RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY ALES REGISTER			PAGE 1 SHP SENIOR HI BILL WEEK ENI	CALTH	1 PARTNERS 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209325	9/14/12	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		57.00	I	
209326	9/14/12	000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA	4.00		57.00	I	
209327	9/14/12	000082	SENIOR HEALTH PARTNERS	BANKS, ANASTAZJ	40.00		570.00	I	
209328	9/14/12	000082	SENIOR HEALTH PARTNERS	BROOKS, NATALIE	21.75		309.94	I	
209329	9/14/12	000082	SENIOR HEALTH PARTNERS	CARRILLO, MARIA	34.25		488.07	I	
209330	9/14/12	000082	SENIOR HEALTH PARTNERS	COLON, RAYMUNDA	35.00		498.75	I	
209331	9/14/12	000082	SENIOR HEALTH PARTNERS	CARRILLO, MARIA COLON, RAYMUNDA GHILIOTTY, FLOR	32.00		456.00	I	
209332	9/14/12	000082	SENIOR HEALTH PARTNERS	GRAFSTEIN, LILL HARIDIN, KHAMAT	7.00		1,400.00	I	
209333	9/14/12	000082	SENIOR HEALTH PARTNERS	HARIDIN, KHAMAT	29.00		413.25	I	
209334	9/14/12	000082	SENIOR HEALTH PARTNERS	HARTDIN RAMDIA	135 00		1 923 75	I	
209335	9/14/12	000082	SENIOR HEALTH PARTNERS	HERNANDEZ, FRAN	26.75		381.19	I	
209336	9/14/12	000082	SENIOR HEALTH PARTNERS	MOROCHO, MANUEL	76.00		1.083.00	I	
209337	9/14/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI	16.00		228.00	I	
209338	9/14/12	000082	SENIOR HEALTH PARTNERS	SIERRA, MIRIAM	25.00		356.25	I	
209339	9/14/12	000082	SENIOR HEALTH PARTNERS	RODRIGUEZ, MARI SIERRA, MIRIAM SIMON, LUPE	4.00		57.00	I	
209340	9/14/12	000082	SENIOR HEALTH PARTNERS	TORRESCAMPOS, J VASQUEZ, CORNEL	40.00		570.00	I	
209341	9/14/12	000082	SENIOR HEALTH PARTNERS	VASQUEZ, CORNEL	8.00		114.00	I	
209342	9/14/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	12.00		171.00	I	
209343	9/14/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ WOO, LUZ	4.00		57.00	Ι	
				CUSTOMER		0.00	9,191.20		
				CATEGORY	553.75	0.00	9,191.20		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- HCG7	2
SALES ON	иш н О <u>2</u> ЭЭ	100 001	SOUNTSIDE CITIWIDE	SALES REGISTED	R		BILL WEEK EN		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209344	9/14/12	000008	VISITING NURSE SERVIC	E ABINANTI, IRENE	40.00		583.20	I	
209345	9/14/12	000008	VISITING NURSE SERVICE	E ACOSTA, ALBERTO	14.50		211.41	I	
209346	9/14/12	000008	VISITING NURSE SERVICE	E ADAMES, OLGA	20.00		291.60	I	
209347	9/14/12	000008	VISITING NURSE SERVICE	E ADAMES, RICARDO	35.00		510.30	I	
209348	9/14/12	000008	VISITING NURSE SERVIC	E ADAMS, MYRIAM	66.50		969.58	I	
209349	9/14/12	000008	VISITING NURSE SERVIC	E ADUN, JEANETTE	49.50		721.72	I	
209350	9/14/12	800000	VISITING NURSE SERVIC	E AFZAL, AMIR	4.00		58.32	I	
				CUSTOMER	229.50	0.00	3,346.13		
				CATEGORY	229.50	0.00	3,346.13		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	3
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209351	9/14/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.50		663.39 I	
				CATEGORY	45.50	0.00	663.39	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDI		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP	SURPLUS
209352	9/14/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	27.00		393.66	I	
				CATEGORY	27.00	0.00	393.66		

- 1		09/19/12 - L # 0299			REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209353	9/14/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	6
SALES JRN	ъ # 0299	LOC 001		REG NY NY			LTC NURSING HOME	•
			\$	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209354	9/14/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	7
SALES URNI	L # 0299	LOC UUI		SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209355	9/14/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	29.75		433.76 I	
				CATECODY	20.75			
				CATEGORY	29.75	0.00	433.76	

	19/12 - SUP SUNN					PAGE 1	-	}
SALES JRNL #	0299 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTER			VCP CHOICE LE		9/21/12
		5	ALES KEGISIEK			DIDD MEEK EM	JING	J/21/12
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209356 9/1	14/12 000008	VISITING NURSE SERVICE	ALVARADO, DORA	25.00		364.50	I	
			CATEGORY	25.00	0.00	364.50		

RUN DATE SALES JRN		LOC 001		REG NY NY LES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	9 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209357	9/14/12	800000	VISITING NURSE SERVICE	ALVAREZ, DALILA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	10
SALES JRN	r∟ # 0299	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209358	9/14/12	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	53.75		783.69 I	
				CATEGORY	53.75	0.00	 783.69	

			YSIDE CITYWIDE				PAGE 1	- :	11
SALES JRN	ъ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
				S A L E S R E G I S T E R			BILL WEEK ENI	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209359	9/14/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	19.75		287.96	I	
209360	9/14/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	24.00		349.92	I	
209361	9/14/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	83.50		1,217.44	I	
209362	9/14/12	000008	VISITING NURSE SERVICE	ANDREWS, JOHNNI	54.50		794.61	I	
209363	9/14/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	24.00		349.92	I	
				CUSTOMER	205.75	0.00	2,999.85		
				CATEGORY	205.75	0.00	2,999.85		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	· ·
TATIOTORU	DAME	GIIGE NO			HOHD	max avm		,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209364	9/14/12	000008	VISITING NURSE SERVICE	ANGULO, ELCY	20.00		291.60 I	
209365	9/14/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	56.00		816.48 I	
				CUSTOMER	76.00	0.00	1,108.08	
				CATEGORY	76.00	0.00	1,108.08	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		13
	_ "			SALES REGISTER			BILL WEEK END		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209366	9/14/12	000008	VISITING NURSE SERVICE	AOUN, ODETTE	18.00		262.44	I	
209367	9/14/12	000008	VISITING NURSE SERVICE	,	8.50		123.93	I	
209368	9/14/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	45.25		659.75	I	
				CUSTOMER	71.75	0.00	1,046.12		
				CATEGORY	71.75	0.00	1,046.12		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 14 ADU ADULT	
SALES URN	ш # 0299	LOC 001		SALES REGISTER				9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209369 209370	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	.= ,	18.00 12.00		262.44 I 174.96 I	
				CUSTOMER	30.00	0.00	437.40	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	•
			S	SALES REGISTER			BILL WEEK ENDIN	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209371	9/14/12	800000	VISITING NURSE SERVICE	ASHLEY, CLYDE	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	16	
	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
					SALES REGISTER			BILL WEEK ENDING	9/21/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	209372	9/14/12	800000	VISITING NURSE SERVICE	AVILES, LEONARD	14.00		204.12 I		
					CATEGORY	14.00	0.00	204.12		

RUN DATE 09/19/12	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 1	7
SALES JRNL # 0299	LOC 001	SUNNYSIDE CITYWIDE	-	NY			LTC NURSING		,
		i	SALES R	EGISTE	R		BILL WEEK EN	DING	9/21/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209373 9/07/12	000008	VISITING NURSE SERVICE	AZAD,	ABUL	8.00		116.64	I	
209374 9/14/12	800000	VISITING NURSE SERVICE	AZAD,	ABUL	21.50		313.47	I	
				- CUSTOMER	29.50	0.00	430.11		
				- CATEGORY	29.50	0.00	430.11		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 1	L8
SALES JRN	L # 0299	LOC 001		REG NY NY			VCP CHOICE L		
			S	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209375	9/14/12	000008	VISITING NURSE SERVICE	BADILLO, JOVITA	12.00		174.96	I	
209376	9/14/12	800000	VISITING NURSE SERVICE	BAEZ, JUAN	35.00		510.30	I	
				CUSTOMER	47.00	0.00	685.26		
				CATECODY	47.00				
				CATEGORY	47.00	0.00	685.26		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK END	ING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
111101011	21112	0001 110	CODICIENT THE	1121 21121102	1100110		12100111	2011 200
209377	9/14/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	29.00		422.82	I
209378	9/14/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	55.25		805.56	I
209379	9/14/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	43.50		634.23	I
209380	9/07/12	800000	VISITING NURSE SERVICE	•	9.00		131.22	I
209381	9/14/12	000008	VISITING NURSE SERVICE	BATTLE, JEANETT	48.50		707.13	I
				CUSTOMER	185.25	0.00	2,700.96	
				CATEGORY	185.25	0.00	2,700.96	
				CHIEGORI	103.23	0.00	2,700.50	

RUN DATE (09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 20	
SALES JRNI	և # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK ENI	DING 9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
209382	9/14/12	000008	VISITING NURSE SERVICE	BAZAN, VICTORIA	35.00		510.30	I	
209383	9/14/12	800000	VISITING NURSE SERVICE	BECERRA, FELIPE	54.00		787.32	I	
				CUSTOMER	89.00	0.00	1,297.62		
				CATEGORY	89.00	0.00	1,297.62		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	21
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209384	9/14/12	800000	VISITING NURSE SERVICE	BELLOROFONTE, M	143.50		2,092.23 I	
				CATEGORY	143.50	0.00	2,092.23	

	09/19/12 - NL # 0299			REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#		CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209385	9/14/12	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	14.00		204.12 I	
				CATEGORY	14.00	0.00	204.12	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209386	9/14/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	24
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209387	9/14/12	000008	VISITING NURSE SERVICE	BHAWNANI, BISHU	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	25
SALES OWN.	L # 0200	HOC 001		SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209388 209389	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		50.00		729.00 I 291.60 I	
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 09/19/12 -						PAGE 1 -	26
SALES JRNL # 0299	TOG 001		REG NY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209390 9/14/12	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
			CATEGORY	40.00	0.00		

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
SALES JRN	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209391	9/14/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	22.00		320.76 I	
				CATEGORY	22.00	0.00	320.76	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	28
DALLO OIGV	ш н одуу	100 001		SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209392 209393 209394	9/14/12 9/14/12 9/14/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	BOJORQUEZDECHA,	16.00 36.00 49.00		233.28 I 524.88 I 714.42 I	
				CUSTOMER	101.00	0.00	1,472.58	
				CATEGORY	101.00	0.00	1,472.58	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO		REFERENCE	HOURS	TAX AMT	AMOUNT TYP	, ,
209395	9/14/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRI	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209396	9/14/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
SALES JRN	NL # 0299	LOC 001		REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDING	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209397	9/14/12	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	32
SALES JRI	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209398	9/14/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	Ā
			S.	ALES REGISTER			BILL WEEK ENDING	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209399	9/14/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	34
	_ "			SALES REGISTE	R		BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209400	9/14/12	000008	VISITING NURSE SERVICE	BRACERO, HELEN	12.00		174.96 I	
209401	9/14/12	000008	VISITING NURSE SERVICE	BRENES, POLDA	6.00		87.48 I	
209402	9/14/12	800000	VISITING NURSE SERVICE	BURITICA, INES	15.00		218.70 I	
209403	9/14/12	800000	VISITING NURSE SERVICE	BURKS, MAMIE	6.00		87.48 I	
				CUSTOMER	39.00	0.00	568.62	
				CATEGORY	39.00	0.00	568.62	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	35
SALES JRN	L # 0299	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209404	9/14/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	56.00		816.48 I	
				CATEGORY	56.00	0.00		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	36
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209405	9/14/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	37
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			i	SALES REGISTER			BILL WEEK ENDIN	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209406	9/14/12	800000	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

			YSIDE CITYWIDE				PAGE 1 -	38
SALES JRN	L # 0299	LOC 001		REG NY NY			ADU ADULT	0.401.410
			2	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209407	9/14/12	000008	VISITING NURSE SERVICE	CALABRO, JOSEPH	69.75		1,016.96 I	
				CATEGORY	69.75	0.00	1,016.96	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
SALES JRN	IL # 0299	LOC 001		REG NY NY			VCP CHOICE LHC	
			:	SALES REGISTER			BILL WEEK ENDI	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209408	9/14/12	800000	VISITING NURSE SERVICE	CALDERON, FRANC	43.75		637.88	I
				CATEGORY	43.75	0.00	637.88	

