	08/29/12 · IL # 0296		IYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E F	દ		PAGE 1 SHP SENIOR HI BILL WEEK ENI	- EALTH DING	1 PARTNERS 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207122 207123 207124 207125 207126 207127 207128 207129 207130 207131 207132 207133 207134 207135 207136 207137	8/17/12 8/24/12	000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082 000082	SENIOR HEALTH PARTNERS	ALVAREZ, ANGELA BANKS, ANASTAZJ BROOKS, NATALIE COLON, RAYMUNDA GHILIOTTY, FLOR GRAFSTEIN, LILL GUTIERREZ, LUCI HARIDIN, KHAMAT HARIDIN, RAMDIA HERNANDEZ, FRAN LEPORE, CLAIRE MOROCHO, MANUEL RODRIGUEZ, MARI SIERRA, MIRIAM SIMON, LUPE TORRESCAMPOS, J VASQUEZ, CORNEL VIDOT-LINARES, WOO, LUZ	4.00 40.00 18.00 35.00 7.00 13.00 33.00 135.00 28.00 6.00 76.00 76.00 25.00 8.00 40.00 10.00 30.00		57.00 570.00 256.50 498.75 456.00 1,400.00 185.25 470.25 1,923.75 399.00 85.50 1,083.00 228.00 356.25 114.00 570.00 142.50 427.50		
207140	8/10/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	16.00		228.00	I	
207141	8/10/12	000082	SENIOR HEALTH PARTNERS	WOO, LUZ	8.00 		114.00	Τ	
				CUSTOMER	580.00	0.00	9,565.25		
				CATEGORY	580.00		9,565.25		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITY	MIDE	REG NY NY			PAGE 1 VCP CHOICE L	- HCSA	2
Brilles orde	.E    0250	100 001	SOMVISIBLE CITI		LES REGISTER			BILL WEEK EN		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207142	8/24/12	000008	VISITING NURSE	SERVICE	ABINANTI, IRENE	56.00		816.48	I	
207143	8/24/12	800000	VISITING NURSE	SERVICE	ABREU, ANA	12.00		174.96	I	
207144	8/24/12	800000	VISITING NURSE	SERVICE	ADAMES, OLGA	25.00		364.50	I	
207145	8/24/12	000008	VISITING NURSE	SERVICE	ADAMES, RICARDO	35.00		510.30	I	
207146	8/24/12	000008	VISITING NURSE	SERVICE	ADAMS, MYRIAM	69.00		1,006.02	I	
207147	8/24/12	000008	VISITING NURSE	SERVICE	ADUN, JEANETTE	56.00		816.48	I	
207148	8/24/12	800000	VISITING NURSE	SERVICE	AFZAL, AMIR	3.50		51.03	I	
					CUSTOMER	256.50	0.00	3,739.77		
					CATEGORY	 256.50	0.00	3,739.77		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 3
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	OMEW/O WALLS (LT
			:	SALES REGISTER			BILL WEEK END	ING 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
207149	8/17/12	000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	7.00		102.06	I
207150	8/24/12	800000	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		656.10	I
				CUSTOMER	52.00	0.00	758.16	
				CATEGORY	52.00	0.00	758.16	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1		4
SALES JRN	ı∟ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
				SALES REGISTER			BILL WEEK END	ING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	ГҮР	SURPLUS
207151	8/17/12	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	6.00		87.48	I	
207152	8/24/12	800000	VISITING NURSE SERVICE	AGUILAR-PROCE,	36.00		524.88	I	
				CUSTOMER	42.00	0.00	612.36		
				COSTOMER	12.00	0.00	012.50		
				CATEGORY	42.00	0.00	612.36		

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	5
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA	
			S	SALES REGISTER			BILL WEEK ENI	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207153	8/24/12	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	20.00		291.60	I	
				CATEGORY	20.00	0.00	291.60		

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	6	
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (	$_{ m LT}$
ı				i	SALES REGISTER			BILL WEEK ENDI	NG 8/31/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
ı										
ı	207154	8/24/12	800000	VISITING NURSE SERVICE	ALEKSANDORVA, S	29.75		433.76	I	
ı										
ı										
ı					CATEGORY	29.75	0.00	433.76		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	7
SALES JRN	ı∟ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207155	8/24/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	8 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207156	8/24/12	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	9 A
511225 014	0230	200 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207157	8/24/12	000008	VISITING NURSE SERVICE	ALVARADO, DORA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 1	.0	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			HOA HOSPICE A	-		
			S	SALES	REGISTER			BILL WEEK END	ING	8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	Τ.	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
INVOICE#	DAIL	CUSI NO	CUSTOMER NAME	K	EFERENCE	nouks	IAA AMI	AMOUNT	IIP	SURPLUS	
207158	8/24/12	800000	VISITING NURSE SERVICE	AL	VAREZ, NAZARE	49.00		714.42	I		
					CATEGORY	49.00	0.00	714.42			

