15.50	77.50
TOTAL							20.00			310.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

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88	10/11/13	0262372
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

DUNNE, MYEISHA
1440 FREEPORT LOOP
APT 12D
BROOKLYN
NY 11239

TOTAL DUE

310.00

CHILDREN'S AID SOCIETY
150 EAST 45TH STREET
NEW YORK NY 10017

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, JEAN	HHA	10/01/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/02/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/03/13	1	3:00P-	8:00P		5.00		15.50	77.50
	HHA	10/04/13	1	3:00P-	8:00P		5.00		15.50	77.50
TOTAL							20.00			310.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262373
Client Number	Service Number	Page
2012328	2012328	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

APONTE, ANA
3736 10TH AVE APT 9E
NEW YORK
NY 10034

TOTAL DUE

253.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 22308

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
TEJEDA, MARTHA E.	HHA	09/28/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	09/29/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	09/30/13	1	9:00A-	3:00P		6.00		14.10	84.60
TOTAL							18.00			253.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262373
Client Number	Service Number	Page
2012328	2012328	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

APONTE, ANA
3736 10TH AVE APT 9E
NEW YORK
NY 10034

TOTAL DUE

253.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 22308

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
TEJEDA, MARTHA E.	HHA	09/28/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	09/29/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	09/30/13	1	9:00A-	3:00P		6.00		14.10	84.60
TOTAL							18.00			253.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

APONTE, ANA
3736 10TH AVE APT 9E
NEW YORK
NY 10034

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262374
Client Number	Service Number	Page
2012328	2012328	Page 1

TOTAL DUE

338.40

Client/Authorization # 22308

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
TEJEDA, MARTHA E.	HHA	10/01/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	10/02/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	10/03/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	10/04/13	1	9:00A-	3:00P		6.00		14.10	84.60
TOTAL							24.00			338.40
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262374
Client Number	Service Number	Page
2012328	2012328	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

APONTE, ANA
3736 10TH AVE APT 9E
NEW YORK
NY 10034

TOTAL DUE

338.40

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 22308

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
TEJEDA, MARTHA E.	HHA	10/01/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	10/02/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	10/03/13	1	9:00A-	3:00P		6.00		14.10	84.60
	HHA	10/04/13	1	9:00A-	3:00P		6.00		14.10	84.60
TOTAL							24.00			338.40
QUESTIONS: 718-784-6160										

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Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262375
Client Number	Service Number	Page
2014042	2014042	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CESPEDES, CRISTOBALI
37-28 107TH ST
PRIVATE HOUSE
CORONA
NY 11368

TOTAL DUE

112.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 47549

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ZARATE, LEURIE	HHA	09/28/13	1	9:00A-	1:00P		4.00		14.10	56.40
	HHA	09/29/13	1	9:00A-	1:00P		4.00		14.10	56.40
TOTAL							8.00			112.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262375
Client Number	Service Number	Page
2014042	2014042	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CESPEDES, CRISTOBALI
37-28 107TH ST
PRIVATE HOUSE
CORONA
NY 11368

TOTAL DUE

112.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 47549

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ZARATE, LEURIE	HHA	09/28/13	1	9:00A-	1:00P		4.00		14.10	56.40
	HHA	09/29/13	1	9:00A-	1:00P		4.00		14.10	56.40
TOTAL							8.00			112.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262376
Client Number	Service Number	Page
2010446	2013975	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GARCIA1, MARIA
90-31 WHITNEY AVE
APT 5-D
ELMHURST
NY 11373

TOTAL DUE

225.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28642

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALAZAR, BOLIVIA	HHA	10/01/13	1	9:00A-	5:00P		8.00		14.10	112.80
	HHA	10/03/13	1	9:00A-	5:00P		8.00		14.10	112.80
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262376
Client Number	Service Number	Page
2010446	2013975	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

GARCIA1, MARIA
90-31 WHITNEY AVE
APT 5-D
ELMHURST
NY 11373

TOTAL DUE
225.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28642

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALAZAR, BOLIVIA	HHA	10/01/13	1	9:00A-	5:00P		8.00		14.10	112.80
	HHA	10/03/13	1	9:00A-	5:00P		8.00		14.10	112.80
TOTAL							16.00			225.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262377
Client Number	Service Number	Page
2012126	2012126	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

POOLE, JENNIFER
108- 112 124TH STREET APT
BY LENOX
NEW YORK
NY 10027

TOTAL DUE

42.30

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28542

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DIEGO, WENDY	HHA	09/28/13	1	9:00A-12:00N			3.00		14.10	42.30
TOTAL							3.00			42.30
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262377
Client Number	Service Number	Page
2012126	2012126	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

POOLE, JENNIFER
108- 112 124TH STREET APT
BY LENOX
NEW YORK
NY 10027

TOTAL DUE

42.30

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28542

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DIEGO, WENDY	HHA	09/28/13	1	9:00A-12:00N			3.00		14.10	42.30
TOTAL							3.00			42.30
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

POOLE, JENNIFER
108- 112 124TH STREET APT
BY LENOX
NEW YORK
NY 10027

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262378
Client Number	Service Number	Page
2012126	2012126	Page 1

TOTAL DUE

84.60

Client/Authorization # 28542

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, VICTORIA MICHELL	HHA	10/01/13	1	11:00A-	2:00P		3.00		14.10	42.30
	HHA	10/03/13	1	11:00A-	2:00P		3.00		14.10	42.30
TOTAL							6.00			84.60
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262378
Client Number	Service Number	Page
2012126	2012126	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

POOLE, JENNIFER
108- 112 124TH STREET APT
BY LENOX
NEW YORK
NY 10027

TOTAL DUE

84.60

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 28542

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, VICTORIA MICHELL	HHA	10/01/13	1	11:00A-	2:00P		3.00		14.10	42.30
	HHA	10/03/13	1	11:00A-	2:00P		3.00		14.10	42.30
TOTAL							6.00			84.60
QUESTIONS: 718-784-6160										

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Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262379
Client Number	Service Number	Page
2013957	2013957	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

QUEREN, MARY
5339 FRANCIS LEWIS BLVD
OAKLAND GARDENS
QUEENS
NY 11364

TOTAL DUE

260.86

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 89196

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARPER, SHAKILA	HHA	09/29/13	1	9:00A-	5:45P		8.75		14.10	123.38
	HHA	09/30/13	1	9:00A-	6:45P		9.75		14.10	137.48
TOTAL							18.50			260.86
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262379
Client Number	Service Number	Page
2013957	2013957	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

QUEREN, MARY
5339 FRANCIS LEWIS BLVD
OAKLAND GARDENS
QUEENS
NY 11364

TOTAL DUE

260.86

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 89196

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARPER, SHAKILA	HHA	09/29/13	1	9:00A-	5:45P		8.75		14.10	123.38
	HHA	09/30/13	1	9:00A-	6:45P		9.75		14.10	137.48
TOTAL							18.50			260.86
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262380
Client Number	Service Number	Page
2013957	2013957	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

QUEREN, MARY
5339 FRANCIS LEWIS BLVD
OAKLAND GARDENS
QUEENS
NY 11364

TOTAL DUE

549.90

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 89196

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARPER, SHAKILA	HHA	10/01/13	1	9:00A-	7:00P		10.00		14.10	141.00
	HHA	10/02/13	1	9:00A-	6:00P		9.00		14.10	126.90
PRASS, FIONA	HHA	10/03/13	1	9:00A-	7:00P		10.00		14.10	141.00
	HHA	10/04/13	1	9:00A-	7:00P		10.00		14.10	141.00
TOTAL							39.00			549.90
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