RUN DATE (09/19/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 4	10	
SALES JRNI	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			HOA HOSPICE	ADULT		
			S	SALES	REGISTER			BILL WEEK EN	DING	9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R.	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
209409	9/14/12	800000	VISITING NURSE SERVICE	CA	LKOSZ, JOSEFI	19.00		277.02	I		
1					CATEGORY	19.00	0.00	277.02			

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	41
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	ALES REGISTER			BILL WEEK ENDING	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209410	9/14/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
SALES JRN	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	7/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209411	9/14/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	43
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209412	9/14/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

		09/19/12 - L # 0299		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	44 W/O WALLS (LT
		- 11			SALES REGISTER			BILL WEEK ENDING	
INVO	DICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2094	113	9/14/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	45
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
			S	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209414	9/14/12	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	67.25		980.51	I	
209415	9/07/12	000008	VISITING NURSE SERVICE	CARDOZA, ANAIDA	6.00		87.48	I	
209416	9/14/12	800000	VISITING NURSE SERVICE	CARDOZA, ANAIDA	7.00		102.06	I	
209417	9/14/12	800000	VISITING NURSE SERVICE	CARELA-REYES, M	19.25		280.67	I	
				CUSTOMER	99.50	0.00	1,450.72		
				CATEGORY	99.50	0.00	1,450.72		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	46
SALES JRN	rL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209418	9/14/12	800000	VISITING NURSE SERVICE	CARRALERO, ROSA	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 4 ADU ADULT	7
011220 0144	- 11 0233	200 001		SALES REGISTED	R			9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209419	9/14/12	800000	VISITING NURSE SERVICE	CARUSO, GIUSEPP	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 48	
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	1 /10
				SALES REGISTER			BILL WEEK ENDING 9/2	1/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
209420	9/14/12	000008	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
209421	9/14/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	35.00		510.30 I	
				CUSTOMER	55.00	0.00	801.90	
				CATEGORY	55.00	0.00	801.90	

			YSIDE CITYWIDE	556 357			PAGE 1 -	49
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209422	9/14/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	35.50		517.59 I	
				CATEGORY	35.50	0.00	 517.59	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	50
SALES JRN	ъ # 0299	LOC 001		REG NY NY			LAD NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209423	9/14/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS.	A
INVOICE#	DATE	CUST NO		SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING	, ,
						IAX AMI		P SURPLUS
209424	9/14/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	52
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
ı				:	SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209425	9/14/12	800000	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
					CATEGORY	20.00	0.00		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	53
SALES JRN	ъ # 0299	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209426	9/14/12	800000	VISITING NURSE SERVICE	CHAUCA, PEDRO	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	54
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
ı				5	SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209427	9/14/12	000008	VISITING NURSE SERVICE	CHIANETTA, JOSE	35.00		510.30 I	
					CATEGORY	35.00	0.00	510.30	

			TYSIDE CITYWIDE	REG NY NY			PAGE 1 -	55
SALES URN	⊔ # 0299	TOC 001		REG NY NY LES REGISTER			ADU ADULT BILL WEEK ENDING	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209428	9/14/12	000008	VISITING NURSE SERVICE	CHINGA, CELESTE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_ !	56
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			i	SALES REGISTER			BILL WEEK ENI	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209429	9/14/12	800000	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20	I	
209430	9/14/12	000008	VISITING NURSE SERVICE	CHUCK, ENA	32.00		466.56	I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	57
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S 2	ALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209431	9/14/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN		LOC 001		REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	58 G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209432	9/14/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	 87.48	

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_ 5	59
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209433	9/14/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	19.00		277.02	I	
209434	9/14/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I	
209435	9/14/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	42.00		612.36	I	
				CUSTOMER	76.00		1 100 00		
				COSTOMER	70.00	0.00	1,108.08		
				CATEGORY	76.00	0.00	1,108.08		

			YSIDE CITYWIDE				PAGE 1 - 60
SALES JRN	L # 0299	LOC 001		REG NY NY			CCL CONGREGATE CARE PROGRAM
				SALES REGISTER			BILL WEEK ENDING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
209436	9/14/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I
				CATEGORY	168.00	0.00	2,449.44

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	I/O WALLS (LT
ı				i	SALES REGISTER			BILL WEEK ENDING	9/21/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	000425	0 /1 4 /1 0	000000		goppes warding	20.00		425 40 7	
ı	209437	9/14/12	000008	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
ı									
ı					CATEGORY	30.00	0.00	437.40	
1					CATEGORI	30.00	0.00	137.10	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRN	ъ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209438	9/14/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	63
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			:	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209439	9/14/12	800000	VISITING NURSE SERVICE	COSTA, ARSENE	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 -	64
SALES	JRNL # 0299	LOC 001		REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/21/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209440	9/14/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	20.25		295.25 I	
				CATEGORY	20.25	0.00	295.25	

				YSIDE CITYWIDE				PAGE 1 -	65
S	ALES JRNI	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	
				:	SALES REGISTER			BILL WEEK ENDING	9/21/12
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	09441	9/14/12	800000	VISITING NURSE SERVICE	COX, PETRA	16.25		236.93 I	
					CATEGORY	16.25	0.00	236.93	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDING	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209442	9/14/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	60.25		878.46 I	
				CATEGORY	60.25	0.00	878.46	

RUN DATE SALES JRN		LOC 001		REGNY NY SALES REGISTER			PAGE 1 - LAD NURSING HOME BILL WEEK ENDING	,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209443	9/14/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	39.00		568.62 I	
				CATEGORY	39.00	0.00		

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE	1 -	68
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE	LHCSA	
				SALES R	EGISTER			BILL WEEK E	NDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209444	9/14/12	800000	VISITING NURSE SERVICE	CRUZ,	JUANA	20.00		291.60	I	
					CATEGORY	20.00	0.00	291.60		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	69
				SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
209445	9/14/12	800000	VISITING NURSE SERVICE	CRUZ, LIDIA	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE 09/19/12 - SUP SUNNYSIDE CITYWIDE	PAGE 1 - 70
SALES JRNL # 0299 LOC 001 SUNNYSIDE CITYWIDE REG NY NY	LAD NURSING HOME W/O WALLS LT
SALES REGISTER	BILL WEEK ENDING 9/21/12
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	AMOUNT TYP SURPLUS
209446 9/07/12 000008 VISITING NURSE SERVICE CURCIO, ANTONIA 8.00	116.64 I
209447 9/14/12 000008 VISITING NURSE SERVICE CURCIO, ANTONIA 21.00	306.18 I
CUSTOMER 29.00 0.00	422.82
CATEGORY 29.00 0.00	422.82

RUN DATE SALES JRN		LOC 001		REG NY NY ALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	71 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209448	9/14/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 72
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK END	OING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
209449	9/14/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	15.00		218.70	I
209450	9/14/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	56.00		816.48	I
				CUSTOMER	71.00	0.00	1,035.18	
				CATEGORY	71.00	0.00	1,035.18	

RUN DATE SALES JRN	,	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		13
			S	SALES REGISTER			BILL WEEK END	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209451	9/14/12	000008	VISITING NURSE SERVICE	DAVIS, LOUELLEN	24.00		349.92	I	
209452	9/14/12	000008	VISITING NURSE SERVICE	DE LAHOZ, RUTH	7.00		102.06	I	
209453	9/14/12	000008	VISITING NURSE SERVICE	DEBAZALAR, ANTO	10.75		156.74	I	
209454	9/07/12	000008	VISITING NURSE SERVICE	DEJESUS, FELIX	5.00		72.90	I	
209455	9/14/12	800000	VISITING NURSE SERVICE	DEJESUS, FELIX	25.00		364.50	I	
				CUSTOMER	71.75	0.00	1,046.12		
				CATEGORY	71.75	0.00	1,046.12		

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	74
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209456	9/14/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

			YSIDE CITYWIDE	DEC MY MY			11100		75
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE S A	REGNY NY LES REGISTER			VCP CHOICE LI BILL WEEK ENI		9/21/12
			5				DIDE 110011 DI		2,21,12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209457	8/31/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	6.00		87.48	т	
209458	9/14/12	000008	VISITING NURSE SERVICE	DELOSSANTOS, MA	32.00		466.56		
209459	8/31/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	4.00		58.32		
209460	9/14/12	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	20.00		291.60		
209461	8/24/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE	4.00		58.32		
209462	9/14/12	000008	VISITING NURSE SERVICE	DELUCA, ANTIONE DELUCA, ANTIONE	28.00		408.24		
209463	9/07/12	000008	VISITING NURSE SERVICE	DELICCA, ANTIONE DEY, KRISHNA	3.00		43.74		
209464	9/14/12	000008	VISITING NURSE SERVICE	DEI, KRISHNA DEY, KRISHNA	5.50		80.19	± T	
209465	9/14/12	000008	VISITING NURSE SERVICE	DEI, KRISHNA DEZUMARAN, REBE	52.00		758.16	± +	
207403	J/14/12	000000	VISITING NORSE SERVICE	DEZONAKAN, KEBE			750.10	·	
				CUSTOMER	154.50	0.00	2,252.61		
				CATEGORY	154.50	0.00	2,252.61		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	76
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209466	9/14/12	800000	VISITING NURSE SERVICE	DIAZ, HILDA	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

RUN DATE	,		YSIDE CITYWIDE	DDG NV NV			PAGE 1		77
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			VCP CHOICE LE		9/21/12
			5	ALES REGISIER	<u> </u>		DITT MEEV FINI	JING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209467	9/14/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	32.25		470.22	I	
209468	9/14/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	49.00		714.42	I	
209469	9/14/12	800000	VISITING NURSE SERVICE	DIAZ, ROSA	42.00		612.36	I	
209470	9/14/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	74.00		1,078.92	I	
209471	9/14/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	41.75		608.72	I	
209472	9/14/12	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	16.00		233.28	I	
				CUSTOMER	255.00	0.00	3,717.92		
				CATEGORY	255.00	0.00	3,717.92		

			YSIDE CITYWIDE				PAGE 1 -	78
SALES JRN	L # 0299	LOC 001		REG NY NY			ADU ADULT	. 0/01/10
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209473	9/14/12	800000	VISITING NURSE SERVICE	DUNNING, JENNIF	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

			YSIDE CITYWIDE				PAGE 1	- 79	-
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING : BILL WEEK EN		9/21/12
							DILL WELK LIK	DINO	J/ 21/ 12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209474	9/07/12	000008	VISITING NURSE SERVICE	DUTAN, SELINDA	7.00		102.06	т	
209475	9/14/12	000008	VISITING NURSE SERVICE	- ,	40.00		583.20	Ī	
				CUSTOMER	47.00	0.00	685.26		
				CUSTOMER	47.00	0.00	005.20		
				CATEGORY	47.00	0.00	685.26		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	80
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209476	9/14/12	800000	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	81
SALES JRN	r∟ # 0299	LOC 001		REG NY NY			VCP CHOICE LHC	
			i	SALES REGISTER			BILL WEEK ENDI	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209477	9/14/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	40.25		586.85	I
				CATEGORY	40.25	0.00	586.85	

			YSIDE CITYWIDE				PAGE 1 -	82	2
SALES JRNI	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDI	NG	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP	SURPLUS
209478	9/14/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70	I	
				CATEGORY	15.00	0.00	218.70		

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	83
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209479	9/14/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

ı	RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 84	4
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	E PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209480	9/14/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	85
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209481	9/14/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	16.25		236.93 I	
1				CATEGORY	16.25	0.00	236.93	

RUN DATE SALES JRN		LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209482	9/14/12	800000	VISITING NURSE SERVICE	E ESPIN, CESAR	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 87 VCP CHOICE LHCSA	
SALES UKN	ш # 0299	LOC 001		SALES REGISTER				1/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
209483 209484	9/14/12 9/14/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ESPINAL, JOSE EVERETT, SHIRLE	3.00 21.00		43.74 I 306.18 I	
				CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE				PAGE 1 -	88
SALES JF	RNL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 9/21/12
INVOICE‡	‡ DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209485	9/14/12	000008	VISITING NURSE SERVICE	FADEN, ROBIN	69.25		1,009.67 I	
							, 	
				CATEGORY	69.25	0.00	1,009.67	

RUN DATE (09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	89
SALES JRNI	և # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			2	SALES REGISTER			BILL WEEK ENDIN	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209486	9/14/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	4.00		58.32 I	I
				CATEGORY	4.00	0.00	58.32	

			YSIDE CITYWIDE					90
SALES JRNI	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209487	9/14/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	20.75		302.54 I	
				CATECODY	20.75			
				CATEGORY	20.75	0.00	302.54	