			JYSIDE CITYWIDE	DEG NW NW			11101		L1
SALES JRN	L # UZ96	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	•		VCP CHOICE LI		0/21/10
			5	ALES REGISTER			BILL WEEK EN	JING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207159	8/24/12	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	19.75		287.96	I	
207160	8/24/12	800000	VISITING NURSE SERVICE	ANDINO, ESTEBAN	24.00		349.92	I	
207161	8/24/12	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	83.75		1,221.08	I	
207162	8/03/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	8.00		116.64	I	
207163	8/24/12	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	54.00		787.32	I	
207164	8/24/12	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	28.00		408.24	I	
				CUSTOMER	217.50	0.00	3,171.16		
				CATEGORY	217.50	0.00	3,171.16		

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L2
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207165	8/24/12	800000	VISITING NURSE SERVICE	ANGULO, ELCY	16.00		233.28 I	
ı									
ı									
ı					CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	13 IG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS
207166	6/08/12	800000	VISITING NURSE SERVICE	ANSELMI, PETER	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207167	8/24/12	800000	VISITING NURSE SERVICE	ANUT, ALICE	61.00		889.38 I	
ı									
ı									
ı					CATEGORY	61.00	0.00	889.38	

- 1				YSIDE CITYWIDE				11102	15
	SALES JRN	L # 0296	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUL'	
					SALES KEGISIEK			DILL WEEK ENDING	0/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207168	8/24/12	800000	VISITING NURSE SERVICE	APPELL, LAWRENC	10.25		149.45 I	
					CATEGORY	10.25	0.00	149.45	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	16
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDING	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207169	8/24/12	800000	VISITING NURSE SERVICE	ARGENTINA, CESS	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	17	
	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
					SALES REGISTER			BILL WEEK ENDING	8/31/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	207170	8/24/12	800000	VISITING NURSE SERVICE	ARIAS, EVALINA	15.50		225.99 I		
					CATEGORY	15.50	0.00	225.99		

RUN DATE (	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
SALES JRNI	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			5	SALES REGISTER			BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207171	8/24/12	800000	VISITING NURSE SERVICE	ARIAS, MAGDALEN	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	19
BALLO ORN	ы <sub>т</sub> одуо	100 001		SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207172 207173	8/24/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	28.00 12.00		408.24 I 174.96 I	
				CUSTOMER	40.00	0.00	583.20	
				CATEGORY	40.00	0.00	583.20	

SIDE CITYWIDE	DATE 08/29/12				PAGE 1	- 20	
SUNNYSIDE CITYWIDE	LES JRNL # 0296	REG NY NY			LTC NURSING F	HOMEW/O WALLS (I	T
S		ALES REGIS	TER		BILL WEEK ENI	DING 8/31/12	
CUSTOMER NAME	OICE# DATE	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
VISITING NURSE SERVICE	7174 8/24/12	ASHLEY, CLYD	E 54.00		787.32	I	
VISITING NURSE SERVICE	7175 8/24/12	AZAD, ABUL	4.00		58.32	I	
		CUSTOM	ER 58.00	0.00	845.64		
		CATECO					
VISITING NURSE SERVICE	7174 8/24/12	ASHLEY, CLYD AZAD, ABUL	E 54.00 4.00 ER 58.00		787.32 58.32	TYP SURPLUS  I I	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	21
SALES UKN	ш # 0290	TOC 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207176 207177	8/24/12 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	4.00 35.00		58.32 I 510.30 I	
				CUSTOMER	39.00	0.00	568.62	
				CATEGORY	39.00	0.00	568.62	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 22
SALES JRN	ъ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY				OMEW/O WALLS (LT
				SALES REGISTER			BILL WEEK END	ING 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
207178	8/24/12	000008	VISITING NURSE SERVICE	BALLAS, VIOLA	30.00		437.40	I
207179	8/24/12	800000	VISITING NURSE SERVICE	BAQUERIZO, ANNA	56.00		816.48	I
207180	8/24/12	000008	VISITING NURSE SERVICE	BARDEANU, VICTO	45.00		656.10	I
207181	8/17/12	000008	VISITING NURSE SERVICE	BATTLE, JEANETT	7.00		102.06	I
207182	8/24/12	800000	VISITING NURSE SERVICE	BATTLE, JEANETT	48.75		710.78	I
				CUSTOMER	186.75	0.00	2,722.82	
				CATEGORY	186.75	0.00	2,722.82	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	23
DALLO OIGN	L π 0230	HOC 001		SALES REGISTER			BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207183	8/24/12	800000	VISITING NURSE SERVICE	BAZAN, VICTORIA	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	24
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	HCSA	
			5	SALES REGISTER			BILL WEEK ENI	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207184	8/24/12	000008	VISITING NURSE SERVICE	BECERRA, FELIPE	13.00		189.54	I	
207185	8/24/12	000008	VISITING NURSE SERVICE	BELLOROFONTE, M	138.75		2,022.98	I	
207186	8/24/12	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	3.00		43.74	I	
207187	8/24/12	800000	VISITING NURSE SERVICE	BHATT, JYOTI	30.00		437.40	I	
				CUSTOMER	184.75	0.00	2,693.66		
				CATEGORY	 184.75	0.00	2,693.66		