QUEREN, MARY
5339 FRANCIS LEWIS BLVD
OAKLAND GARDENS
QUEENS
NY 11364

TOTAL DUE

549.90

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 89196

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARPER, SHAKILA	HHA	10/01/13	1	9:00A-	7:00P		10.00		14.10	141.00
	HHA	10/02/13	1	9:00A-	6:00P		9.00		14.10	126.90
PRASS, FIONA	HHA	10/03/13	1	9:00A-	7:00P		10.00		14.10	141.00
	HHA	10/04/13	1	9:00A-	7:00P		10.00		14.10	141.00
TOTAL							39.00			549.90
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262381
Client Number	Service Number	Page
2009376	2009376	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ROSARIO, CELESTINA
53-11 99TH ST APT 4J
CORONA
NY 11368

TOTAL DUE

169.20

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 25636

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
COLLADO, BIENVENIDA	PCA	09/28/13	1	9:00A-	2:00P		5.00		14.10	70.50
PINEDA, EDEMIS	PCA	09/30/13	1	9:00A-	4:00P		7.00		14.10	98.70
TOTAL							12.00			169.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262381
Client Number	Service Number	Page
2009376	2009376	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ROSARIO, CELESTINA
53-11 99TH ST APT 4J
CORONA
NY 11368

TOTAL DUE

169.20

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 25636

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
COLLADO, BIENVENIDA	PCA	09/28/13	1	9:00A-	2:00P		5.00		14.10	70.50
PINEDA, EDEMIS	PCA	09/30/13	1	9:00A-	4:00P		7.00		14.10	98.70
TOTAL							12.00			169.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

ROSARIO, CELESTINA
53-11 99TH ST APT 4J
CORONA
NY 11368

TOTAL DUE

394.80

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262382
Client Number	Service Number	Page
2009376	2009376	Page 1

Client/Authorization # 25636

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PINEDA, EDEMIS	PCA	10/01/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/02/13	1	9:00A-	4:00P		7.00		14.10	98.70
OLIVEIRA, MARLENE	HHA	10/03/13	1	9:00A-	4:00P		7.00		14.10	98.70
PINEDA, EDEMIS	PCA	10/04/13	1	9:00A-	4:00P		7.00		14.10	98.70
TOTAL							28.00			394.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262382
Client Number	Service Number	Page
2009376	2009376	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ROSARIO, CELESTINA
53-11 99TH ST APT 4J
CORONA
NY 11368

TOTAL DUE

394.80

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 25636

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PINEDA, EDEMIS	PCA	10/01/13	1	9:00A-	4:00P		7.00		14.10	98.70
	PCA	10/02/13	1	9:00A-	4:00P		7.00		14.10	98.70
OLIVEIRA, MARLENE	HHA	10/03/13	1	9:00A-	4:00P		7.00		14.10	98.70
PINEDA, EDEMIS	PCA	10/04/13	1	9:00A-	4:00P		7.00		14.10	98.70
TOTAL							28.00			394.80
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262383
Client Number	Service Number	Page
2012058	2012323	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RUDA, EDWIN
8921 24TH AVE
1ST FLOOR
ELMHURST
NY 11369

TOTAL DUE

183.30

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 36643

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
WILSON, JODIE A.	HHA	09/28/13	1	9:00A-	3:30P		6.50		14.10	91.65
	HHA	09/29/13	1	9:00A-	3:30P		6.50		14.10	91.65
TOTAL							13.00			183.30
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262383
Client Number	Service Number	Page
2012058	2012323	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RUDA, EDWIN
8921 24TH AVE
1ST FLOOR
ELMHURST
NY 11369

TOTAL DUE

183.30

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 36643

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
WILSON, JODIE A.	HHA	09/28/13	1	9:00A-	3:30P		6.50		14.10	91.65
	HHA	09/29/13	1	9:00A-	3:30P		6.50		14.10	91.65
TOTAL							13.00			183.30
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262384
Client Number	Service Number	Page
2012467	2012467	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RUSSELL, BERNICE
1734 MADISON AVE
APT 5B
NEW YORK
NY 10029

TOTAL DUE

162.15

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 24057

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, VICTORIA MICHELL	HHA	09/29/13	1	8:00A-	1:30P		5.50		14.10	77.55
DENIKE, REBECCA	HHA	09/30/13	1	8:00A-	2:00P		6.00		14.10	84.60
TOTAL							11.50			162.15
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262384
Client Number	Service Number	Page
2012467	2012467	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RUSSELL, BERNICE
1734 MADISON AVE
APT 5B
NEW YORK
NY 10029

TOTAL DUE

162.15

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 24057

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
FLOWERS, VICTORIA MICHELL	HHA	09/29/13	1	8:00A-	1:30P		5.50		14.10	77.55
DENIKE, REBECCA	HHA	09/30/13	1	8:00A-	2:00P		6.00		14.10	84.60
TOTAL							11.50			162.15
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262385
Client Number	Service Number	Page
2012467	2012467	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RUSSELL, BERNICE
1734 MADISON AVE
APT 5B
NEW YORK
NY 10029

TOTAL DUE
169.20

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 24057

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DENIKE, REBECCA	HHA	10/02/13	1	8:00A-	2:00P		6.00		14.10	84.60
	HHA	10/04/13	1	8:00A-	2:00P		6.00		14.10	84.60
TOTAL							12.00			169.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262385
Client Number	Service Number	Page
2012467	2012467	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

RUSSELL, BERNICE
1734 MADISON AVE
APT 5B
NEW YORK
NY 10029

TOTAL DUE

169.20

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 24057

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DENIKE, REBECCA	HHA	10/02/13	1	8:00A-	2:00P		6.00		14.10	84.60
	HHA	10/04/13	1	8:00A-	2:00P		6.00		14.10	84.60
TOTAL							12.00			169.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262386
Client Number	Service Number	Page
2008182	2014053	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

VASQUEZ, CORNELIA
79-08 32ND AVE
JACKSON HEIGHTS
NY 11372

TOTAL DUE

169.20

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 26769

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALINAS, FLOR	HHA	10/01/13	1	9:00A-	5:00P		8.00		14.10	112.80
	HHA	10/03/13	1	9:00A-	1:00P		4.00		14.10	56.40
TOTAL							12.00			169.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
150	10/11/13	0262386
Client Number	Service Number	Page
2008182	2014053	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

VASQUEZ, CORNELIA
79-08 32ND AVE
JACKSON HEIGHTS
NY 11372

TOTAL DUE

169.20

COMPREHENSIVE CARE MANAGEMENT
1250 WATER PLACE, TOWER 1
SUITE 602
BRONX NY 10461

Client/Authorization # 26769

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALINAS, FLOR	HHA	10/01/13	1	9:00A-	5:00P		8.00		14.10	112.80
	HHA	10/03/13	1	9:00A-	1:00P		4.00		14.10	56.40
TOTAL							12.00			169.20
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
155	10/11/13	0262387
Client Number	Service Number	Page
2003531	2003531	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JIBAJA, ROSEMARY
18-37 21ST DRIVE
ASTORIA
NY 11105

TOTAL DUE

1,188.00

ROSEMARY JIBAJA
ATTN GILBERT JIBAJA
18-37 21ST DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GONZAGA, ROSALBA	PCA	09/28/13	1	8:00P-	8:00A		12.00		17.00	204.00
NSIAH, DORIS	HHA	09/28/13	1	8:00A-	8:00P		12.00		17.00	204.00
GONZAGA, ROSALBA	PCA	09/29/13	1	8:00P-	8:00A		12.00		17.00	204.00
NSIAH, DORIS	HHA	09/29/13	1	8:00A-	8:00P		12.00		17.00	204.00
DAZA, MARGARITA	HHA	09/30/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	09/30/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							72.00			1,188.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
155	10/11/13	0262387
Client Number	Service Number	Page
2003531	2003531	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JIBAJA, ROSEMARY
18-37 21ST DRIVE
ASTORIA
NY 11105