			YSIDE CITYWIDE				PAGE 1 - 91	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			i	SALES REGISTER			BILL WEEK ENDING 9	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
209488	9/14/12	000008	VISITING NURSE SERVICE	FAROUGIAS, ANGE	9.00		131.22 I	
209489	9/14/12	000008	VISITING NURSE SERVICE	FAROUGIAS, EFTH	16.00		233.28 I	
209490	9/14/12	800000	VISITING NURSE SERVICE	FAY, JULIA	25.00		364.50 I	
209491	9/14/12	800000	VISITING NURSE SERVICE	FEENEY, JOHN	6.00		87.48 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCS! BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209492	9/14/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	93
SALES JRN	ъ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209493	9/14/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				CATEGORY	15.00	0.00		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0299	LOC 001		REG NY NY			VCP CHOICE LHCS.	
			2	SALES REGISTER			BILL WEEK ENDIN	<i>3</i> 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209494	9/14/12	000008	VISITING NURSE SERVICE	FERREIRO, JOSEP	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	95
SALES JRI	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209495	9/14/12	800000	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

			TYSIDE CITYWIDE				PAGE 1 -	
SALES JRN	∟ # 0299	TOC 001	SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			LTC NURSING HOMEW	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209496	9/14/12	000008	VISITING NURSE SERVICE	FIUMARA, ROSE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	97
SALES JRN	rL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209497	9/14/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		98
			S	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209498	9/14/12	800000	VISITING NURSE SERVICE	FOLLETTO, ROSIN	34.00		495.72	I	
209499	9/14/12	000008	VISITING NURSE SERVICE	FONG, ALEFINA	8.00		116.64	I	
209500	9/14/12	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	35.00		510.30	Τ	
				CUSTOMER	77.00	0.00	1,122.66		
				CATEGORY	77.00	0.00	1,122.66		

RUN DATE SALES JRN		LOC 001		REGNY NY BALES REGISTER			PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING	/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209501	9/14/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.00
SALES JRN	և # 0299	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209502	9/14/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	34.75		506.66 I	
				CATEGORY	34.75	0.00	506.66	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10)1
SALES JRN	rL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209503	9/14/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	38.00		554.04	I	
209504	9/14/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	30.00		437.40	I	
				CHICHOMED	68.00	0.00	001 44		
				CUSTOMER	68.00	0.00	991.44		
				CATEGORY	68.00	0.00	991.44		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI	- 10 HCSA)2
			S	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209505 209506	9/07/12 9/14/12	000008 000008	VISITING NURSE SERVICE	GAID, ASILA GALLINA, VIRGIN	10.00		145.80 131.22	I	
209300	J/14/12	000000	VISITING NORSE SERVICE	·					
				CUSTOMER	19.00	0.00	277.02		
					10.00				
				CATEGORY	19.00	0.00	277.02		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 10	13
SALES JRN	ъ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	,
			S	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209507	9/14/12	000008	VISITING NURSE SERVICE	GALLO, BENJAMIN	37.00		539.46	I	
209508	9/14/12	800000	VISITING NURSE SERVICE	GARAY, ANGELES	20.00		291.60	I	
				CHICEOMED		0.00	021 06		
				CUSTOMER	57.00	0.00	831.06		
				CATEGORY	57.00	0.00	831.06		

	ATE 09/19/12 JRNL # 0299		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 10 ADU ADULT	04
			:	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20950	9 9/14/12	800000	VISITING NURSE SERVICE	GARCIA, CARMEN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	105
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	EW/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209510	8/31/12	000008	VISITING NURSE SERVICE	GARCIA, OLGA	6.00		87.48 I	
209511	9/14/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	30.50		444.69 I	
209512	9/14/12	800000	VISITING NURSE SERVICE	GEBHARDT, DOROT	23.75		346.28 I	
				CUSTOMER	60.25	0.00	878.45	
				CATEGORY	60.25	0.00	878.45	

RUN DATE 09/19/12 -	SUP SUNNYSIDE CITYWIDE				PAGE 1	- 106
SALES JRNL # 0299	LOC 001 SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		SALES REGISTER	?		BILL WEEK ENI	OING 9/21/12
INVOICE# DATE	CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
209513 9/14/12	000008 VISITING NURSE SERVI	CE GENAO MOSQUE, A	2.00		29.16	I
209514 9/14/12	000008 VISITING NURSE SERVI	CE GENAO MOSQUE, A	9.00		131.22	I
		CUSTOMER	11.00	0.00	160.38	
		CATEGORY	11.00	0.00	160.38	

RU	N DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.07
SA	LES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				:	SALES REGISTE	R		BILL WEEK ENDING	9/21/12
IN	VOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	9515	9/14/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36 I	
					 CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	108
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	V/O WALLS (LT
ı				:	SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209516	9/14/12	000008	VISITING NURSE SERVICE	GIORGIO, WILLIA	47.75		696.20 I	
					·				
					CATEGORY	47.75	0.00	696.20	
1					CATEGORI	11.13	0.00	0,00.20	

ı	RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 10	09
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAI	RE PROGRAM
				5	SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209517	9/14/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	54.00		787.32 I	
					CATEGORY	54.00	0.00	787.32	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 11	.0
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209518	9/14/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	.1
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209519	9/14/12	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	35.00		510.30	I	
209520	9/14/12	800000	VISITING NURSE SERVICE	•	8.00		116.64	I	
				CUSTOMER	43.00	0.00	626.94		
				CATEGORY	43.00	0.00	626.94		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.12
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
000501	0 / 1 4 / 1 0				0 00		116.64 -	
209521	9/14/12	000008	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE (SALES JRN)		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209522	9/14/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN				REG NY NY S A L E S R E G I S T E R			PAGE 1 - 11 VCP CHOICE LHCSA BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209523	9/14/12	000008	VISITING NURSE SERVICE	GONZALEZ, DOLOR	32.50		473.85 I	
				CATEGORY	32.50	0.00	473.85	

RUN DATE 09/19/12 SALES JRNL # 0299	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 115 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/21/12	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209524 9/14/12 209525 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	15.00 21.00		218.70 I 306.18 I	
			CUSTOMER	36.00	0.00	524.88	
			CATEGORY	36.00	0.00	524.88	

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE		6 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209527	8/31/12 9/14/12 9/14/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	GOYES, ELBA GOYES, ELBA GRAVER, EDNA	4.00 20.00 40.00		58.32 291.60 583.20	I I I	
				CUSTOMER	64.00	0.00	933.12		
				CATEGORY	64.00	0.00	933.12		

RUN DATE SALES JRN		LOC 001		REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209529	9/14/12	000008	VISITING NURSE SERVICE	GREENBAUM, MASA	43.75		637.88 I	
				CATEGORY	43.75	0.00	637.88	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	18
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI	AIDS	ADULT POPUL
			Ş	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209530	8/10/12	000008	VISITING NURSE SERVICE	GRESSINE, ARNOL	7.00		102.06	I	
209531	9/14/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	46.00		670.68	I	
				CUSTOMER	53.00	0.00	772.74		
				CODIGINA	22.00	0.00	,,2.,1		
				CATEGORY	53.00	0.00	772.74		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	119
SALES JRN	rL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	SA
			S	SALES REGISTER			BILL WEEK ENDI	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209532	9/14/12	000008	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,224.72	I
209533	9/14/12	800000	VISITING NURSE SERVICE	GUTIERREZ, ANGE	84.00		1,224.72	I
				CUSTOMER	168.00	0.00	2,449.44	
				CATEGORY	168.00	0.00	2,449.44	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	120
SALES JRN	ъ # 0299	LOC 001		REG NY NY			LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209534	9/14/12	800000	VISITING NURSE SERVICE	GUTIERREZ, JOSE	17.00		247.86 I	
				CATEGORY	17.00	0.00		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 12	1
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209535	9/14/12	000008	VISITING NURSE SERVICE	HARRISON, GLORI	16.00		233.28	I	
209536	9/14/12	000008	VISITING NURSE SERVICE	HENAO, VICTORIA	24.00		349.92	I	
209537	8/31/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	7.00		102.06	I	
209538	9/14/12	800000	VISITING NURSE SERVICE	HENDY, BERNICE	25.00		364.50	I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 122	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 9/21/12	2
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	S
209539	9/14/12	800000	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	_

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	123	
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
ı				5	SALES REGISTER			BILL WEEK ENDIN	G 9/21/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı										
ı	209540	9/14/12	800000	VISITING NURSE SERVICE	HERNANDEZ, JUAN	36.00		524.88 I		
ı										
ı										
ı					CATEGORY	36.00	0.00	524.88		

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 124
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK END	ING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
								_
209541	9/14/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MARI	38.00		554.04	I
					20.00			
				CATEGORY	38.00	0.00	554.04	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	125
SALES JRN	rL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	A
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209542	9/14/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	126
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	9/21/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	000540	0 /1 4 /1 0				1.6 0.0		-	
ı	209543	9/14/12	000008	VISITING NURSE SERVICE	HERRERA, CLARA	16.00		233.28 I	
ı									
ı						16.00			
ı					CATEGORY	16.00	0.00	233.28	

RUN DATE 09/ SALES JRNL #	19/12 - SUP SUNN : 0299 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 127 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/21/12
INVOICE# D	PATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	14/12 000008 14/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		6.00 7.00		87.48 I 102.06 I
			CUSTOMER	13.00	0.00	189.54
			CATEGORY	13.00	0.00	189.54

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 128	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING 9	/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
209546	9/14/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JR	NL # 0299	LOC 001		REG NY NY S A L E S R E G I S T E R			LAA LOMBARDI AII BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209547	9/14/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		656.10 I	
				CAMEGODY	45.00		656.10	
				CATEGORY	45.00	0.00	030.10	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 130 ADU ADULT	
SALES OWN.	ш # UZJJ	100 001		SALES REGISTER			BILL WEEK ENDING 9/21/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
209548	9/14/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	31
SALES JRN	rL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209549	9/14/12	000008	VISITING NURSE SERVICE	ISKENDERIAN, KA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	132
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209550	9/14/12	800000	VISITING NURSE SERVICE	JACSO, ERZSEBET	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	33	
ı	SALES JRN	L # 0299	LOC 001		REG NY NY			LTC NURSING HOMEW	•	
ı				:	SALES REGISTER			BILL WEEK ENDING	9/21/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	209551	9/14/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	39.00		568.62 I		
ı					CATEGORY	39.00	0.00	568.62		

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209553 209554	9/14/12 9/14/12 9/14/12 9/14/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	JARA DEURUCHIM, JARAMILLO PAL, JEWAT, LUCILLE JHAVERI, RAMESH	3.00 4.00 77.00 24.00		43.74 I 58.32 I 1,122.66 I 349.92 I	
				CUSTOMER	108.00	0.00	1,574.64	
				CATEGORY	108.00	0.00	1,574.64	

			YSIDE CITYWIDE				PAGE 1 - 1	
SALES JR	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT	9/21/12
			•	SALES REGISIER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
000556	0 / 1 4 / 1 0						0.4.0 4.1 -	
209556	9/14/12	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	64.50		940.41 I	
				CATEGORY	64.50	0.00	940.41	

RUN DATE			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 LTC NURSING HOMEW	
DALLS OWN.	ш # 02))	10C 001		SALES REGISTER			BILL WEEK ENDING	·
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209557	9/14/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	27.75		404.60 I	
				CARRODY	27.75		404.60	
				CATEGORY	2/./5	0.00	404.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 13 VCP CHOICE LHCSA	7
511225 6141	_ 02//	200 001		SALES REGISTER				9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209558	9/14/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	24.75		360.86 I	
				CATEGORY	24.75	0.00	360.86	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 138	
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING 9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209559	9/14/12	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

RUN DATE (09/19/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 13	19	
SALES JRNI	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LH	ICSA		
			S	SALES	REGISTI	E R		BILL WEEK END	ING	9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
000560	0 / 1 4 / 1 0					4 00		50.00	_		
209560	9/14/12	800000	VISITING NURSE SERVICE	KAU	R, SARD	4.00		58.32	I		
					CA EE CODII	4 00	0.00	F0 30			
					CATEGORY	4.00	0.00	58.32			

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L40
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209561	9/14/12	800000	VISITING NURSE SERVICE	KAUR, SHARAN	56.00		816.48 I	
209562	8/31/12	800000	VISITING NURSE SERVICE	KERNAN, DONALD	3.00		43.74 I	
209563	9/14/12	800000	VISITING NURSE SERVICE	KERNAN, DONALD	4.50		65.61 I	
				CUSTOMER	63.50	0.00	925.83	
				CATEGORY	63.50	0.00	925.83	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209564	9/14/12	800000	VISITING NURSE SERVICE	KHAN, MARGARET	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE 09/19/12 SALES JRNL # 0299		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 142 VCP CHOICE LHCSA BILL WEEK ENDING	9/21/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209565 9/14/12 209566 9/14/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	KILIMLIAN, PEPR KOUTROUBAS, THE	39.25 56.00		572.27 I 816.48 I	
			CUSTOMER	95.25	0.00	1,388.75	
			CATEGORY	95.25	0.00	1,388.75	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 143 ADU ADULT BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209567	9/14/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	4
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209568	9/14/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 145 ADU ADULT BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209569	9/14/12	800000	VISITING NURSE SERVICE	LASAK, MICHAEL	9.50		138.51 I	
				CATEGORY	9.50	0.00	138.51	