١	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	25
١	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	8/31/12
١									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١									
ı	207188	8/24/12	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	30.00		437.40 I	
١									
ı								405 40	
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 2	26
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207189	8/03/12	000008	VISITING NURSE SERVICE	BIANCO HOPKINS,	4.00		58.32	I	
207190	8/17/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	8.00		116.64	I	
207191	8/24/12	800000	VISITING NURSE SERVICE	BIANCO HOPKINS,	20.00		291.60	I	
				CUSTOMER	32.00	0.00	466.56		
				CATEGORY	32.00	0.00	466.56		

I	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	27
5	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
:	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
1	207192	8/24/12	000008	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		583.20 I	
					CATEGORY	40.00	0.00	583.20	

	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	28
	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				5	SALES REGISTER			BILL WEEK ENDIN	G 8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	207193	8/24/12	800000	VISITING NURSE SERVICE	BLUNNIE, ELIZAB	20.00		291.60 I	
ı									
1					CATEGORY	20.00	0.00	291.60	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	29
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207194	8/17/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	4.00		58.32 I	
207195	8/24/12	000008	VISITING NURSE SERVICE	BOCANEGRA, GLAD	13.00		189.54 I	
207196	8/24/12	800000	VISITING NURSE SERVICE	BOJORQUEZDECHA,	6.00		87.48 I	
207197	8/24/12	800000	VISITING NURSE SERVICE	BONILLA, ESPERA	49.00		714.42 I	
				CUSTOMER	72.00	0.00	1,049.76	
				CATEGORY	72.00	0.00	1,049.76	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRN	ı∟ # 0296	LOC 001		REG NY NY			VCP CHOICE LHCS	
			\$	SALES REGISTER			BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207198	8/24/12	800000	VISITING NURSE SERVICE	BONILLA, LYDIA	19.00		277.02 I	
				CATEGORY	19.00	0.00	 277.02	

F	RUN DATE (	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	31
5	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	207199	8/24/12	800000	VISITING NURSE SERVICE	BONSIGNORE, GAE	20.00		291.60 I	
1									
					CATEGORY	20.00	0.00	291.60	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	32
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENT	
			S	SALES REGISTER			BILL WEEK ENDI	NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207200	8/24/12	800000	VISITING NURSE SERVICE	BORSARI, ANTOIN	6.00		87.48	I
				CATEGORY	6.00	0.00	87.48	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			S	SALES REGISTER			BILL WEEK ENDING	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207201	8/24/12	800000	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		174.96 I	
							184.06	
				CATEGORY	12.00	0.00	174.96	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	4
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207202	8/24/12	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE (	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	_	35	
SALES JRNI	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	ICSA		
			5	SALES REGISTER			BILL WEEK ENI	ING	8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
207203	8/24/12	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	62.00		903.96	I		
				CATEGORY	62.00	0.00	903.96			

			YSIDE CITYWIDE					-	36
SALES JRNI	և # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	ALES RE	GISTER		BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERE	NCE HOU	RS TAX AMT	AMOUNT	TYP	SURPLUS
207204	8/24/12	800000	VISITING NURSE SERVICE	BRACERO	, HELEN 83.	25	1,213.79	I	
				C	 ATEGORY 83.	 25	1,213.79		

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - : VCP CHOICE LHCSA	37
	- "			SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207205	8/24/12	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