TOTAL DUE

1,188.00

ROSEMARY JIBAJA
ATTN GILBERT JIBAJA
18-37 21ST DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GONZAGA, ROSALBA	PCA	09/28/13	1	8:00P-	8:00A		12.00		17.00	204.00
NSIAH, DORIS	HHA	09/28/13	1	8:00A-	8:00P		12.00		17.00	204.00
GONZAGA, ROSALBA	PCA	09/29/13	1	8:00P-	8:00A		12.00		17.00	204.00
NSIAH, DORIS	HHA	09/29/13	1	8:00A-	8:00P		12.00		17.00	204.00
DAZA, MARGARITA	HHA	09/30/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	09/30/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							72.00			1,188.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
155	10/11/13	0262388
Client Number	Service Number	Page
2003531	2003531	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JIBAJA, ROSEMARY
18-37 21ST DRIVE
ASTORIA
NY 11105

TOTAL DUE

1,488.00

ROSEMARY JIBAJA
ATTN GILBERT JIBAJA
18-37 21ST DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DAZA, MARGARITA	HHA	10/01/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/01/13	1	8:00A-	8:00P		12.00		15.50	186.00
DAZA, MARGARITA	HHA	10/02/13	1	8:00P-	8:00A		12.00		15.50	186.00
NSIAH, DORIS	HHA	10/02/13	1	8:00A-	8:00P		12.00		15.50	186.00
GONZAGA, ROSALBA	PCA	10/03/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/03/13	1	8:00A-	8:00P		12.00		15.50	186.00
GONZAGA, ROSALBA	PCA	10/04/13	1	8:00P-	8:00A		12.00		15.50	186.00
NSIAH, DORIS	HHA	10/04/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							96.00			1,488.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
155	10/11/13	0262388
Client Number	Service Number	Page
2003531	2003531	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JIBAJA, ROSEMARY
18-37 21ST DRIVE
ASTORIA
NY 11105

TOTAL DUE

1,488.00

ROSEMARY JIBAJA
ATTN GILBERT JIBAJA
18-37 21ST DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DAZA, MARGARITA	HHA	10/01/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/01/13	1	8:00A-	8:00P		12.00		15.50	186.00
DAZA, MARGARITA	HHA	10/02/13	1	8:00P-	8:00A		12.00		15.50	186.00
NSIAH, DORIS	HHA	10/02/13	1	8:00A-	8:00P		12.00		15.50	186.00
GONZAGA, ROSALBA	PCA	10/03/13	1	8:00P-	8:00A		12.00		15.50	186.00
TERAN, CARMEN S.	PCA	10/03/13	1	8:00A-	8:00P		12.00		15.50	186.00
GONZAGA, ROSALBA	PCA	10/04/13	1	8:00P-	8:00A		12.00		15.50	186.00
NSIAH, DORIS	HHA	10/04/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							96.00			1,488.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
179	10/11/13	0262389
Client Number	Service Number	Page
2010982	2010982	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TABICKMAN, DORTHY
41-00 43 AVE
APT 5-E (WEST)
SUNNYSIDE
NY 11104

TOTAL DUE

62.00

DOROTHY TABICKMAN
41-00 43RD AVE APT.5-E WEST
SUNNYSIDE NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BEST, CHERISSE	HHA	09/30/13	1	10:00A-	2:00P		4.00		15.50	62.00
					TOTAL		4.00			62.00
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

CUSTOMER NO.	INVOICE DATE	INVOICE NO
179	10/11/13	0262389
Client Number	Service Number	Page
2010982	2010982	Page 1

TOTAL DUE

DOROTHY TABICKMAN
41-00 43RD AVE APT.5-E WEST
SUNNYSIDE NY 11104

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
179	10/11/13	0262390
Client Number	Service Number	Page
2010982	2010982	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TABICKMAN, DORTHY
41-00 43 AVE
APT 5-E (WEST)
SUNNYSIDE
NY 11104

TOTAL DUE

124.00

DOROTHY TABICKMAN
41-00 43RD AVE APT.5-E WEST
SUNNYSIDE NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BEST, CHERISSE	HHA	10/02/13	1	10:00A-	2:00P		4.00		15.50	62.00
SEENARRINE, CARMEN	HA	10/04/13	1	10:00A-	2:00P		4.00		15.50	62.00
TOTAL							8.00			124.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

CUSTOMER NO.	INVOICE DATE	INVOICE NO
179	10/11/13	0262390
Client Number	Service Number	Page
2010982	2010982	Page 1

124.00

DOROTHY TABICKMAN
41-00 43RD AVE APT.5-E WEST
SUNNYSIDE NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BEST, CHERISSE	HHA	10/02/13	1	10:00A-	2:00P		4.00		15.50	62.00
SEENARRINE, CARMEN	HA	10/04/13	1	10:00A-	2:00P		4.00		15.50	62.00
TOTAL							8.00			124.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
192	10/11/13	0262391
Client Number	Service Number	Page
2011401	2011401	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TOVAR, ELENA
6125 AUSTIN STREET PVT
ONLY PCA CAN GO ON CASE N
REGO PARK
NY 11374

TOTAL DUE

120.00

HHH LONG TERM HOME HLTH CARE
2100 BARTOW AVE
SUITE 310
BRONX NY 10475

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ACERO, AMPARO	HHA	09/01/13	1	9:00A-	5:00P		8.00		15.00	120.00
TOTAL							8.00			120.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
192	10/11/13	0262391
Client Number	Service Number	Page
2011401	2011401	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TOVAR, ELENA
6125 AUSTIN STREET PVT
ONLY PCA CAN GO ON CASE N
REGO PARK
NY 11374

TOTAL DUE
120.00

HHH LONG TERM HOME HLTH CARE
2100 BARTOW AVE
SUITE 310
BRONX NY 10475

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ACERO, AMPARO	HHA	09/01/13	1	9:00A-	5:00P		8.00		15.00	120.00
TOTAL							8.00			120.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
192	10/11/13	0262392
Client Number	Service Number	Page
2011401	2011401	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TOVAR, ELENA
6125 AUSTIN STREET PVT
ONLY PCA CAN GO ON CASE N
REGO PARK
NY 11374

TOTAL DUE

240.00

HHH LONG TERM HOME HLTH CARE
2100 BARTOW AVE
SUITE 310
BRONX NY 10475

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VILLAVICENCIO, GINA	PCA	09/29/13	1	9:00A-	5:00P		8.00		15.00	120.00
COLLADO, BIENVENIDA	PCA	09/30/13	1	10:00A-	6:00P		8.00		15.00	120.00
TOTAL							16.00			240.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
192	10/11/13	0262392
Client Number	Service Number	Page
2011401	2011401	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TOVAR, ELENA
6125 AUSTIN STREET PVT
ONLY PCA CAN GO ON CASE N
REGO PARK
NY 11374

TOTAL DUE

240.00

HHH LONG TERM HOME HLTH CARE
2100 BARTOW AVE
SUITE 310
BRONX NY 10475

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VILLAVICENCIO, GINA	PCA	09/29/13	1	9:00A-	5:00P		8.00		15.00	120.00
COLLADO, BIENVENIDA	PCA	09/30/13	1	10:00A-	6:00P		8.00		15.00	120.00
TOTAL							16.00			240.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
192	10/11/13	0262393
Client Number	Service Number	Page
2011401	2011401	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TOVAR, ELENA
6125 AUSTIN STREET PVT
ONLY PCA CAN GO ON CASE N
REGO PARK
NY 11374

TOTAL DUE

390.00

HHH LONG TERM HOME HLTH CARE
2100 BARTOW AVE
SUITE 310
BRONX NY 10475

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
COLLADO, BIENVENIDA	PCA	10/01/13	1	9:00A-11:00A			2.00		15.00	30.00
	PCA	10/01/13	1	3:00P- 6:00P			3.00		15.00	45.00
	PCA	10/02/13	1	10:00A- 6:00P			8.00		15.00	120.00
	PCA	10/03/13	1	9:00A-11:00A			2.00		15.00	30.00
	PCA	10/03/13	1	3:00P- 6:00P			3.00		15.00	45.00
	PCA	10/04/13	1	10:00A- 6:00P			8.00		15.00	120.00
TOTAL							26.00			390.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
192	10/11/13	0262393
Client Number	Service Number	Page
2011401	2011401	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