RUN DATE 09/ SALES JRNL #	19/12 - SUP SUNN 0299 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	14/12 000008 14/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	19.00 12.00		277.02 I 174.96 I	
			CUSTOMER	31.00	0.00	451.98	
			CATEGORY	31.00	0.00	451.98	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209572	9/14/12	800000	VISITING NURSE SERVICE	LENDOIRO, JUAN	4.00		58.32 I	
				CATEGORY	4.00	0.00		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 14	18
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209573	9/14/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48	I	
209574	9/14/12	000008	VISITING NURSE SERVICE	LIGARDO, SOL M	30.00		437.40	I	
209575	9/14/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	62.00		903.97	I	
209576	9/14/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	23.75		346.29	I	
				CUSTOMER	171.75	0.00	2,504.14		
				CATEGORY	171.75	0.00	2,504.14		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 149
SALES JRN	r∟ # 0299	LOC 001		REG NY NY			LAD NURSING HOME W/O WALLS LT
				SALES REGISTER			BILL WEEK ENDING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
209577	9/14/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	13.00		189.54 I
				CATEGORY	13.00	0.00	 189.54

RUN DATE 09/19/ SALES JRNL # 02		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER				- 150 HOMEW/O WALLS (LT DING 9/21/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
209578 9/14/ 209579 9/14/		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	40.00 40.50		583.20 590.49	I
			CUSTOMER	80.50	0.00	1,173.69	
			CATEGORY	80.50	0.00	1,173.69	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 151	
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	ALES REGISTER			BILL WEEK ENDING 9	/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
209580	9/14/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	68.00		991.44 I	
				CATEGORY	68.00	0.00	991.44	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	
SALES ORN	ш # 02))	100 001		SALES REGISTER			BILL WEEK ENDING	· ·
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209581	9/14/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15:	3
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209582	9/14/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	26.00		379.08 I	
209583	9/14/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	12.00		174.96 I	
				CUSTOMER	38.00	0.00	554.04	
				CATEGORY	38.00	0.00	554.04	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	54
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	BALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209584	9/14/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DA	TE 09/19/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 155	
SALES	JRNL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 9	9/21/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
209585	9/14/12	000008	VISITING NURSE SERVICE	LUCES, LETICIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 156	
SALES JRN	rL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209586	9/14/12	000008	VISITING NURSE SERVICE	MACCHIA, CATHY	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 15	57
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209587	9/14/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	158
SALES JRN	և # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209588	9/14/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	79.00		1,151.82 I	
				 CATEGORY	79.00	0.00	1,151.82	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 159 ADU ADULT BILL WEEK ENDING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
209589	9/14/12	800000	VISITING NURSE SERVICE	MANDELA, ROSE	9.00		131.22 I
				CATEGORY	9.00	0.00	131.22

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 16	50
		200 001		ALES REGISTER			BILL WEEK ENI		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209590 209591	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MANNINO EDANCE	19.50 7.00		284.31 1,224.72	I	
209391	9/14/12	000008	VISITING NURSE SERVICE	MANNINO, FRANCE	7.00		1,224.72		
				CUSTOMER	26.50	0.00	1,509.03		
				CATEGORY	26.50	0.00	1,509.03		

RUN DA	TE 09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	161
SALES	JRNL # 0299	LOC 001		REG NY NY			LTC NURSING HOME	
			2	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209592	9/14/12	000008	VISITING NURSE SERVICE	MANOS, VASILIKE	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	2
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	
			:	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209593	9/14/12	800000	VISITING NURSE SERVICE	MARINO, ANN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209594	9/14/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

		PAGE 1 - 10	
TER		BILL WEEK ENDING	•
HOURS	TAX AMT	AMOUNT TYP	SURPLUS
A 43.00		626.94 I	
		626.94	
	HOURS A 43.00	HOURS TAX AMT	LTC NURSING HOMEW BILL WEEK ENDING HOURS TAX AMT AMOUNT TYP A 43.00 626.94 I

			YSIDE CITYWIDE				PAGE 1 -	165
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	P SURPLUS
209596	9/14/12	800000	VISITING NURSE SERVICE	MARTE, JOSE	7.00		102.06	[
209597	9/14/12	800000	VISITING NURSE SERVICE	MARTINEZ, CAMIL	15.00		218.70	Ε
				CUSTOMER	22.00	0.00	320.76	
				CATEGORY	22.00	0.00	320.76	

			YSIDE CITYWIDE				PAGE 1 - 16	-
SALES JRN	IL # 0299	LOC 001		REGNY NY SALES REGISTER			CCL CONGREGATE CAR: BILL WEEK ENDING	
				SALES KEGISIEK			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209598	9/14/12	000008	VISITING NURSE SERVICE	MARTINEZ, ELENA	69.50		1,013.31 I	
				CATEGORY	69.50	0.00	1,013.31	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 16 HCSA	;7
			\$	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209599	9/14/12	000008	VISITING NURSE SERVICE	MARTINEZ, MARGA	30.00		437.40	I	
209600	9/14/12	000008	VISITING NURSE SERVICE	•	35.75		521.24	I	
209601	9/14/12	000008	VISITING NURSE SERVICE	MARTINEZ, ROSA	40.00		1,224.72	I	
				CUSTOMER	105.75	0.00	2,183.36		
				CATEGORY	105.75	0.00	2,183.36		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209602	9/14/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	38.00		554.04 I	
				CATEGORY	38.00	0.00	554.04	

RUN	DATE 09	9/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	169
SALI	ES JRNL	# 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INV	DICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2096	503 9	9/14/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	18.00		262.44 I	
					CATEGORY	18.00	0.00	262.44	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	70
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209604	9/14/12	000008	VISITING NURSE SERVICE	MAZZONE, FRANCE	63.00		918.54	I	
209605	9/14/12	800000	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,449.44	I	
				 CUSTOMER	231.00	0.00	3,367.98		
				COSTORER	231.00	0.00	3,307.70		
				CATEGORY	231.00	0.00	3,367.98		

RUN DATE 09/3 SALES JRNL #	19/12 - SUP SUNN 0299 LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - : VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209607 9/3	14/12 000008 14/12 000008 14/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MCGUIRE, HELEN MEJIA, DINORAH MEJIA, MARINA	44.50 30.00 24.00		648.81 I 437.40 I 349.92 I	
			CUSTOMER	98.50	0.00	1,436.13	
			CATEGORY	98.50	0.00	1,436.13	

	09/19/12 - JL # 0299			REGNY NY SALES REGISTER				172 MEW/O WALLS (LT NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209609	9/14/12	000008	VISITING NURSE SERVICE	MEJIA, ROSA	38.00		554.05	I
				CATEGORY	38.00	0.00	554.05	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	3
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTE	: R		BILL WEEK ENI	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209610	9/14/12	000008	VISITING NURSE SERVI	CE MENDEZ, ADA	27.75		404.61	I	
209611	9/07/12	800000	VISITING NURSE SERVI	CE MENDEZ, BLANCA	6.00		87.48	I	
209612	9/14/12	800000	VISITING NURSE SERVI	CE MENDEZ, BLANCA	9.00		131.22	I	
209613	9/14/12	800000	VISITING NURSE SERVI	CE MENDOLIA, ANTOI	66.46		968.99	I	
				CUSTOMER	109.21	0.00	1,592.30		
				CATEGORY	109.21	0.00	1,592.30		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209614	9/14/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I	
				CATEGORY	39.00	0.00		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	= : =
				S A L E S R E G I S T E R			BILL WEEK ENDIN	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209615	9/14/12	800000	VISITING NURSE SERVICE	MILEO, MARY	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209616	9/14/12	800000	VISITING NURSE SERVICE	MIRANDA, LUIS	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	7
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			i	SALES REGISTER			BILL WEEK END	ING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209617	9/14/12	000008	VISITING NURSE SERVICE	MONSERRAT, DORI	6.00		87.48	I	
209618	9/14/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	25.00		364.50	I	
				CUSTOMER	31.00	0.00	451.98		
				CATEGORY	31.00	0.00	451.98		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	178
SALES JRN	L # 0299	LOC 001		REG NY NY			LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209619	9/14/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 179	
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/	O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	9/21/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	200620	0 /1 / /1 0	000000	WIGHTING MIDGE GERMAGE	MODALEG GADMEN	25 00		264 50 5	
ı	209620	9/14/12	000008	VISITING NURSE SERVICE	MORALES, CARMEN	25.00		364.50 I	
ı									
ı					CATEGORY	25.00	0.00	364.50	
- 1					CHILOCKI	23.00	0.00	301.30	

			IYSIDE CITYWIDE	DEC NY NY			PAGE 1 -	180
SALES JRN	ш # 0299	LOC 001	SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDI	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209621	9/14/12	800000	VISITING NURSE SERVICE	MOSTEIRIN, MART	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	181
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LHCSA	A
			S	SALES R	EGISTE	R		BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209622	9/14/12	800000	VISITING NURSE SERVICE	NAGY,	GEORGE	42.25		616.01 I	
					 CATEGORY	42.25	0.00	616.01	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 182	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING 9	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
209623	9/14/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			NYSIDE CITYWIDE				PAGE 1 - 1	183
SALES JRN	IL # 0299	LOC 001		REG NY NY			VCP CHOICE LHCSA	0 /01 /10
			S	ALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209624	9/14/12	000008	VISITING NURSE SERVICE	NICKELL, JEAN	20.00		291.60 I	
				CATEGORY	20.00	0.00	 291.60	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.84
SALES JRN	NL # 0299	LOC 001		REG NY NY			LTC NURSING HOMEW	· ·
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209625	9/14/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	49.00		714.42 I	
				CATEGORY	49.00	0.00	 714.42	

]	RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.85
1	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209626	9/14/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	47.50		692.55 I	
					CATEGORY	47.50	0.00	692.55	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	186 SA
			S	SALES REGISTER			BILL WEEK ENDIN	IG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209627	9/07/12	000008	VISITING NURSE SERVICE		10.00		145.80	<u>.</u>
209628	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		40.00 20.00		583.20 I 291.60 I	• •
200020	J/14/12	000000	VISITING NORSE SERVICE	NINO, CARPEN				
				CUSTOMER	70.00	0.00	1,020.60	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE 09/ SALES JRNL #	19/12 - SUP SUNN 0299 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
	14/12 000008 14/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	26.00 26.00		379.08 379.08	I I
			CUSTOMER	52.00	0.00	758.16	
			CATEGORY	52.00	0.00	758.16	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 18	8
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	SALES REGISTER			BILL WEEK END	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209632	9/14/12	000008	VISITING NURSE SERVICE	NUZIALE, CONCET	46.75		681.62	I	
209633	9/14/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	43.00		626.94	I	
				CUSTOMER	89.75	0.00	1,308.56		
				CATEGORY	89.75	0.00	1,308.56		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	W/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209634	9/14/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI	- 19 HCSA	90
	- "			SALES REGISTER			BILL WEEK EN		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209635	9/14/12	800000	VISITING NURSE SERVICE	ORNANO, BOLIVAR	12.00		174.96	I	
209636	9/14/12	000008	VISITING NURSE SERVICE	OSPINA, ANA	4.50		65.61	I	
209637	9/14/12	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	24.00		349.92	I	
				CUSTOMER	40.50	0.00	590.49		
				CATEGORY	40.50	0.00	590.49		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 19 ADU ADULT	91
DALLO OIUV	ш т ОДЭЭ	100 001		SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209638	9/14/12	800000	VISITING NURSE SERVICE	PAOLONI, MARY	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 19	92
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	ALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209639	8/31/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	10.00		145.80	I	
209640	9/14/12	800000	VISITING NURSE SERVICE	PAPAZIAN, MANNI	50.00		729.00	I	
209641	9/14/12	800000	VISITING NURSE SERVICE	PAPOUTSIS, MARY	6.50		94.77	I	
209642	9/14/12	800000	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		43.74	I	
209643	9/14/12	800000	VISITING NURSE SERVICE	PARETTI, MARIE	56.00		816.48	I	
				CUSTOMER	125.50	0.00	1,829.79		
				CATEGORY	125.50	0.00	1,829.79		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 193 ADU ADULT BILL WEEK ENDING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
209644	9/14/12	800000	VISITING NURSE SERVICE	PENA, VICTORIA	36.25		528.53 I
				CATEGORY	36.25	0.00	528.53