		- SUP SUNN LOC 001	YSIDE CITYWIDE	DEC NV NV			-	38
SALES JRNI	⊔ # 0296	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207206 207207	8/24/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		2.00 8.25		29.16 I 120.29 I	
				CUSTOMER	10.25	0.00	149.45	
				CATEGORY	10.25	0.00	149.45	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	39
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207208	8/24/12	800000	VISITING NURSE SERVICE	BURNS, MARGARET	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	40
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
				SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207209	8/24/12	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	53.75		783.68 I	
				CATEGORY	53.75	0.00	783.68	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	41	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	3A	
			5	SALES REGISTER			BILL WEEK ENDI	NG 8/31/12	1
TATTOTOTU	DAME	GIIGE NO	GUGEOMED NAME	DEEDDENGE	HOHDG	max avm	AMOTINE E	un aunni iia	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	1
207210	8/24/12	800000	VISITING NURSE SERVICE	CABA, PURA	10.00		145.80	1	
				CATEGORY	10.00	0.00	145.80		

			YSIDE CITYWIDE	DEG NY NY				42
SALES URI	NL # 0296	LOC UUI		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207211	8/24/12	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	69.75		1,016.96 I	
				CATEGORY	69.75	0.00	1,016.96	

			YSIDE CITYWIDE					43
SALES JRN	IL # 0296	LOC 001		REG NY NY			VCP CHOICE LHC	
				SALES REGISTER			BILL WEEK ENDI	NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207212	8/24/12	000008	VISITING NURSE SERVICE	CALDERON, FRANC	43.50		634.24	I
				CATEGORY	43.50	0.00	634.24	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	L # 0296	LOC 001		REG NY NY			HOA HOSPICE ADUL	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207213	8/24/12	800000	VISITING NURSE SERVICE	CALKOSZ, JOSEFI	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	ALES REGISTER			BILL WEEK ENDING	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207214	8/24/12	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	55.75		812.84 I	
				CATEGORY	55.75	0.00	812.84	

	08/29/12 - JL # 0296		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207215	8/24/12	800000	VISITING NURSE SERVICE	CANO, ADELINA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	47	
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	207216	8/24/12	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	82.00		1,195.56 I		
ı										
ı										
ı					CATEGORY	82.00	0.00	1,195.56		

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	48
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207217	8/24/12	800000	VISITING NURSE SERVICE	CARBAJAL, MERCE	35.00		510.30 I	
ı									
ı									
ı					CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
207218 207219 207220 207221	8/24/12 8/24/12 8/17/12 8/24/12	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CARDOSO, ORLAND CARDOZA, ANAIDA CARELA-REYES, M CARELA-REYES, M	83.50 31.00 5.00 25.00		1,217.43 451.98 72.90 364.50	I I I
				CUSTOMER	144.50	0.00	2,106.81	
				CATEGORY	144.50	0.00	2,106.81	

			YSIDE CITYWIDE					50
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207222	8/24/12	000008	VISITING NURSE SERVICE	CARRALERO, ROSA	41.75		608.72 I	
				CATEGORY	41.75	0.00	608.72	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207223	8/24/12	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	52
i	SALES JRNI	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207224	8/24/12	800000	VISITING NURSE SERVICE	CARUSO, GIUSEPP	15.00		218.70 I	
					CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 53	
SALES JRN	L # 0296	TOG 001		REGNY NY SALES REGISTER			CCL CONGREGATE CARE PR	
								,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	RPLUS
207225	8/24/12	800000	VISITING NURSE SERVICE	CATALLI, ALICE	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	-, - ,
207226	8/24/12	800000	VISITING NURSE SERVICE	CEBALLOS, CLEME	20.00		291.60 I	
				CATEGORY	20.00	0.00		

			YSIDE CITYWIDE	DDG 1997			PAGE 1 -	55
SALES JRN	L # 0296	TOG 001		REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207227	8/24/12	800000	VISITING NURSE SERVICE	CELENTANO, ANGE	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	56
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	BALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207228	8/24/12	800000	VISITING NURSE SERVICE	CERNILLI, MARIA	27.00		393.66 I	
				CATEGORY	27.00	0.00	393.66	