TOVAR, ELENA
6125 AUSTIN STREET PVT
ONLY PCA CAN GO ON CASE N
REGO PARK
NY 11374

TOTAL DUE

390.00

HHH LONG TERM HOME HLTH CARE
2100 BARTOW AVE
SUITE 310
BRONX NY 10475

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
COLLADO, BIENVENIDA	PCA	10/01/13	1	9:00A-11:00A			2.00		15.00	30.00
	PCA	10/01/13	1	3:00P- 6:00P			3.00		15.00	45.00
	PCA	10/02/13	1	10:00A- 6:00P			8.00		15.00	120.00
	PCA	10/03/13	1	9:00A-11:00A			2.00		15.00	30.00
	PCA	10/03/13	1	3:00P- 6:00P			3.00		15.00	45.00
	PCA	10/04/13	1	10:00A- 6:00P			8.00		15.00	120.00
TOTAL							26.00			390.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
211	10/11/13	0262394
Client Number	Service Number	Page
2012725	2012725	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARLIS, CATHERINE
39-04 48TH STREET
SUNNYSIDE
NY 11104

TOTAL DUE

170.00

CATHERINE BARLIS/
KALLIOPE BARLIS
P.O. BOX 4372
SUNNYSIDE NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GRAY, LATISHA	HHA	09/28/13	1	9:00A-	7:00P		10.00		17.00	170.00
TOTAL							10.00			170.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
211	10/11/13	0262394
Client Number	Service Number	Page
2012725	2012725	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARLIS, CATHERINE
39-04 48TH STREET
SUNNYSIDE
NY 11104

TOTAL DUE

170.00

CATHERINE BARLIS/
KALLIOPE BARLIS
P.O. BOX 4372
SUNNYSIDE NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
GRAY, LATISHA	HHA	09/28/13	1	9:00A-	7:00P		10.00		17.00	170.00
TOTAL							10.00			170.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
219	10/11/13	0262395
Client Number	Service Number	Page
2011394	2011394	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JENSEN, HELGA
72-10 41ST AVE
APT 4V
WOODSIDE
NY 11377

TOTAL DUE

495.00

SUSANNE K. HAYES
46 38 PLACIDA AVENUE
TOLUCA LAKE CA 91602

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
THOMAS, NADEGE	HHA	09/28/13	1	10:00A-	8:00P		10.00		17.00	170.00
BLAIR, NIKEISHA M.	HHA	09/29/13	1	10:00A-	8:00P		10.00		17.00	170.00
	HHA	09/30/13	1	10:00A-	8:00P		10.00		15.50	155.00
TOTAL							30.00			495.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
219	10/11/13	0262395
Client Number	Service Number	Page
2011394	2011394	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JENSEN, HELGA
72-10 41ST AVE
APT 4V
WOODSIDE
NY 11377

TOTAL DUE

495.00

SUSANNE K. HAYES
46 38 PLACIDA AVENUE
TOLUCA LAKE CA 91602

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
THOMAS, NADEGE	HHA	09/28/13	1	10:00A-	8:00P		10.00		17.00	170.00
BLAIR, NIKEISHA M.	HHA	09/29/13	1	10:00A-	8:00P		10.00		17.00	170.00
	HHA	09/30/13	1	10:00A-	8:00P		10.00		15.50	155.00
TOTAL							30.00			495.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SUSANNE K. HAYES
46 38 PLACIDA AVENUE
TOLUCA LAKE CA 91602

JENSEN, HELGA
72-10 41ST AVE
APT 4V
WOODSIDE
NY 11377

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
219	10/11/13	0262396
Client Number	Service Number	Page
2011394	2011394	Page 1

TOTAL DUE

620.00

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BLAIR, NIKEISHA M.	HHA	10/01/13	1	10:00A-	8:00P		10.00		15.50	155.00
	HHA	10/02/13	1	10:00A-	8:00P		10.00		15.50	155.00
THOMAS, NADEGE	HHA	10/03/13	1	10:00A-	8:00P		10.00		15.50	155.00
	HHA	10/04/13	1	10:00A-	8:00P		10.00		15.50	155.00
TOTAL							40.00			620.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
219	10/11/13	0262396
Client Number	Service Number	Page
2011394	2011394	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

JENSEN, HELGA
72-10 41ST AVE
APT 4V
WOODSIDE
NY 11377

TOTAL DUE

620.00

SUSANNE K. HAYES
46 38 PLACIDA AVENUE
TOLUCA LAKE CA 91602

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BLAIR, NIKEISHA M.	HHA	10/01/13	1	10:00A-	8:00P		10.00		15.50	155.00
	HHA	10/02/13	1	10:00A-	8:00P		10.00		15.50	155.00
THOMAS, NADEGE	HHA	10/03/13	1	10:00A-	8:00P		10.00		15.50	155.00
	HHA	10/04/13	1	10:00A-	8:00P		10.00		15.50	155.00
TOTAL							40.00			620.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2215	10/11/13	0262397
Client Number	Service Number	Page
2002215	2002215	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LAWRANCE, LILLA
33-47 91 ST.
APT 3-H
JACKSON HEIGHTS
NY 11372

TOTAL DUE

136.00

KEITH SALMON
101 SPARROW RIDGE ROAD
CARMEL NY 10512

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ROBERTSON, ELAINE	HHA	09/28/13	1	3:00P-	7:00P		4.00		17.00	68.00
OBAS, EVELYN	HHA	09/29/13	1	10:00A-	2:00P		4.00		17.00	68.00
TOTAL							8.00			136.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2215	10/11/13	0262397
Client Number	Service Number	Page
2002215	2002215	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LAWRANCE, LILLA
33-47 91 ST.
APT 3-H
JACKSON HEIGHTS
NY 11372

TOTAL DUE

136.00

KEITH SALMON
101 SPARROW RIDGE ROAD
CARMEL NY 10512

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ROBERTSON, ELAINE	HHA	09/28/13	1	3:00P-	7:00P		4.00		17.00	68.00
OBAS, EVELYN	HHA	09/29/13	1	10:00A-	2:00P		4.00		17.00	68.00
TOTAL							8.00			136.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2215	10/11/13	0262398
Client Number	Service Number	Page
2002215	2002215	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LAWRANCE, LILLA
33-47 91 ST.
APT 3-H
JACKSON HEIGHTS
NY 11372

TOTAL DUE

62.00

KEITH SALMON
101 SPARROW RIDGE ROAD
CARMEL NY 10512

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ROBERTSON, ELAINE	HHA	10/02/13	1	3:00P-	7:00P		4.00		15.50	62.00
TOTAL							4.00			62.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
2215	10/11/13	0262398
Client Number	Service Number	Page
2002215	2002215	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LAWRANCE, LILLA
33-47 91 ST.
APT 3-H
JACKSON HEIGHTS
NY 11372

TOTAL DUE

62.00

KEITH SALMON
101 SPARROW RIDGE ROAD
CARMEL NY 10512

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ROBERTSON, ELAINE	HHA	10/02/13	1	3:00P-	7:00P		4.00		15.50	62.00
TOTAL							4.00			62.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
3108	10/11/13	0262399
Client Number	Service Number	Page
2000867	2003108	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE
NY 11379

TOTAL DUE

62.00

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE NY 11379

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHABLA DUTAN, TERESA	HHA	09/30/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							4.00			62.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
3108	10/11/13	0262399
Client Number	Service Number	Page
2000867	2003108	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE
NY 11379