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 194	4
SALES JRN	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209645	9/14/12	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 195 ADU ADULT BILL WEEK ENDING 9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209646	9/14/12	800000	VISITING NURSE SERVICE	PEREA, LUIS	11.75		171.32 I	
				CATEGORY	11.75	0.00	171.32	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	196 A
	.2 0255	200 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209647 209648	9/14/12 9/14/12	800000	VISITING NURSE SERVICE	PEREZ MONSER, C	49.00		714.42 I	
209648	9/14/12	000008	VISITING NURSE SERVICE	PEREZ, GLADYS	27.25		397.32 I	
				CUSTOMER	76.25	0.00	1,111.74	
				CATEGORY	76.25	0.00	1,111.74	

			YSIDE CITYWIDE				PAGE 1 - 19	7
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	0.401.410
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209649	9/14/12	000008	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
209650	9/14/12	800000	VISITING NURSE SERVICE	PFISTER, JOSEPH	4.00		58.32 I	
				CUSTOMER	34.00	0.00	495.72	
				CATEGORY	34.00	0.00	495.72	

			YSIDE CITYWIDE				PAGE 1	- 19	8
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			:	SALES REGISTER			BILL WEEK END	ING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209651	9/14/12	000008	VISITING NURSE SERVICE	PHILIPPS, MARY	48.00		699.84	I	
209652	9/14/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	5.75		83.84	I	
209653	9/14/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	31.75		462.92	I	
209654	9/14/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	36.00		524.88	I	
209655	9/14/12	000008	VISITING NURSE SERVICE	POGGI, EMERITA	36.00		524.88	I	
				CUSTOMER	157.50	0.00	2,296.36		
				CATEGORY	157.50	0.00	2,296.36		

			YSIDE CITYWIDE				-	.99
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			SI	ALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209656	9/14/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	37.00		539.46 I	
				CATEGORY	37.00	0.00	539.46	

1 - 200	
	1/12
AMOUNT TYP SURF	PLUS
·	
33.12	
3	HOICE LHCSA WEEK ENDING 9/21

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 201	
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	
			S	SALES REGISTER			BILL WEEK ENDING 9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209659	9/14/12	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	11.75		171.32 I	
				CATEGORY	11.75	0.00	171.32	

RUN DATE (SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK END	202	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT :	TYP SURPLUS	
209660 209661	9/07/12 9/14/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	QUATTROCCHI, FI QUAY, JOSEPHINE	9.00 2.75		131.22 40.10	I I	
				CUSTOMER	11.75	0.00	171.32		
				CATEGORY	11.75	0.00	171.32		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	3
SALES JRN	և # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209662	9/14/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	24.00		349.92 I	
				CATEGORY	24.00	0.00	349.92	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	204 W/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209663	9/14/12	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE 09/19/12						-	205
SALES JRNL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	9/21/12
		'				DILL WEEK ENDING	J/ Z1/ 12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209664 9/14/12 209665 9/14/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	,	4.00 25.50		58.32 I 371.80 I	
			CUSTOMER	29.50	0.00	430.12	
			CATEGORY	29.50	0.00	430.12	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	6
SALES JRI	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDES	PEDIATRIC
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209666	9/14/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	07
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S A	ALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209667	9/14/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	39.00		568.62 I	
				CATEGORY	39.00	0.00	568.62	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	208
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209668	9/14/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

	9/19/12 - SUP			DEG :	NTSZ NTSZ			IAGE	- 20)9
SALES JRNL	# 0299 LOC	C 001 SUNN	YSIDE CITYWIDE	REG : S A L E		3		ADU ADULT BILL WEEK EN	DING	9/21/12
INVOICE#	DATE CUS	T NO CUSTO	MER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
			'ING NURSE SERV		RAMOS, ISMAEL RAMPHAL, INDRIA	6.00 20.00		87.48 291.60	I I	
					CUSTOMER	26.00	0.00	379.08		
					 CATEGORY		0.00	379.08		

			YSIDE CITYWIDE					- 21	LO
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI		0 /01 /10
			S	ALES REGISTER			BILL WEEK EN	JING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209671	9/14/12	000008	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48	I	
209672	9/07/12	800000	VISITING NURSE SERVICE	REINA, JOSE	4.00		58.32	I	
209673	9/14/12	800000	VISITING NURSE SERVICE	REINA, JOSE	16.00		233.28	I	
209674	9/14/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	20.00		291.60	I	
209675	9/14/12	800000	VISITING NURSE SERVICE	RICE, SYDNEY	8.00		116.64	I	
				CUSTOMER	54.00	0.00	787.32		
				CATEGORY	54.00	0.00	787.32		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 211	
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 9	/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
209676	9/14/12	800000	VISITING NURSE SERVICE	RISCO, GUILLERM	46.00		670.68 I	
				CATEGORY	46.00	0.00	 670.68	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	212
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209677	9/14/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	16.00		233.28 I	
				CATEGORY	16.00	0.00	233.28	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	213
SALES JRN	ъ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209678	9/14/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	53.50		780.03 I	
				CATEGORY	53.50	0.00	780.03	

				REG NY NY LES REGISTER			PAGE 1 - 2: ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209679	9/14/12	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 21 VCP CHOICE LHCSA	.5
SALES UKN	ш # 0299	TOC 001		SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209680 209681	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	• •	12.00 20.00		174.96 I 291.60 I	
				CUSTOMER	32.00	0.00	466.56	
				CATEGORY	32.00	0.00	466.56	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	W/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209682	9/14/12	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

	09/19/12 - NL # 0299			REGNY NY SALES REGISTER			PAGE 1 - : ADU ADULT BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209683	9/14/12	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 21 LAD NURSING HOME W	
	.2 0233	200 001		SALES REGISTED	R		BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209684 209685	8/31/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	10.00 15.00		145.80 I 218.70 I	
209005	9/14/12	000008	VISITING NURSE SERVICE	RIVERA, WANDA	15.00		210.70 1	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 219 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
209686	9/14/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I
				CATEGORY	48.00	0.00	699.84

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - : ADU ADULT BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209687	9/14/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, GLOR	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

]	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	221
- :	SALES JRN	և # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				\$	SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209688	9/14/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	35.75		521.24 I	
					CATEGORY	35.75	0.00	521.24	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	22
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209689	9/14/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	83.00		1,210.14 I	
				CATEGORY	83.00	0.00	1,210.14	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	223
ı	SALES JRN	և # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
ı					SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209690	9/14/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	20.00		291.60 I	
ı					CATEGORY	20.00	0.00	291.60	
ı					CATEGORY	20.00	0.00	291.60	

	TE 09/19/12 JRNL # 0299		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
	JIGUE II OZOO	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209691	9/14/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	34.75		506.66 I	
				CATEGORY	34.75	0.00	506.66	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 225	
SALES JRN	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O W	ALLS (LT
				SALES REGISTER			BILL WEEK ENDING 9/	21/12
T1770 T GT II	D.1.00	GTTGT 370	anamanan mana		******		1.1401.17E	DDT 110
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
209692	9/14/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROOU	40.00		583.20 I	
209092	9/14/12	000000	VISITING NORSE SERVICE	RODRIGUEZ, ROQU	40.00		363.20 1	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	226
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDI	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209693	9/14/12	000008	VISITING NURSE SERVICE	E RODRIGUEZ, YLMA	48.00		699.84	I
				CATEGORY	48.00	0.00	699.84	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209694	9/14/12	800000	VISITING NURSE SERVICE	ROLON, JUANITA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	228
SALES JRN	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209695	9/14/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	41.00		597.78 I	
				CATEGORY	41.00	0.00	 597.78	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	-	NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209696 209697	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,		56.00 39.75		816.48 579.56	I	
					CUSTOMER	95.75	0.00	1,396.04		
					- CATEGORY	95.75	0.00	1,396.04		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 23	0
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			ADU ADULT		
				S A L E S R	${\tt E} \ {\tt G} \ {\tt I} \ {\tt S} \ {\tt T} \ {\tt E} \ {\tt R}$			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	0 / 1 4 / 1 0					56.00		016 40	_	
209698	9/14/12	800000	VISITING NURSE SERVICE	ROSA,	, LUZ E	56.00		816.48	Τ	
					CAEDCODII		0.00	016 40		
					CATEGORY	56.00	0.00	816.48		

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 231	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWID	REG NY NY			VCP CHOICE LH	CSA	
				SALES REGIST	E R		BILL WEEK END	ING 9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
209699	9/14/12	000008	VISITING NURSE SER	ICE ROSA, MANOLO	12.00		174.96	I	
209700	9/14/12	000008	VISITING NURSE SER	ICE ROSARIO, ELSA	29.00		422.82	I	
209701	9/14/12	800000	VISITING NURSE SER	ICE ROSARIO, MARIA	22.50		328.05	I	
209702	9/14/12	800000	VISITING NURSE SER	ICE ROSARIOBREU, EM	25.00		364.50	I	
209703	9/14/12	000008	VISITING NURSE SER	ICE RUEDA, INES	46.75		681.62	I	
				CUSTOMER	135.25	0.00	1,971.95		
				CATEGORY	135.25	0.00	1,971.95		

	: 09/19/12 - NL # 0299		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	132
	u.n 01))	200 001		SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209704	9/14/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	233	
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	9/21/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	209705	9/14/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	9.00		131.22 I		
ı										
ı					CATEGORY	9.00	0.00	131.22		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	234
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
209706	9/14/12	800000	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 23 ADU ADULT BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209707	9/14/12	800000	VISITING NURSE SERVICE	SALADIN, MARIA	66.00		962.28 I	
				CATEGORY	66.00	0.00	962.28	

RUN DATE	09/19/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - :	236
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209708	9/14/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				PAGE 1	- 23	7
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		
			S	SALES REGISTER			BILL WEEK ENI	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209709	9/14/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	38.00		554.04	I	
209710	9/14/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42	I	
				CUSTOMER	87.00	0.00	1,268.46		
				CATEGORY	87.00	0.00	1,268.46		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 238	
SALES JRN	ъ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209711	9/14/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 - 23	39
SALES JRI	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	9/21/12
				SALES REGISIER			BILL MEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209712	9/14/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 240	
SALES JRN	ъ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK ENI	DING 9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
209713	9/14/12	000008	VISITING NURSE SERVICE	SARRO, MICHELE	14.25		207.77	I	
209714	9/14/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	39.50		575.92	I	
				CUSTOMER	53.75	0.00	783.69		
				CATEGORY	53.75	0.00	783.69		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	11
SALES JRN	r∟ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209715	9/14/12	800000	VISITING NURSE SERVICE	SCOTT, CATHERIN	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 242 ADU ADULT BILL WEEK ENDING 9/21/12	
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209716	9/14/12	800000	VISITING NURSE SERVICE	SECONDINI, ANNA	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 24	13
SALES JRN	ъ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
			S	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209717	9/14/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.00		524.88	I	
209718	9/14/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	69.25		1,009.68	I	
209719	9/14/12	800000	VISITING NURSE SERVICE	SERRANO, AGUEDA	56.00		816.48	I	
209720	9/14/12	800000	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		612.36	I	
209721	9/14/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	18.75		273.38	I	
				CUSTOMER	222.00	0.00	3,236.78		
				CATEGORY	222.00	0.00	3,236.78		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 244	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
				SALES REGISTER			BILL WEEK ENDING 9	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
209722	9/14/12	800000	VISITING NURSE SERVICE	E SILLS, JAMES	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

RUN DATE 09/19 SALES JRNL # 0			REGNY NY SALES REGISTER			PAGE 1 - : VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209723 9/14 209724 9/14	,	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	30.00 15.00		437.40 I 218.70 I	
			CUSTOMER	45.00	0.00	656.10	
			CATEGORY	45.00	0.00	656.10	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	246
SALES JRN	ъ # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
			S	ALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209725	9/14/12	800000	VISITING NURSE SERVICE	SOLDATI, RONDA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	47
SALES JRN	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			9	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209726	9/14/12	800000	VISITING NURSE SERVICE	SOPCHEK, SAMUEL	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 248	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209727	9/14/12	800000	VISITING NURSE SERVICE	SORIA, ROLANDO	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