RUN DATE SALES JRN		- SUP SUNN LOC 001	NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	57
Bridde Grav	L    0250	100 001		A L E S R E G I S T E R			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207229	8/24/12	800000	VISITING NURSE SERVICE	CESPEDES, CRIST	34.75		506.66 I	
				CATEGORY	34.75	0.00	506.66	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	58
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207230	8/24/12	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	17.00		247.86 I	
				CATEGORY	17.00	0.00	247.86	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	59
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207231	8/24/12	800000	VISITING NURSE SERVICE	CHARLES PIERRE,	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	60
SALES JRI	NL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
				SALES REGISTER			BILL WEEK ENDING	8/31/12
T1770 T GT	D	GTTGT 370	anamanan mana				31/07PT	G11D D1 11G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207232	8/24/12	000008	VISITING NURSE SERVICE	CHARLES, JOSE	20.00		291.60 I	
207232	0/24/12	000000	VISITING NORSE SERVICE	CHARLES, UOSE	20.00		291.00 1	
				CATEGORY	20.00	0.00	291.60	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH		61
BALLS OIL	L # 0250	100 001		SALES REGISTER			BILL WEEK END		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207233 207234	8/17/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CHAUCA, PEDRO CHAUCA, PEDRO	1.00 70.00		14.58 1,020.60	I	
				CUSTOMER	71.00	0.00	1,035.18		
				CATEGORY	71.00	0.00	1,035.18		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	62
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	
			S	BALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
111101011	21112	0001 110	00010111111111111		110 0110		11100111 111	50111 205
207235	8/24/12	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- (	63
			S	SALES REGISTER			BILL WEEK ENI	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207236	8/24/12	800000	VISITING NURSE SERVICE	CHINGA, CELESTE	30.00		437.40	I	
207237	8/24/12	000008	VISITING NURSE SERVICE	CHRISTOPHER, AS	3.00		43.74	I	
207238	8/24/12	800000	VISITING NURSE SERVICE	CHRISTOPHER, AS	3.00		43.74	Ι	
				CUSTOMER	36.00	0.00	524.88		
				CATEGORY	36.00	0.00	524.88		

			YSIDE CITYWIDE				PAGE 1 -	64
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207239	8/24/12	000008	VISITING NURSE SERVICE	CHU, MOLLY	40.00		583.20 I	
207240	8/24/12	800000	VISITING NURSE SERVICE	CHUCK, ENA	29.25		426.48 I	
				CUSTOMER	69.25	0.00	1,009.68	
				CATEGORY	69.25	0.00	1,009.68	

RUN DATE	08/29/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	65
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207241	8/24/12	800000	VISITING NURSE SERVICE	CIPRIAN, FREDEV	63.00		918.54 I	
				CATEGORY	63.00	0.00	918.54	

	TE 08/29/12 JRNL # 0296		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 6 ADU ADULT BILL WEEK ENDING	8/31/12
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207242	8/24/12	800000	VISITING NURSE SERVICE	COLEMAN, JAMES	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING		57 /O WALLS (LT
			S	SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207243	8/10/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	4.00		58.32	I	
207244	8/24/12	000008	VISITING NURSE SERVICE	COLLER, FELISA	20.00		291.60	I	
207245	8/17/12	800000	VISITING NURSE SERVICE	COLLER, JOSE	3.00		43.74	I	
207246	8/24/12	000008	VISITING NURSE SERVICE	COLLER, JOSE	15.00		218.70	I	
207247	8/24/12	800000	VISITING NURSE SERVICE	COLON, ANTONIA	36.00		524.88	I	
207248	8/24/12	800000	VISITING NURSE SERVICE	COLON, ISABEL	6.00		87.48	Ι	
				CUSTOMER	84.00	0.00	1,224.72		
				CATEGORY	84.00	0.00	1,224.72		

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 68	3
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				\$	SALES REGISTER			BILL WEEK ENDING	8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207249	8/24/12	800000	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,449.44 I	
					CATEGORY	168.00	0.00	2,449.44	
ı					CATEGORY	T00.00	0.00	∠,449.44	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	59
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207250	8/24/12	800000	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	70
SALES JRN	rL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				SALES REGISTER			BILL WEEK ENDING	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207251	8/24/12	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	71	
ı	SALES JRN	L # 0296	LOC 001		REG NY NY			LTC NURSING HOMEW		
ı				:	SALES REGISTER			BILL WEEK ENDING	8/31/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	207252	8/24/12	000008	VISITING NURSE SERVICE	COSTA, ARSENE	45.00		656.10 I		
						45.00				
ı					CATEGORY	45.00	0.00	656.10		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	72 G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
207253	8/24/12	800000	VISITING NURSE SERVICE	COVALIU, SIMION	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE					73
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADULT BILL WEEK ENDING	8/31/12
			•	SALES REGISIER			BILL MEEK ENDING	0/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207254	8/24/12	800000	VISITING NURSE SERVICE	COX, PETRA	18.75		273.38 I	
				CATEGORY	18.75	0.00	273.38	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	74
SALES JRN	IL # 0296	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207255	8/24/12	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	47.50		692.56 I	
				CATEGORY	47.50	0.00	692.56	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	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
207256	8/24/12	800000	VISITING NURSE SERVICE	CRUZ, HECTOR	31.00		451.99 I	
				 CATEGORY	31.00	0.00	451.99	