TOTAL DUE

62.00

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE NY 11379

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHABLA DUTAN, TERESA	HHA	09/30/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							4.00			62.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
3108	10/11/13	0262400
Client Number	Service Number	Page
2000867	2003108	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE
NY 11379

TOTAL DUE
248.00

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE NY 11379

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHABLA DUTAN, TERESA	HHA	10/01/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/02/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/03/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/04/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							16.00			248.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
3108	10/11/13	0262400
Client Number	Service Number	Page
2000867	2003108	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE
NY 11379

TOTAL DUE

248.00

NIGRO, CATHERINE
60-34 75TH STREET
1FLOOR
MIDDLE VILLAGE NY 11379

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHABLA DUTAN, TERESA	HHA	10/01/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/02/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/03/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/04/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							16.00			248.00
QUESTIONS: 718-784-6160										

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Client Copy

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4784	10/11/13	0262401
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA
NY 11104

TOTAL DUE
67.50

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PETERS, INDERA	PCA	09/30/13	1	12:00N-	5:00P		5.00		13.50	67.50
						TOTAL	5.00			67.50
						QUESTIONS:	718-784-6160			

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
4784	10/11/13	0262401
Client Number	Service Number	Page
1997786	2004784	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA
NY 11104

TOTAL DUE

67.50

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PETERS, INDERA	PCA	09/30/13	1	12:00N-	5:00P		5.00		13.50	67.50
TOTAL							5.00			67.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
1997786	2004784	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA
NY 11104

TOTAL DUE
270.00

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PETERS, INDERA	PCA	10/01/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/02/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/03/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/04/13	1	12:00N-	5:00P		5.00		13.50	67.50
TOTAL							20.00			270.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
4784	10/11/13	0262402
Client Number	Service Number	Page
1997786	2004784	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA
NY 11104

TOTAL DUE

270.00

CAMILLERI, JOSEPH
22-49 23 STREET
PVT HM
ASTORIA NY 11104

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
PETERS, INDERA	PCA	10/01/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/02/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/03/13	1	12:00N-	5:00P		5.00		13.50	67.50
	PCA	10/04/13	1	12:00N-	5:00P		5.00		13.50	67.50
TOTAL							20.00			270.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9498	10/11/13	0262403
Client Number	Service Number	Page
2009498	2009498	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LENOACH, LOUIS
30-34 45TH STREET
PVT
ASTORIA
NY 11103

TOTAL DUE
131.75

LOUIS LE NOACH
30 34 45TH STREET
PRIVATE HOUSE
ASTORIA NY 11103

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMDIAL, CAVITA	HHA	09/28/13	1	10:00A-	2:00P		4.00		17.00	68.00
	HHA	09/29/13	1	10:00A-	1:45P		3.75		17.00	63.75
TOTAL							7.75			131.75
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9498	10/11/13	0262403
Client Number	Service Number	Page
2009498	2009498	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LENOACH, LOUIS
30-34 45TH STREET
PVT
ASTORIA
NY 11103

TOTAL DUE

131.75

LOUIS LE NOACH
30 34 45TH STREET
PRIVATE HOUSE
ASTORIA NY 11103

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMDIAL, CAVITA	HHA	09/28/13	1	10:00A-	2:00P		4.00		17.00	68.00
	HHA	09/29/13	1	10:00A-	1:45P		3.75		17.00	63.75
TOTAL							7.75			131.75
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9498	10/11/13	0262404
Client Number	Service Number	Page
2009498	2009498	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LENOACH, LOUIS
30-34 45TH STREET
PVT
ASTORIA
NY 11103

TOTAL DUE

62.00

LOUIS LE NOACH
30 34 45TH STREET
PRIVATE HOUSE
ASTORIA NY 11103

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMDIAL, CAVITA	HHA	10/04/13	1	10:00A-	2:00P		4.00		15.50	62.00
					TOTAL		4.00			62.00
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9498	10/11/13	0262404
Client Number	Service Number	Page
2009498	2009498	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LENOACH, LOUIS
30-34 45TH STREET
PVT
ASTORIA
NY 11103

TOTAL DUE

62.00

LOUIS LE NOACH
30 34 45TH STREET
PRIVATE HOUSE
ASTORIA NY 11103

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMDIAL, CAVITA	HHA	10/04/13	1	10:00A-	2:00P		4.00		15.50	62.00
TOTAL							4.00			62.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9752	10/11/13	0262405
Client Number	Service Number	Page
2009752	2009752	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAPORASO, VINCENZA
21-21 79TH STREET
P HOUSE
EAST ELMHURST
NY 11370

TOTAL DUE

408.00

PETER CAPORASO
23-11 121 STREET
COLLEGE POINT NY 11356

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DUTAN, HILDA M.	HHA	09/28/13	1	7:00P-	7:00A		12.00		17.00	204.00
	HHA	09/29/13	1	7:00P-	7:00A		12.00		17.00	204.00
TOTAL							24.00			408.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
9752	10/11/13	0262405
Client Number	Service Number	Page
2009752	2009752	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

CAPORASO, VINCENZA
21-21 79TH STREET
P HOUSE
EAST ELMHURST
NY 11370

TOTAL DUE

408.00

PETER CAPORASO
23-11 121 STREET
COLLEGE POINT NY 11356

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DUTAN, HILDA M.	HHA	09/28/13	1	7:00P-	7:00A		12.00		17.00	204.00
	HHA	09/29/13	1	7:00P-	7:00A		12.00		17.00	204.00
TOTAL							24.00			408.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10269	10/11/13	0262406
Client Number	Service Number	Page
2010269	2010269	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MARASA, ANGELINA
25-18 27TH STREET
ASTORIA
NY 11102

TOTAL DUE

46.50

ANGELINA MARASA
25 18 27TH STREET
ASTORIA NY 11102

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JULIEN, EMMANUELA	HHA	09/30/13	1	9:00A-12:00N			3.00		15.50	46.50
TOTAL							3.00			46.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10269	10/11/13	0262406
Client Number	Service Number	Page
2010269	2010269	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MARASA, ANGELINA
25-18 27TH STREET
ASTORIA
NY 11102

TOTAL DUE

46.50

ANGELINA MARASA
25 18 27TH STREET
ASTORIA NY 11102

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JULIEN, EMMANUELA	HHA	09/30/13	1	9:00A-12:00N			3.00		15.50	46.50
TOTAL							3.00			46.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10269	10/11/13	0262407
Client Number	Service Number	Page
2010269	2010269	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MARASA, ANGELINA
25-18 27TH STREET
ASTORIA
NY 11102

TOTAL DUE

93.00

ANGELINA MARASA
25 18 27TH STREET
ASTORIA NY 11102

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JULIEN, EMMANUELA	HHA	10/02/13	1	9:00A-12:00N			3.00		15.50	46.50
	HHA	10/04/13	1	9:00A-12:00N			3.00		15.50	46.50
TOTAL							6.00			93.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10269	10/11/13	0262407
Client Number	Service Number	Page
2010269	2010269	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MARASA, ANGELINA
25-18 27TH STREET
ASTORIA
NY 11102

TOTAL DUE

93.00

ANGELINA MARASA
25 18 27TH STREET
ASTORIA NY 11102

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JULIEN, EMMANUELA	HHA	10/02/13	1	9:00A-12:00N			3.00		15.50	46.50
	HHA	10/04/13	1	9:00A-12:00N			3.00		15.50	46.50
TOTAL							6.00			93.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10529	10/11/13	0262408
Client Number	Service Number	Page
2010422	2010529	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