			YSIDE CITYWIDE				-	249
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0.401.410
			i	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209728	9/14/12	000008	VISITING NURSE SERVICE	SOTO, MARCELINA	12.00		174.96 I	
209729	9/14/12	800000	VISITING NURSE SERVICE	STAFILIAS, EVAN	55.50		809.19 I	
				CUSTOMER	67.50	0.00	984.15	
				CATEGORY	67.50	0.00	984.15	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 250	1
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			5	BALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209730	9/14/12	000008	VISITING NURSE SERVICE	STALANSKI, ROBE	5.25		76.55	I	
209731	9/14/12	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	52.50		765.46	I	
				CUSTOMER	 57.75	0.00	842.01		
				CATEGORY	57.75	0.00	842.01		

	09/19/12 - NL # 0299		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUL	T
				SALES REGISTER			BILL WEEK ENDING	
INVOICE#		CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209732	9/14/12	000008	VISITING NURSE SERVICE	STEIN, STEPHANI	20.75		302.54 I	
				CATEGORY	20.75	0.00	302.54	

RUN DATE 09 SALES JRNL	9/19/12 - SUF # 0299 LOC		DE CITYWIDE UNNYSIDE CITYV	WIDE REG 1 S A L E S				PAGE 1 VCP CHOICE LE BILL WEEK ENI		9/21/12
INVOICE#	DATE CUS	ST NO CUS	STOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209734 9 209735 9	9/14/12 000 9/14/12 000	0008 VIS	SITING NURSE S SITING NURSE S SITING NURSE S SITING NURSE S	SERVICE SERVICE	STENOS, MOSHOUL STERGIOU, GLORI STICKELL, BLANC STROBL, ALFRED	15.75 20.00 29.75 36.00		229.64 291.60 433.76 524.88	I I I	
					CUSTOMER	101.50	0.00	1,479.88		
					CATEGORY	101.50	0.00	1,479.88		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REGNY NY SALES REGISTER			PAGE 1 - 253 ADU ADULT BILL WEEK ENDING 9/2	1/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
209737	9/14/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	254
SALES JRN	IL # 0299	LOC 001		REG NY NY			LTC NURSING HOME	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209738	9/14/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 ADU ADULT BILL WEEK END	- 255 ING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
209739	9/14/12	800000	VISITING NURSE SERVICE	SYED, GHULAM	5.50		80.19	I
				CATEGORY	5.50	0.00	80.19	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		
				SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209740 209741	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	17.25 56.00		251.51 816.48	I T	
203711	J/ 11/ 12	00000	VIBILING NORTH BERVICE						
				CUSTOMER	73.25	0.00	1,067.99		
				CATEGORY	73.25	0.00	1,067.99		

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEV BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	53.50 18.00		780.03 I 262.44 I	
				CUSTOMER	71.50	0.00	1,042.47	
				CATEGORY	71.50	0.00	1,042.47	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209744 209745 209746 209747	9/14/12 9/14/12 9/14/12 9/14/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	TAVERAS, BERNAR TEJADA, BALDOME TERZIAN, ASDGHI TINOCO, INES	12.00 20.00 48.00 43.25		174.96 291.60 699.84 630.59	I I I	
				CUSTOMER	123.25	0.00	1,796.99		
				CATEGORY	123.25	0.00	1,796.99		

	TE 09/19/12 FRNL # 0299			REG NY NY S A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	259 G 9/21/12
INVOICE	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209748	9/14/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE (09/19/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1 -	260
SALES JRNI	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE LHC	
			S	BALES 1	REGISTER			BILL WEEK ENDI	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209749	9/14/12	000008	VISITING NURSE SERVICE	TOR	O VEGA, LUZV	24.25		353.57	I
					CATEGORY	24.25	0.00	353.57	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 261 ADU ADULT BILL WEEK ENDING 9/21/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
209750	9/14/12	800000	VISITING NURSE SERVICE	TORO, DIVA	18.00		262.44 I	
				CATEGORY	18.00	0.00	262.44	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 26 HCSA	52
			S	BALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209751	9/14/12	000008	VISITING NURSE SERVICE	TORO, PURA	84.00		1,224.72	I	
209752 209753	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TORRES, EMELINA TORRES, LUZ M	40.00 84.00		583.20 1,224.72	I I	
				CUSTOMER	208.00	0.00	3,032.64		
				CODICIALIC	200.00	0.00	3,032.01		
				CATEGORY	208.00	0.00	3,032.64		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	CW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209754	9/14/12	000008	VISITING NURSE SERVICE	TORRES, MARGOT	36.00		524.88 I	
				CATEGORY	36.00	0.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	VYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	64
	_ "			LES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209755	9/14/12	000008	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGIST	E R		PAGE 1 VCP CHOICE LI BILL WEEK ENI		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209756 209757 209758 209759 209760	8/31/12 9/07/12 9/14/12 9/14/12 9/14/12	000008 000008 000008 000008	VISITING NURSE SERV VISITING NURSE SERV VISITING NURSE SERV VISITING NURSE SERV VISITING NURSE SERV	ICE TRUJILLO, AMPAR ICE TRUJILLO, AMPAR ICE TRUONG, TINH	20.00 20.00 11.75		174.96 291.60 291.60 171.32 743.58	I I I I	
				CUSTOMER	114.75	0.00	1,673.06		
				CATEGORY	114.75	0.00	1,673.06		

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LAD NURSING HOME	
			S	ALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	P SURPLUS
209761	9/14/12	800000	VISITING NURSE SERVICE	TSUAI, PING	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 26 HCSA	57
	"			ALES REGISTER			BILL WEEK EN		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209762 209763	9/14/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	63.00 14.00		918.54 1,166.40	I	
200703	J/ 11/ 12	000000	VIBITING NORDE BERVICE						
				CUSTOMER	77.00	0.00	2,084.94		
				CATEGORY	77.00	0.00	2,084.94		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	68
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209764	9/14/12	000008	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

			YSIDE CITYWIDE	DEG NV NV			11102	- 26	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			CCL CONGREGA BILL WEEK EN		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209765	9/14/12	000008	VISITING NURSE SERVICE	VALENCIA, BERNA	6.00		87.48	I	
209766	9/14/12	800000	VISITING NURSE SERVICE	VALENTI, HELEN	56.00		816.48	I	
				CUSTOMER	62.00	0.00	903.96		
				CATEGORY	62.00	0.00	903.96		
1				CALEGORY	02.00	0.00	903.96		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	270 3 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209767	9/14/12	800000	VISITING NURSE SERVICE	VALENTIN, ALEJA	17.75		258.80 I	
				CATEGORY	17.75	0.00	258.80	

RUN DATE	09/19/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 27:	1
SALES JR	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209768	9/14/12	800000	VISITING NURSE SERVICE	VAROL, ELMAS	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
DALLS UKN	L # 02))	HOC 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209769	9/14/12	000008	VISITING NURSE SERVICE	VASQUEZ, ARTURO	48.75		710.78 I	
				CATEGORY	48.75	0.00	710.78	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 27	'3
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			;	SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209770	9/14/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	33.00		481.14	I	
209771	9/14/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	21.00		306.18	I	
209772	9/14/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20	I	
				CUSTOMER	94.00	0.00	1,370.52		
				CATEGORY	94.00	0.00	1,370.52		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	174
SALES JRN	L # 0299	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209773	9/14/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 275 LTC NURSING HOMEW/O WALL BILL WEEK ENDING 9/21/	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JUS
	9/07/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		7.00 49.00		102.06 I 714.42 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

	09/19/12 - JL # 0299		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 27 ADU ADULT BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209776	7/27/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	2.00		29.16 I	
				CATEGORY	2.00	0.00	29.16	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 277	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209777	9/14/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

			YSIDE CITYWIDE				PAGE 1 - 278	
SALES JRNI	L # 0299	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 9/2	1/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
209778	9/14/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 279	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209779	9/14/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 280	
SALES JRN	L # 0299	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209780	9/14/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	31
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209781	9/14/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	35.50		517.59 I	
				CATEGORY	35.50	0.00	517.59	

RUN DATE (09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 282	2
SALES JRNI	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209782	9/14/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	4.00		58.32 I	
				CATEGORY	4.00	0.00	 58.32	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	183
ı	SALES JRN	L # 0299	LOC 001		REG NY NY			LTC NURSING HOMEW	
ı				:	SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209783	9/14/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	30.00		437.40 I	
					CARRODY	30.00	0.00	437.40	
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	284
SALES JRN	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209784	9/14/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	60.00		874.80 I	
				CATEGORY	60.00	0.00		

RUN DATE 09/19/1 SALES JRNL # 029			REG NY NY			PAGE 1 - ADU ADULT	285
BALLS URVE # 02.	75 100 001		SALES REGISTE	R		BILL WEEK ENDING	G 9/21/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209785 9/14/2 209786 9/14/2		VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 20.00		131.22 I 291.60 I	
			CUSTOMER	29.00	0.00	422.82	
			 CATEGORY	29.00	0.00	422.82	

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	6
SALES JR	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			2	SALES REGISTER			BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209787	9/14/12	800000	VISITING NURSE SERVICE	WASHINGTON, JAM	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	87
SALES JRN	և # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTE	R		BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209788	9/14/12	800000	VISITING NURSE SERVICE	YAGHDJIAN, SIRA	12.00		174.96 I	
				 CATEGORY	12.00	0.00	174.96	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	288
SALES JRN	և # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			S	SALES REGISTE	?		BILL WEEK ENDING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209789	9/14/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				 CATEGORY	12.00	0.00		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDIN	G 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209790 209791	9/07/12 9/14/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ZAMBRANO, VICTO ZAMBRANO, VICTO	4.00		58.32 I 291.60 I	
	-,,			CUSTOMER	24.00	0.00	349.92	
				CATEGORY	24.00	0.00	349.92	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	290
				SALES REGISTER			BILL WEEK ENDING	. ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
209792	9/14/12	000008	VISITING NURSE SERVICE	ZAVALA OBANDO,	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 291	
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL HEALTH	
				SALES REGISTER			BILL WEEK ENDING 9/21/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
209793	9/14/12	800000	VISITING NURSE SERVICE	ZELLE, EVE	12.00		174.96 I	
				CATEGORY	12.00	0.00	174.96	

ı	RUN DATE	09/19/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	292
ı	SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
ı				i	SALES REGISTER			BILL WEEK ENDING	9/21/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	209794	9/14/12	800000	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
					CATEGORY	10.00	0.00	145.80	

RUN DATE 09/19/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 293 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES JRNL # 0299 GUI GUILDNET SALES REGISTER BILL WEEK ENDING 9/21/12 | ACERNO, CLARE
| ALCEND, CLARE
ALT, AMRINISSA	16,00	222,32
ALT, AMRINISSA	16,00	222,32
ALSTON, ZULINE	72,00	1,045,44
AMABILE, ANTOIN	9,01	1,700,36
AYALA, ENRIQUE	13,00	188.76
BEGUM, JANILA	71,00	103,92
BUCARO, CONCETT	45,00	653,40
CARSWELL, LUELL	10,00	145,20
CARSWELL, LUELL	70,00	1,016,40
CEPEDA, TOMASA	30,00	435,60
COLAVITIT, JEAN	40,00	580,80
COLAVITIT, JEAN	40,00	435,60
COLAVITIT, JEAN	40,00	563,40
COLEMAN, REGINA	45,00	435,60
COLEMAN, REGINA	45,00	
COLEMAN, REGINA	45,00	435,60
COLEMAN, REGINA	45,00	INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ACERNO, CLAIRE 23.50 209795 341.22 I 9/14/12 000010 GUILDNET 209796 9/14/12 000010 GUILDNET I 209797 9/07/12 000010 GUILDNET 209798 9/07/12 000010 GUILDNET 209799 GUILDNET 8/31/12 000010 209800 GUILDNET 9/14/12 000010 209801 9/14/12 000010 GUILDNET 209802 8/31/12 000010 GUILDNET 209803 9/14/12 000010 GUILDNET 209804 9/14/12 000010 GUILDNET 209805 9/14/12 000010 GUILDNET 209806 9/14/12 000010 GUILDNET 209807 9/14/12 000010 GUILDNET 209808 9/14/12 000010 GUILDNET 209809 9/14/12 000010 GUILDNET 209810 9/14/12 000010 GUILDNET 209811 9/14/12 000010 GUILDNET 209812 9/14/12 000010 GUILDNET 209813 9/14/12 000010 GUILDNET 209814 9/14/12 000010 GUILDNET 209815 GUILDNET 9/14/12 000010 209816 GUILDNET 9/14/12 000010 209817 9/14/12 000010 GUILDNET 209818 9/14/12 000010 GUILDNET 209819 9/14/12 000010 GUILDNET 209820 9/14/12 000010 GUILDNET 209821 9/14/12 000010 GUILDNET 209822 9/14/12 000010 GUILDNET 209823 9/14/12 000010 GUILDNET 209824 9/14/12 000010 GUILDNET 209825 9/14/12 000010 GUILDNET 209826 9/14/12 000010 GUILDNET 209827 9/14/12 000010 GUILDNET 209828 9/14/12 000010 GUILDNET 209829 9/14/12 000010 GUILDNET 209830 9/07/12 000010 GUILDNET 209831 9/14/12 000010 GUILDNET 209832 9/14/12 000010 GUILDNET 209833 000010 GUILDNET 9/14/12 209834 GUILDNET 9/14/12 000010 209835 8/31/12 000010 GUILDNET 209836 9/14/12 GUILDNET 000010 209837 9/14/12 000010 GUILDNET 209838 9/14/12 GUILDNET 000010 209839 9/14/12 GUILDNET 000010 209840 9/14/12 000010 GUILDNET 209841 9/14/12 000010 GUILDNET 209842 9/14/12 000010 GUILDNET 9/14/12 000010 GUILDNET 209843