**WEISS, STELLA
32-20 89TH STREET
APT 609 RING BELL 18
JACKSON HEIGHT
NY 11369**

TOTAL DUE

97.75

STEPHEN WEISS
17 91 WHITE STREET
NORTH BELLMORE NY 11710

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VELASQUEZ, JASMIN	HHA	09/29/13	1	10:00A-	3:45P		5.75		17.00	97.75
					TOTAL		5.75			97.75
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10529	10/11/13	0262408
Client Number	Service Number	Page
2010422	2010529	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WEISS, STELLA
32-20 89TH STREET
APT 609 RING BELL 18
JACKSON HEIGHT
NY 11369

TOTAL DUE

97.75

STEPHEN WEISS
17 91 WHITE STREET
NORTH BELLMORE NY 11710

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
VELASQUEZ, JASMIN	HHA	09/29/13	1	10:00A-	3:45P		5.75		17.00	97.75
						TOTAL	5.75			97.75
						QUESTIONS:	718-784-6160			

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ANSELM, PETER
22-72 47TH STREET
PVT 2ND FLOOR
ASTORIA
NY 11105

TOTAL DUE

130.00

DANA SITILDES
248 RAVEN CREST ROAD
YORK TOWN HGTS NY 10598

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHRISTODOULOU, JOANNE	PCA	09/28/13	1	9:00A-	1:00P		4.00		17.00	68.00
	PCA	09/30/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							8.00			130.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
10530	10/11/13	0262409
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ANSELM, PETER
22-72 47TH STREET
PVT 2ND FLOOR
ASTORIA
NY 11105

TOTAL DUE

130.00

DANA SITILDES
248 RAVEN CREST ROAD
YORK TOWN HGTS NY 10598

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHRISTODOULOU, JOANNE	PCA	09/28/13	1	9:00A-	1:00P		4.00		17.00	68.00
	PCA	09/30/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							8.00			130.00
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ANSELM, PETER
22-72 47TH STREET
PVT 2ND FLOOR
ASTORIA
NY 11105

TOTAL DUE

120.13

DANA SITILDES
248 RAVEN CREST ROAD
YORK TOWN HGTS NY 10598

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHRISTODOULOU, JOANNE	PCA	10/02/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/04/13	1	9:00A-	12:45P		3.75		15.50	58.13
TOTAL							7.75			120.13
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ANSELM, PETER
22-72 47TH STREET
PVT 2ND FLOOR
ASTORIA
NY 11105

TOTAL DUE

120.13

DANA SITILDES
248 RAVEN CREST ROAD
YORK TOWN HGTS NY 10598

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHRISTODOULOU, JOANNE	PCA	10/02/13	1	9:00A-	1:00P		4.00		15.50	62.00
	PCA	10/04/13	1	9:00A-	12:45P		3.75		15.50	58.13
TOTAL							7.75			120.13
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SIANO, ANDREW
30-75 48 STREET
3RD FLOOR
ASTORIA
NY 11103

TOTAL DUE

81.00

MICHAEL SIANO
12 KINGS ROAD
ROCKAWAY NY 07866

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
AGARD WALDRON, PEGGY L.	HHA	09/30/13	1	8:00A-	2:00P		6.00		13.50	81.00
TOTAL							6.00			81.00
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11016	10/11/13	0262411
Client Number	Service Number	Page
1997749	2011016	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SIANO, ANDREW
30-75 48 STREET
3RD FLOOR
ASTORIA
NY 11103

TOTAL DUE

81.00

MICHAEL SIANO
12 KINGS ROAD
ROCKAWAY NY 07866

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
AGARD WALDRON, PEGGY L.	HHA	09/30/13	1	8:00A-	2:00P		6.00		13.50	81.00
TOTAL							6.00			81.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11016	10/11/13	0262412
Client Number	Service Number	Page
1997749	2011016	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SIANO, ANDREW
30-75 48 STREET
3RD FLOOR
ASTORIA
NY 11103

TOTAL DUE

324.00

MICHAEL SIANO
12 KINGS ROAD
ROCKAWAY NY 07866

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
AGARD WALDRON, PEGGY L.	HHA	10/01/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/02/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/03/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/04/13	1	8:00A-	2:00P		6.00		13.50	81.00
TOTAL							24.00			324.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11016	10/11/13	0262412
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SIANO, ANDREW
30-75 48 STREET
3RD FLOOR
ASTORIA
NY 11103

TOTAL DUE

324.00

MICHAEL SIANO
12 KINGS ROAD
ROCKAWAY NY 07866

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
AGARD WALDRON, PEGGY L.	HHA	10/01/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/02/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/03/13	1	8:00A-	2:00P		6.00		13.50	81.00
	HHA	10/04/13	1	8:00A-	2:00P		6.00		13.50	81.00
TOTAL							24.00			324.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11060	10/11/13	0262413
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WARREN, CYNTHIA
25-80 100TH STREET
PVT
EAST ELMHURST
NY 11369

TOTAL DUE

594.00

ROBIN WARREN CHARLES
132-37 SPRINGFIELD BLVD.
SPRINGFIELD GARDENS
NEW YORK NY 11413

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BROWN, MONIQUE	HHA	09/28/13	1	8:00A-	8:00P		12.00		17.00	204.00
PRINCE, ASHLEY L.	HHA	09/29/13	1	8:00A-	8:00P		12.00		17.00	204.00
	HHA	09/30/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							36.00			594.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11060	10/11/13	0262413
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WARREN, CYNTHIA
25-80 100TH STREET
PVT
EAST ELMHURST
NY 11369

TOTAL DUE

594.00

ROBIN WARREN CHARLES
132-37 SPRINGFIELD BLVD.
SPRINGFIELD GARDENS
NEW YORK NY 11413

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
BROWN, MONIQUE	HHA	09/28/13	1	8:00A-	8:00P		12.00		17.00	204.00
PRINCE, ASHLEY L.	HHA	09/29/13	1	8:00A-	8:00P		12.00		17.00	204.00
	HHA	09/30/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							36.00			594.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
2011060	2011060	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WARREN, CYNTHIA
25-80 100TH STREET
PVT
EAST ELMHURST
NY 11369

TOTAL DUE

740.13

ROBIN WARREN CHARLES
132-37 SPRINGFIELD BLVD.
SPRINGFIELD GARDENS
NEW YORK NY 11413

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HERNANDEZ, LILIAN	HHA	10/01/13	1	4:00P-	8:00P		4.00		15.50	62.00
YATBASLAM, FATIMA	HHA	10/01/13	1	8:00A-	3:45P		7.75		15.50	120.13
PRINCE, ASHLEY L.	HHA	10/02/13	1	8:00A-	8:00P		12.00		15.50	186.00
BROWN, MONIQUE	HHA	10/03/13	1	8:00A-	8:00P		12.00		15.50	186.00
	HHA	10/04/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							47.75			740.13
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11060	10/11/13	0262414
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WARREN, CYNTHIA
25-80 100TH STREET
PVT
EAST ELMHURST
NY 11369

TOTAL DUE

740.13

ROBIN WARREN CHARLES
132-37 SPRINGFIELD BLVD.
SPRINGFIELD GARDENS
NEW YORK NY 11413

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HERNANDEZ, LILIAN	HHA	10/01/13	1	4:00P-	8:00P		4.00		15.50	62.00
YATBASLAM, FATIMA	HHA	10/01/13	1	8:00A-	3:45P		7.75		15.50	120.13
PRINCE, ASHLEY L.	HHA	10/02/13	1	8:00A-	8:00P		12.00		15.50	186.00
BROWN, MONIQUE	HHA	10/03/13	1	8:00A-	8:00P		12.00		15.50	186.00
	HHA	10/04/13	1	8:00A-	8:00P		12.00		15.50	186.00
TOTAL							47.75			740.13
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

ROSA FLORES
50 17 BROADWAY APT. 4A
WOODSIDE NY 11377

FLORES, ROSA
50-17 BROADWAY
APT 4-A BELL 404
WOODSIDE
NY 11377

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11642	10/11/13	0262415
Client Number	Service Number	Page
2011642	2011642	Page 1