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTE			PAGE 2	- 29	94
SALES JRN	IL # 0299	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		0 /01 /10
				SALES REGISTE	S R		BILL WEEK END	ING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209844	9/14/12	000010	GUILDNET	PAZTOIILIS KLEO	55 00		798 60	I	
209845	9/14/12	000010	GUILDNET	PENA. WALESKA	56.00		813.12	Ī	
209846	8/24/12	000010	GUILDNET	PEREZ MARTA	42 00		609 84	Ī	
209847	9/14/12	000010	GUILDNET	PINILLA VICTOR	34 50		500.01	Ī	
209848	9/14/12	000010	GUILDNET	PRADO NANCY	12 00		174 24	Ī	
209849	9/14/12	000010	GUILDNET	PROANO ALICIA	19 75		306 52	Ī	
209850	9/14/12	000010	GUILDNET	PROANO BRIINO	33 00		512 16	Ī	
209851	9/14/12	000010	GUILDNET	RAMOS . ARGENTIN	4.00		58.08	Ī	
209852	9/14/12	000010	GUILDNET	RAMOS. ESTHER	18.00		261.36	Ī	
209853	9/14/12	000010	GUILDNET	RESTULA. VINCEN	18.75		272.25	Ī	
209854	9/14/12	000010	GUILDNET	RIVAS GERTRIDI	30.00		435 60	Ī	
209855	9/14/12	000010	GUILDNET	RODRIGUEZ, FABI	28.00		406.56	Ī	
209856	9/14/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		914.76	Ī	
209857	9/14/12	000010	GUILDNET	ROJAS ANGEL	15.00		232.80	Ī	
209858	9/14/12	000010	GUILDNET	ROJAS HAYDEE	20.00		310.40	Ī	
209859	9/14/12	000010	GUILDNET	RUBTANO. MARTA	20.00		290.40	Ī	
209860	9/14/12	000010	GUILDNET	SALJANIN, DILJA	37.50		544.50	Ī	
209861	9/14/12	000010	GUILDNET	SANCHEZ, ELIZAB	35.00		508.20	Ī	
209862	9/14/12	000010	GUILDNET	SHELTON, AGUEDA	40.50		588.06	I	
209863	9/14/12	000010	GUILDNET	SOMRAJ, UMILLA	15.00		217.80	I	
209864	9/14/12	000010	GUILDNET	SOTO, NIRCIO	12.00		174.24	I	
209865	9/14/12	000010	GUILDNET	TROISI, DELIA	48.00		696.96	I	
209866	9/14/12	000010	GUILDNET	VLAHOS, MARIE	64.00		929.28	I	
209867	9/14/12	000010	GUILDNET	WEISZ, KLARA	4.00		58.08	I	
209868	9/14/12	000010	GUILDNET	WEST, BALDWIN	16.00		232.32	I	
209869	8/31/12	000010	GUILDNET	WHITLEY, MYRNA	4.00		58.08	I	
209870	9/14/12	000010	GUILDNET	WHITLEY, MYRNA	20.00		290.40	I	
209871	9/14/12	000010	GUILDNET	YI, CARLOS	20.00		290.40	I	
209872	9/14/12	000010	GUILDNET	YIANTSELIS, VIR	5.00		943.60	I	
209873	9/14/12	000010	GUILDNET	ZARE, GLORIA	44.00		638.88	I	
209874	9/14/12	000010	GUILDNET	ZUMAETA, FANNY	65.00		943.80	I	
				REFERENCE PAZIOULIS, KLEO PENA, WALESKA PEREZ, MARIA PINILLA, VICTOR PRADO, NANCY PROANO, ALICIA PROANO, BRUNO RAMOS, ARGENTIN RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA SOTO, NIRCIO TROISI, DELIA VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITLEY, MYRNA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY CUSTOMER	2,684.51	0.00	42,726.77		
				CATEGORY	2,684.51	0.00	42,726.77		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 HFS HEALTH FI BILL WEEK END	- 29	95
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FI	RST	
				SALES REGISTED	R		BILL WEEK END	ING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209875	9/14/12	000122	HEALTH FIRST	BEGUM. MANWARA	28.00		472.64	I	
209876	9/14/12	000122	HEALTH FIRST	BHATRO, KOWSTIJ	56.00		945.28	Ī	
209877	9/14/12	000122	HEALTH FIRST	BOCHENEC TOLAN	42.00		708.96	Ī	
209878	9/14/12	000122	HEALTH FIRST	CARMONA. LUZ	40.00		675.20	Ī	
209879	9/14/12	000122	HEALTH FIRST	CARRION. MARIA	48.00		810.24	Ī	
209880	9/14/12	000122	HEALTH FIRST	CERALLOS ANA	24 00		405 12	Ī	
209881	9/14/12	000122	HEALTH FIRST	CHARITAR RAMKA	30.00		506 40	Ī	
209882	8/10/12	000122	HEALTH FIRST	DELACRUZ, ANA	355.00		5.992.40	Ī	
209883	8/31/12	000122	HEALTH FIRST	DORNELLAS STEL	43 00		725 84	Ī	
209884	9/14/12	000122	HEALTH FIRST	ESPATILIAT, AMPA	28.00		472.64	Ī	
209885	9/14/12	000122	HEALTH FIRST	ESTEVES JOSE	29 00		489 52	Ī	
209886	9/14/12	000122	HEALTH FIRST	FERGERSON TINA	16 00		270 08	Ī	
209887	9/14/12	000122	HEALTH FIRST	FERRERA FRANCI	10.00		168 80	Ī	
209888	9/14/12	000122	HEALTH FIRST	FONTANES PEDRO	28 00		472 64	Ī	
209889	9/14/12	000122	HEALTH FIRST	FRANCISCO RICH	56 00		945 28	Ī	
209890	9/07/12	000122	HEALTH FIRST	FRIAS BARBARA	8 00		135 04	Ī	
209891	9/14/12	000122	HEALTH FIRST	HERRING CHARLE	4 00		67 52	Ī	
209892	9/14/12	000122	HEALTH FIRST	KAIIR HARBANS	49 00		827 12	Ī	
209893	9/14/12	000122	HEALTH FIRST	LARA TOMASA	8 00		135 04	Ī	
209894	9/14/12	000122	HEALTH FIRST	LAZALA GLADYS	49 00		827 12	Ī	
209895	9/07/12	000122	HEALTH FIRST	IOPEZ-RAMIREZ	84 00		1 417 92	Ī	
209896	9/14/12	000122	HEALTH FIRST	MACARENA SAHAR	84 00		1 417 92	Ī	
209897	9/14/12	000122	HEALTH FIRST	MARTIN ARIANA	12 00		202 56	Ī	
209898	9/14/12	000122	HEALTH FIRST	RODRIGHEZ MARG	20.00		337 60	Ī	
209899	9/14/12	000122	HEALTH EIRST	SALAZAR LUZ MA	56 00		945 28	Ī	
209900	9/14/12	000122	HEALTH FIRST	SALHIIANA VOLAN	40 00		675 20	Ī	
209901	9/14/12	000122	HEALTH FIRST	SPIVEY PATRICI	20.00		337 60	I	
209902	9/14/12	000122	HEALTH FIRST	ST ROMAINE CLA	68 00		1 147 84	Ī	
209903	9/14/12	000122	HEALTH FIRST	VASOUEZ OLGA	20.00		337 60	I	
209904	9/14/12	000122	HEALTH FIRST	VEGA GLORIA	40.00		675 20	Ī	
200004	J/ 1 1/ 12	000122	HEADTH PIROT	VEGA, GLOKIA					
				REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA DELACRUZ, ANA DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA VASQUEZ, OLGA VEGA, GLORIA	1,395.00	0.00	23,547.60		
				CATEGORY	1,395.00	0.00	23,547.60		

RUN DATE	09/19/12	- SUP SUNN	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE RE S A L				PAGE 1	- 29	96
SALES JRN	IL # 0299	LOC 001	SUNNYSIDE CITYWIDE RE	G NY NY			NHP NEIGHBORE	HOOD I	HEALTH
			S A L	ES REGISTER	{		BILL WEEK ENI	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
111101011	21112	0001 1.0		101 111101	1100110		11100111		50111 205
209905	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S AHMED, UMARA	32.00		540.16	I	
209906	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S AKHTER, SELINA	45.00		759.60	I	
209907	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S ARDITTO, PATRIC	12.00		202.56	I	
209908	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S CHUKWUJIORAH, T	43.00		725.84	I	
209909	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S DIAZ, CARMEN	28.00		472.64	I	
209910	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S FERNANDEZ, MARI	12.00		202.56	I	
209911	9/07/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S FLORES, MARITZA	80.00		1,350.40	I	
209912	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S HAMPTON, PRISCI	38.00		641.44	I	
209913	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S JONES, CYNTHIA	14.00		236.32	I	
209914	8/17/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S KHALIL, RASHAN	36.00		607.68	I	
209915	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S KHAN, FARUQUE	72.00		1,215.36	I	
209916	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S KROLL, KATHERIN	39.00		658.32	I	
209917	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S MORALES HERNAD	42.00		708.96	I	
209918	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S MOSKOWITZ, RONA	29.00		489.52	I	
209919	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S OCASIO, VIRGINI	1.00		16.88	I	
209920	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S RODRIGUEZ, JESS	25.00		422.00	I	
209921	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S RODRIGUEZ, MARI	20.00		337.60	I	
209922	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S SALVATO, MARY	56.00		945.28	I	
209923	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S SHEPPARD, ERMA	70.00		1,181.60	I	
209924	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S WELLS, WYNORIA	16.00		270.08	I	
209925	9/14/12	000120	NEIGHBORHOOD HEALTH PROVIDER	S WILSON, SHERYL	34.00		573.92	I	
				CUSTOMER	744.00	0.00	12,558.72		
					744.00		12,558.72		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	7
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOL	LIC/FI	DELIS
				SALES REGISTER			BILL WEEK END	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209926	9/14/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	41.00		691.67	I	
209927	9/07/12	000126	NYS CATHOLIC/FIDELIS	BERGES, MARITZA	42.00		708.54	I	
209928	9/14/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	43.00		725.41	I	
209929	9/14/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.00		404.88	I	
209930	9/14/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I	
209931	9/14/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	18.00		303.66	I	
209932	9/14/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	13.00		219.31	I	
209933	9/14/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	34.00		573.58	Ī	
209934	9/14/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAOUEL	63.00		1,062.81	I	
	-,,								
				CUSTOMER	362.00	0.00	6,106.94		
							,		
				CATEGORY	362.00	0.00	6,106.94		
1									

RUN DATE 09/19/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 298 SALES JRNL # 0299 LOC 001 SUNNYSIDE CITYWIDE REG NY NY UHC UNITED HEALTH										
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK EN		9/21/12	
									-,,	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
209935	9/14/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	т		
209936	9/14/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	53.00		909.48	T T		
209937	9/14/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	12.00		205.92	Ī		
209938	9/14/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I		
209939	9/14/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	4.00		68.64	I		
				GLIGHOMED	105 00	0.00	3,346.20			
				CUSTOMER	195.00	0.00	3,346.20			
				CATEGORY	195.00	0.00	3,346.20			

RUN DATE			YSIDE CITYWIDE				PAGE 1	- 29	19
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			EHP EMBLEM H		
				SALES REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209940	9/14/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	15.00		210.00	I	
209941	9/14/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
209942	9/14/12	000114	EMBLEM HEALTH	COPELAND, ELISE	42.00		598.50	I	
209943	9/14/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
209944	9/14/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	63.00		882.00	I	
209945	9/14/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	35.00		490.00	I	
209946	9/14/12	000114	EMBLEM HEALTH	KEATON, CATHERI	83.75		1,172.50	I	
209947	9/07/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
209948	9/14/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	57.25		801.50	I	
209949	9/14/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	55.75		780.50	I	
				CUSTOMER	467.75	0.00	6,559.00		
				CATEGORY	467.75	0.00	6,559.00		