TOTAL DUE

93.00

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ANCHUNDIA, SANTA E.	HHA	09/30/13	1	11:00A-	5:00P		6.00		15.50	93.00
TOTAL							6.00			93.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
11642	10/11/13	0262415
Client Number	Service Number	Page
2011642	2011642	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

FLORES, ROSA
50-17 BROADWAY
APT 4-A BELL 404
WOODSIDE
NY 11377

TOTAL DUE

93.00

ROSA FLORES
50 17 BROADWAY APT. 4A
WOODSIDE NY 11377

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
ANCHUNDIA, SANTA E.	HHA	09/30/13	1	11:00A-	5:00P		6.00		15.50	93.00
TOTAL							6.00			93.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

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12326	10/11/13	0262416
Client Number	Service Number	Page
1999225	2012326	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BIANCO HOPKINS, LORRAINE
199-42 21ST AV
1 FL
WHITESTONE
NY 11360

TOTAL DUE

62.00

LORRAINE BIANCO-HOPKINS
199 42 21ST AVENUE 1ST FLOOR
WHITESTONE NY 11360

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MERCHAN, ELIZABETH	HHA	09/30/13	1	9:00A-	1:00P		4.00		15.50	62.00
					TOTAL		4.00			62.00
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
1999225	2012326	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BIANCO HOPKINS, LORRAINE
199-42 21ST AV
1 FL
WHITESTONE
NY 11360

TOTAL DUE

62.00

LORRAINE BIANCO-HOPKINS
199 42 21ST AVENUE 1ST FLOOR
WHITESTONE NY 11360

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MERCHAN, ELIZABETH	HHA	09/30/13	1	9:00A-	1:00P		4.00		15.50	62.00
					TOTAL		4.00			62.00
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12326	10/11/13	0262417
Client Number	Service Number	Page
1999225	2012326	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BIANCO HOPKINS, LORRAINE
199-42 21ST AV
1 FL
WHITESTONE
NY 11360

TOTAL DUE

186.00

LORRAINE BIANCO-HOPKINS
199 42 21ST AVENUE 1ST FLOOR
WHITESTONE NY 11360

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MERCHAN, ELIZABETH	HHA	10/01/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/02/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/04/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							12.00			186.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12326	10/11/13	0262417
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BIANCO HOPKINS, LORRAINE
199-42 21ST AV
1 FL
WHITESTONE
NY 11360

TOTAL DUE

186.00

LORRAINE BIANCO-HOPKINS
199 42 21ST AVENUE 1ST FLOOR
WHITESTONE NY 11360

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
MERCHAN, ELIZABETH	HHA	10/01/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/02/13	1	9:00A-	1:00P		4.00		15.50	62.00
	HHA	10/04/13	1	9:00A-	1:00P		4.00		15.50	62.00
TOTAL							12.00			186.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12565	10/11/13	0262418
Client Number	Service Number	Page
2002664	2012565	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LUSKIND, FRANCES
200 EAST 64TH STREET
APT 30A
MANHATTAN
NY 10065

TOTAL DUE

390.00

AMY L. WELTMAN
1 ALEXANDER STREET
APT. 208
YONKERS NY 10701

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALDARRIAGA, BETTY	PCA	09/28/13	1				1.00		204.00	204.00
DICKSON, ELIZABETH	HHA	09/30/13	1				1.00		186.00	186.00
TOTAL							2.00			390.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12565	10/11/13	0262418
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LUSKIND, FRANCES
200 EAST 64TH STREET
APT 30A
MANHATTAN
NY 10065

TOTAL DUE

390.00

AMY L. WELTMAN
1 ALEXANDER STREET
APT. 208
YONKERS NY 10701

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALDARRIAGA, BETTY	PCA	09/28/13	1				1.00		204.00	204.00
DICKSON, ELIZABETH	HHA	09/30/13	1				1.00		186.00	186.00
TOTAL							2.00			390.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12565	10/11/13	0262419
Client Number	Service Number	Page
2002664	2012565	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LUSKIND, FRANCES
200 EAST 64TH STREET
APT 30A
MANHATTAN
NY 10065

TOTAL DUE

744.00

AMY L. WELTMAN
1 ALEXANDER STREET
APT. 208
YONKERS NY 10701

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALDARRIAGA, BETTY	PCA	10/01/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/02/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/03/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/04/13	1	8:00A-	8:00A		1.00		186.00	186.00
TOTAL							4.00			744.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12565	10/11/13	0262419
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

LUSKIND, FRANCES
200 EAST 64TH STREET
APT 30A
MANHATTAN
NY 10065

TOTAL DUE

744.00

AMY L. WELTMAN
1 ALEXANDER STREET
APT. 208
YONKERS NY 10701

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
SALDARRIAGA, BETTY	PCA	10/01/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/02/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/03/13	1	8:00A-	8:00A		1.00		186.00	186.00
	PCA	10/04/13	1	8:00A-	8:00A		1.00		186.00	186.00
TOTAL							4.00			744.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Client Copy

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12929	10/11/13	0262420
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SPERO, NICHOLAS
19-17 22ND DRIVE
ASTORIA
NY 11105

TOTAL DUE

332.50

JENNA SPERO
1917 22ND DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JEFFREY, WENDY C.	PCA	09/28/13	1	10:00A-	6:00P		8.00		17.00	136.00
	PCA	09/29/13	1	10:00A-	5:00P		7.00		17.00	119.00
EILAM, SHELLY M.	HHA	09/30/13	1	1:00P-	6:00P		5.00		15.50	77.50
TOTAL							20.00			332.50
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
12929	10/11/13	0262420
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SPERO, NICHOLAS
19-17 22ND DRIVE
ASTORIA
NY 11105

TOTAL DUE

332.50

JENNA SPERO
1917 22ND DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
JEFFREY, WENDY C.	PCA	09/28/13	1	10:00A-	6:00P		8.00		17.00	136.00
	PCA	09/29/13	1	10:00A-	5:00P		7.00		17.00	119.00
EILAM, SHELLY M.	HHA	09/30/13	1	1:00P-	6:00P		5.00		15.50	77.50
TOTAL							20.00			332.50
QUESTIONS: 718-784-6160										

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12929	10/11/13	0262421
Client Number	Service Number	Page
2012929	2012929	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SPERO, NICHOLAS
19-17 22ND DRIVE
ASTORIA
NY 11105

TOTAL DUE

263.50

JENNA SPERO
1917 22ND DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
EILAM, SHELLY M.	HHA	10/01/13	1	12:00N-	6:00P		6.00		15.50	93.00
	HHA	10/02/13	1	1:00P-	6:00P		5.00		15.50	77.50
WYNTER, ANGELA	HA	10/04/13	1	12:00N-	6:00P		6.00		15.50	93.00
TOTAL							17.00			263.50
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

SPERO, NICHOLAS
19-17 22ND DRIVE
ASTORIA
NY 11105

TOTAL DUE

263.50

JENNA SPERO
1917 22ND DRIVE
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
EILAM, SHELLY M.	HHA	10/01/13	1	12:00N-	6:00P		6.00		15.50	93.00
	HHA	10/02/13	1	1:00P-	6:00P		5.00		15.50	77.50
WYNTER, ANGELA	HA	10/04/13	1	12:00N-	6:00P		6.00		15.50	93.00
TOTAL							17.00			263.50
QUESTIONS: 718-784-6160										

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13561	10/11/13	0262422
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARROW, EDWARD M
315 WEST 70TH ST
APT 17 H
NEW YORK
NY 10023

TOTAL DUE

396.00

EDWARD M. BARROW
315 WEST 70TH STREET
APT. 17H
NEW YORK NY 10023

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARINARINE, RAYWATIE	HHA	09/28/13	1	12:00N-	8:00P		8.00		17.00	136.00
	HHA	09/29/13	1	9:00A-	5:00P		8.00		17.00	136.00
JEFFREY, SANDRA	PCA	09/30/13	1	9:00A-	5:00P		8.00		15.50	124.00
TOTAL							24.00			396.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13561	10/11/13	0262422
Client Number	Service Number	Page
2013558	2013561	Page 1

SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARROW, EDWARD M
315 WEST 70TH ST
APT 17 H
NEW YORK
NY 10023

TOTAL DUE

396.00

EDWARD M. BARROW
315 WEST 70TH STREET
APT. 17H
NEW YORK NY 10023

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARINARINE, RAYWATIE	HHA	09/28/13	1	12:00N-	8:00P		8.00		17.00	136.00
	HHA	09/29/13	1	9:00A-	5:00P		8.00		17.00	136.00
JEFFREY, SANDRA	PCA	09/30/13	1	9:00A-	5:00P		8.00		15.50	124.00
TOTAL							24.00			396.00
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARROW, EDWARD M
315 WEST 70TH ST
APT 17 H
NEW YORK
NY 10023

TOTAL DUE

496.00

EDWARD M. BARROW
315 WEST 70TH STREET
APT. 17H
NEW YORK NY 10023

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARINARINE, RAYWATIE	HHA	10/01/13	1	9:00A-	5:00P		8.00		15.50	124.00
JEFFREY, SANDRA	PCA	10/02/13	1	9:00A-	5:00P		8.00		15.50	124.00
HARINARINE, RAYWATIE	HHA	10/03/13	1	9:00A-	5:00P		8.00		15.50	124.00
	HHA	10/04/13	1	9:00A-	5:00P		8.00		15.50	124.00
TOTAL							32.00			496.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

BARROW, EDWARD M
315 WEST 70TH ST
APT 17 H
NEW YORK
NY 10023

TOTAL DUE

496.00

EDWARD M. BARROW
315 WEST 70TH STREET
APT. 17H
NEW YORK NY 10023

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
HARINARINE, RAYWATIE	HHA	10/01/13	1	9:00A-	5:00P		8.00		15.50	124.00
JEFFREY, SANDRA	PCA	10/02/13	1	9:00A-	5:00P		8.00		15.50	124.00
HARINARINE, RAYWATIE	HHA	10/03/13	1	9:00A-	5:00P		8.00		15.50	124.00
	HHA	10/04/13	1	9:00A-	5:00P		8.00		15.50	124.00
TOTAL							32.00			496.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

CUSTOMER NO.	INVOICE DATE	INVOICE NO
13712	10/11/13	0262424
Client Number	Service Number	Page
2013711	2013712	Page 1

TOTAL DUE
151.13

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DISE, KATRINA C.	HHA	10/02/13	1	12:30P-	4:00P		3.50		15.50	54.25
	HHA	10/04/13	1	10:15A-	4:30P		6.25		15.50	96.88
	TOTAL						9.75			151.13
QUESTIONS: 718-784-6160										

Remit Copy

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13712	10/11/13	0262424
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

MELVIN, MIRIAM M
6010 47 TH AVE
WOODSIDE
NY 11377

TOTAL DUE

151.13

GEORGE MELVIN
6010 47TH AVENUE
WOODSIDE NY 11377

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
DISE, KATRINA C.	HHA	10/02/13	1	12:30P-	4:00P		3.50		15.50	54.25
	HHA	10/04/13	1	10:15A-	4:30P		6.25		15.50	96.88
TOTAL							9.75			151.13
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WEHLE, BEATRICE
81-15 35TH AVE
APT.2G
JACKSON HEIGHTS
NY 11372

TOTAL DUE

93.00

ROBERT WEHLE
81-15 35TH AVENUE
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LINDSAY, RENA	HHA	09/30/13	1	10:30A-	4:30P		6.00		15.50	93.00
					TOTAL		6.00			93.00
					QUESTIONS:	718-784-6160				

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WEHLE, BEATRICE
81-15 35TH AVE
APT.2G
JACKSON HEIGHTS
NY 11372

TOTAL DUE

93.00

ROBERT WEHLE
81-15 35TH AVENUE
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LINDSAY, RENA	HHA	09/30/13	1	10:30A-	4:30P		6.00		15.50	93.00
TOTAL							6.00			93.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WEHLE, BEATRICE
81-15 35TH AVE
APT.2G
JACKSON HEIGHTS
NY 11372

TOTAL DUE

372.00

ROBERT WEHLE
81-15 35TH AVENUE
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LINDSAY, RENA	HHA	10/01/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/02/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/03/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/04/13	1	10:30A-	4:30P		6.00		15.50	93.00
TOTAL							24.00			372.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

WEHLE, BEATRICE
81-15 35TH AVE
APT.2G
JACKSON HEIGHTS
NY 11372

TOTAL DUE

372.00

ROBERT WEHLE
81-15 35TH AVENUE
JACKSON HEIGHTS NY 11372

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
LINDSAY, RENA	HHA	10/01/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/02/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/03/13	1	10:30A-	4:30P		6.00		15.50	93.00
	HHA	10/04/13	1	10:30A-	4:30P		6.00		15.50	93.00
TOTAL							24.00			372.00
QUESTIONS: 718-784-6160										

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE

186.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHARLES, ELIZABETH	HHA	09/26/13	1	9:00P-	9:00A		12.00		15.50	186.00
TOTAL							12.00			186.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE

186.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHARLES, ELIZABETH	HHA	09/26/13	1	9:00P-	9:00A		12.00		15.50	186.00
TOTAL							12.00			186.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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13800	10/11/13	0262428
Client Number	Service Number	Page
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE
594.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMIREZ, JOYCE	HHA	09/28/13	1	9:00P-	9:00A		12.00		17.00	204.00
	HHA	09/29/13	1	9:00P-	9:00A		12.00		17.00	204.00
CHARLES, ELIZABETH	HHA	09/30/13	1	9:00P-	9:00A		12.00		15.50	186.00
TOTAL							36.00			594.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE

594.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
RAMIREZ, JOYCE	HHA	09/28/13	1	9:00P-	9:00A		12.00		17.00	204.00
	HHA	09/29/13	1	9:00P-	9:00A		12.00		17.00	204.00
CHARLES, ELIZABETH	HHA	09/30/13	1	9:00P-	9:00A		12.00		15.50	186.00
TOTAL							36.00			594.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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13800	10/11/13	0262429
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE

744.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHARLES, ELIZABETH	HHA	10/01/13	1	9:00P-	9:00A		12.00		15.50	186.00
	HHA	10/02/13	1	9:00P-	9:00A		12.00		15.50	186.00
	HHA	10/03/13	1	9:00P-	9:00A		12.00		15.50	186.00
RAMIREZ, JOYCE	HHA	10/04/13	1	9:00P-	9:00A		12.00		15.50	186.00
TOTAL							48.00			744.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.

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CUSTOMER NO.	INVOICE DATE	INVOICE NO.
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SUNNYSIDE CITYWIDE
43-31 39TH STREET
L.I.C. NY 11104

NANIS, EVMENIA
2402 24TH AVE
ASTORIA
NY 11102

TOTAL DUE

744.00

BILL NANIS
23 34 SOUND STREET
ASTORIA NY 11105

Employee Name	Class	Date	Shft	Start	End	Unit	Reg. Hrs	Ot Hrs.	Rate	Amount
CHARLES, ELIZABETH	HHA	10/01/13	1	9:00P-	9:00A		12.00		15.50	186.00
	HHA	10/02/13	1	9:00P-	9:00A		12.00		15.50	186.00
	HHA	10/03/13	1	9:00P-	9:00A		12.00		15.50	186.00
RAMIREZ, JOYCE	HHA	10/04/13	1	9:00P-	9:00A		12.00		15.50	186.00
TOTAL							48.00			744.00
QUESTIONS: 718-784-6160										

Payment Is Due Upon Receipt.