RUN DATE 09/19/1 SALES JRNL # 029						PAGE 1 HIP HEALTH IN BILL WEEK END	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
209950 9/14/1 209951 9/14/1 209952 9/07/1 209953 9/14/1 209954 9/14/1	2 000136 2 000136 2 000136	HEALTH INSURANCE PLAN OF NY	AHMAD, AMATUL CIPRIAN, JACQUE LOYOLA, MARIA ORR, LOUISE WILLIAMS, DIANE	28.00 20.00 50.00 35.00 20.00		472.64 337.60 844.00 590.80 337.60	I I I I
			CUSTOMER	153.00	0.00	2,582.64	
			CATEGORY	153.00	0.00	2,582.64	

	09/19/12 - IL # 0299		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - MPH METROPLUS	- 301 HEALTH
	0.233	200 001	5011115155 011111155	REG NY NY SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT I	TYP SURPLUS
209955	9/14/12	000130	METROPLUS HEALTH	ANDERSON, BETH	24.00			I
209956	9/14/12	000130	METROPLUS HEALTH	ARIAS, NORA			1,166.20	I
209957	9/14/12	000130	METROPLUS HEALTH	BEDOYA, MONICA	5.00		85.75	I
209958	9/14/12	000130	METROPLUS HEALTH	CORDERO, ROSEND	50.00		857.50	I
209959	8/17/12	000130	METROPLUS HEALTH	DAVIS, ANGIE			2,469.60	I
209960	9/14/12	000130	METROPLUS HEALTH	DOBBINS, SANDRA	120.00		2,058.00	I
209961	9/14/12	000130	METROPLUS HEALTH	DURHAM, CYNTHIA	16.00		274.40 600.25	I
209962	9/14/12	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I
209963	9/14/12	000130	METROPLUS HEALTH	MURDOCK, GERTRU	40.00		686.00	I
209964	9/14/12	000130	METROPLUS HEALTH	OSORIO, ELVIA			257.25	I
209965	9/14/12	000130	METROPLUS HEALTH	PERSAD, USHA RAMPERSAID, ALI	71.00		1,217.65	I
209966	9/14/12	000130	METROPLUS HEALTH	RAMPERSAID, ALI	21.00		360.15	I
209967	9/14/12	000130	METROPLUS HEALTH	RYALS, CHARLES	40.00		686.00	I
209968	8/31/12	000130	METROPLUS HEALTH	SANTORO, MATTHE	22.00		377.30	I
209969	9/14/12	000130	METROPLUS HEALTH	SHUMON, NUK-FNU			480.20	I
209970	9/14/12	000130	METROPLUS HEALTH	VALLE, BLASINA	48.00		823.20	I
				CUSTOMER	747.00	0.00	12,811.05	
				CATEGORY	747.00	0.00	12,811.05	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 WEL WELCARE (BILL WEEK ENI		9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209971 209972 209973	9/07/12 9/14/12 8/31/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	53.00 42.00 68.00		911.60 722.40 1,169.60	I I I	
					CUSTOMER	163.00	0.00	2,803.60		
					CATEGORY	163.00	0.00	2,803.60		

			YSIDE CITYWIDE					303
SALES JRN	L # 0∠99	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			AMG AMERIGROUP BILL WEEK ENDING	G 9/21/12
				SALES KEGISIEF			BILL WEEK ENDING	3 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
209974	9/14/12	000132	AMERIGROUP	ESPERSON, CLAUD	12.00		202.56 I	
209975	8/31/12	000132	AMERIGROUP	FERNANDEZ, NORK	47.00		793.36 I	
209976	9/14/12	000132	AMERIGROUP	GUERRA, LORRAIN	60.00		1,012.80 I	
209977	9/14/12	000132	AMERIGROUP	HARDING, EDNA	30.00		506.40 I	
209978	8/31/12	000132	AMERIGROUP	MICHEL, VERTULI	90.00		1,519.20 I	
209979	9/14/12	000132	AMERIGROUP	PRUITT, JOHNNY	8.00		135.04 I	
				CUSTOMER	247.00	0.00	4,169.36	
				CATEGORY	247.00	0.00	4,169.36	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 HCP HEALTHCAI BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209980 209981 209982	9/14/12 9/14/12 9/14/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 12.00 16.00		1,063.44 202.56 270.08	I I I	
				CUSTOMER	91.00	0.00	1,536.08		
				CATEGORY	91.00	0.00	1,536.08		

RUN DATE 09/19/12	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	- 305
SALES JRNL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ICS INDEPENDEN	ICE CARE SYSTEMS
		S	SALES REGISTER			BILL WEEK ENDI	ING 9/21/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPLUS
209983 9/14/12	000172	INDEPENDENCE CARE SYSTE	EMS HAWKINS S, MA	70.00		1,113.00	I
209984 9/14/12	000172	INDEPENDENCE CARE SYSTE	•	25.00		397.50	I
			CUSTOMER	95.00	0.00	1,510.50	
			CATEGORY	95.00	0.00	1,510.50	

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	306
SALES JR	NL # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCS VNSNY CHOI	CE SELECTHEALTH
				SALES REGISTER			BILL WEEK ENDI	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
209985	9/14/12	000170	VNSNY CHOICE SELECTH	HEALTH CLMS KARASSAVIDES, A	28.00		480.48	I
				CATEGORY	28.00	0.00	480.48	

			YSIDE CITYWIDE				PAGE 1	- 307
SALES JRN	L # 0299	LOC 001					PAR PRIVATE	
			S A L E	S REGISTER			BILL WEEK END	ING 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
209986	8/31/12	000002	SUNNYSIDE COMMUNITY SERVICES	CAGAN, RUMANDO	8.00		116.00	I
209987	9/14/12	000002	SUNNYSIDE COMMUNITY SERVICES	CAGAN, RUMANDO	8.00		116.00	I
209988	9/14/12	000002	SUNNYSIDE COMMUNITY SERVICES	ESCOBAR, MARIA	1.00		14.50	I
209989	9/14/12	000002	SUNNYSIDE COMMUNITY SERVICES	MARTIN, RUTH	4.00		58.00	I
209990	9/14/12	000002	SUNNYSIDE COMMUNITY SERVICES	MONTELIONE, CAL	16.00		232.00	I
209991	9/14/12	000002	SUNNYSIDE COMMUNITY SERVICES	RICKS, WALTER			116.00	I
209992	9/14/12	000002	SUNNYSIDE COMMUNITY SERVICES	RIZZO, SALVATOR	7.50		108.75	I
							 E61 05	
				CUSTOMER	52.50	0.00	761.25	
209993	9/14/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	20.00		310.00	I
209994	9/14/12	000049	DOMINICAN SISTERS FAM HLTH SVO	DIOD SERICME	25 00		362.50	I
209995	9/07/12	000049	DOMINICAN SISTERS FAM HLTH SVO				391.50	T
20000	3,0,,12	000019	DOMESTICAL DEPENDENT MEM DVC					
				CUSTOMER	52.00	0.00	754.00	
209996	9/14/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I
				CATEGORY	132.50	0.00	1,949.25	

RUN DATE SALES JRN	,	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 CAS CHILDREN' BILL WEEK ENI		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
209997 209998 209999 210000 210001 210002	9/14/12 9/07/12 9/07/12 9/14/12 9/14/12 9/14/12	000088 000088 000088 000088 000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA GIL, GENEVIEVE GIL, MARANGELI SALAS, HELENA VARGAS, BRANDON VARGAS, JOHN	24.75 6.00 6.00 27.25 13.50		383.63 93.00 93.00 422.38 209.25 209.25	I I I I	
				CUSTOMER	91.00	0.00	1,410.51		
				CATEGORY	91.00	0.00	1,410.51		

RUN DATE 09/19/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0299 LOC 001 SUNNYSIDE CITYWIDE REG NY	NY			PAGE 1 - PAR PRIVATE	309
	REGISTER			BILL WEEK ENDIN	G 9/21/12
INVOICE# DATE CUST NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
210003 9/14/12 000098 MILDRED PANSE P	ANSE, MILDRED	20.00		310.00 I	
	CATEGORY	20.00	0.00	310.00	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 3 ELD ELDERSERVEHEA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
210004 210005	9/14/12 9/14/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	15.00 19.75		213.75 I 281.44 I	
				CUSTOMER	34.75	0.00	495.19	
				CATEGORY	34.75	0.00	495.19	

RUN DATE	09/19/12	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 31	.1
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			PAR PRIVATE		
				SALES	REGISTER			BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RI	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210006	9/14/12	000143	ETTORE COPPOLA	COI	PPOLA, ETTORE	19.75		306.13	I	
					 CATEGORY	19.75	0.00	306.13		

RUN DATE	09/19/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 31	L2
SALES JRN	L # 0299	LOC 001	SUNNYSIDE CITYWIDE	REG	NY NY			CCM COMPREHE	NSIVE	CARE MGMT
				SALE	S REGISTE	R		BILL WEEK EN	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210007	9/14/12	000150	COMPREHENSIVE CARE	MANAGEMENT	BONES, ANA	12.00		169.20	I	
210008	9/14/12	000150	COMPREHENSIVE CARE	MANAGEMENT	GARCIA, MARIA	40.00		564.00	I	
210009	9/14/12	000150	COMPREHENSIVE CARE	MANAGEMENT	MELAMED, ESTER	12.00		169.20	I	
210010	9/14/12	000150	COMPREHENSIVE CARE	MANAGEMENT	PULLIAM, WILLIE	28.00		394.80	I	
210011	9/14/12	000150	COMPREHENSIVE CARE	MANAGEMENT	ROSARIO, CELEST	30.00		423.00	I	
					CUSTOMER	122.00	0.00	1,720.20		
					CATEGORY	122.00	0.00	1,720.20		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE				PAR PRIVATE	- 31	
				SALES REGISTER			BILL WEEK ENI	DING	9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
210012	9/14/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
210013	9/14/12	000167	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
210014	9/14/12	000179	DOROTHY TABICKMAN	TABICKMAN, DORT	13.00		201.50	I	
210015	9/14/12	000181	EDELMAN, MILDRED	EDELMAN, MILDRE	32.00		514.00	I	
210016	9/14/12	000183	STEPHEN EDEL	EDEL, CANDACE	80.00		1,263.64	I	
210017	9/14/12	000185	DIANE CERVONE	ESPINOZA, LUPE	20.00		310.00	I	
210018	9/14/12	002215	KEITH SALMON	LAWRANCE, LILLA	19.75		317.75	I	
210019	9/14/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
210020	9/14/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	9.00		139.50	I	
210021	9/14/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
210022	9/14/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
210023	9/14/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	6.00		97.50	I	
210024	9/14/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	6.00		93.00	I	
210025	9/14/12	009752	PETER CAPORASO	CAPORASO, VINCE	12.00		204.00	I	
210026	9/14/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
210027	9/14/12	010377	DOMINICA IRAOLA	IRAOLA, ANTONIO	6.00		97.50	I	
210028	9/14/12	010529	STEPHEN WEISS	WEISS, STELLA	6.00		102.00	I	
210029	9/14/12	010530	DANA SITILDES	ANSELMI, PETER	28.00		446.00	I	
210030	9/14/12	010735	MIGUEL ONATE	ONATE, MIGUEL	6.00		93.00	I	
210031	9/14/12	010887	FREDERICK RUECKHER	RUECKHER, PATRI	6.00		93.00	I	
210032	9/14/12	010929	NORMA SCHORR	SCHORR, NORMA	6.00		93.00	I	
210033	9/14/12	010952	ARISTA THEOHARIS	THEOHARIS, ARIS	30.00		465.00	I	
210034	9/14/12	011016	MICHAEL SIANO	SIANO, ANDREW	29.75		461.13	I	
210035	9/14/12	011027	SALVATORE DINARO	DINARO, SALVATO	12.00		186.00	I	
210036	9/14/12	011060	ROBIN WARREN CHARLES	WARREN, CYNTHIA	133.00		2,118.50	I	
I									

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE	314
				SALES REGIST	E R		BILL WEEK ENDI	NG 9/21/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
210037	9/14/12	011245	SHEEHAN MARGARET	SHEEHAN, MARGAR	15.00		232.50	I
				CATEGORY	705.50	0.00	12,351.02	
				CATEGORI				
				LOCATION	22,391.72	0.00	345,699.62	
				COMPANY	22,391.72	0.00	345,699.62	

RUN DATE 09/19/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 315
SALES JRNL # 0299 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

ALES JRNL # 0299 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
SALES REGISTER BILL WEEK ENDING 9/21/12

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

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