			YSIDE CITYWIDE					76
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207257	8/24/12	000008	VISITING NURSE SERVICE	CRUZ, JUANA	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	77
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı					SALES REGISTER			BILL WEEK ENDING	8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207258	8/24/12	800000	VISITING NURSE SERVICE	CURCIO, ANTONIA	28.00		408.24 I	
					CATEGORY	28.00	0.00	408.24	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	78
SALES JRN	ъ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207259	8/24/12	800000	VISITING NURSE SERVICE	DABROWSKI, ALEK	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

			YSIDE CITYWIDE					- 7	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING		•
			i	SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207260	8/24/12	000008	VISITING NURSE SERVICE	DAMICO, ANGELA	25.00		364.50	I	
207261	8/24/12	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	55.75		812.84	I	
				CUSTOMER	80.75	0.00	1,177.34		
				CATEGORY	80.75	0.00	1,177.34		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN	HCSA	80 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207262 207263 207264	8/24/12 8/24/12 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DAVIS, LOUELLEN DEBAZALAR, ANTO DEJESUS, FELIX	33.00 18.00 25.00		481.14 262.44 364.50	I I I	
				CUSTOMER	76.00	0.00	1,108.08		
				CATEGORY	76.00	0.00	1,108.08		

RUN DATE	08/29/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	81	
SALES JRN	NL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HO	MEW/O WALLS (LT	
			5	SALES REGISTER			BILL WEEK ENDI	NG 8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
207265	8/24/12	800000	VISITING NURSE SERVICE	DELACRUZ, SEFER	38.00		554.04	I	
				CATEGORY	38.00	0.00	554.04		

RUN DATE 08/29/12 SALES JRNL # 0296	- SUP SUNI LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207266 8/24/12 207267 8/24/12 207268 8/10/12 207269 8/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	DELOSSANTOS, MA DELPOZO, MIGUEL DELUCA, ANTIONE DELUCA, ANTIONE	30.50 28.00 8.00 21.00		444.69 I 408.24 I 116.64 I 306.18 I	
			CUSTOMER	87.50	0.00	1,275.75	
			CATEGORY	87.50	0.00	1,275.75	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 8 ADU ADULT	33
	- "			SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207270	8/24/12	800000	VISITING NURSE SERVICE	DESIMONE, ANGEL	2.00		29.16 I	
				CATEGORY	2.00	0.00		

			YSIDE CITYWIDE					84
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207271	8/24/12	000008	VISITING NURSE SERVICE	DEY, KRISHNA	5.50		80.19 I	
207272	8/24/12	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	47.00		685.28 I	
				CUSTOMER	52.50	0.00	765.47	
				CATEGORY	52.50	0.00	765.47	

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	85
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207273	8/24/12	000008	VISITING NURSE SERVICE	DIAZ, HILDA	40.75		594.14 I	
ı									
ı						40 75			
ı					CATEGORY	40.75	0.00	594.14	

RUN DATE SALES JRN	, - ,	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		86
				S A L E S R E G I S T E R			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207274	8/24/12	000008	VISITING NURSE SERVICE	DIAZ, MARIA	28.00		408.24	I	
207275	8/24/12	800000	VISITING NURSE SERVICE	DIAZ, OLGA	44.00		641.52	I	
207276	8/24/12	800000	VISITING NURSE SERVICE	DILLUVIO, MATTI	74.00		1,078.92	I	
207277	8/24/12	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	41.50		605.07	I	
207278	8/24/12	000008	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		291.60	I	
				CUSTOMER	207.50	0.00	3,025.35		
				CATEGORY	207.50	0.00	3,025.35		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	878/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207279	8/24/12	800000	VISITING NURSE SERVICE	DUNNING, JENNIF	7.00		102.06 I	
				CATEGORY	7.00	0.00	102.06	

RUN DATE (	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 8	88
SALES JRNI	և # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGA	TE CAR	RE PROGRAM
			\$	SALES F	EGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	'ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207280	8/24/12	800000	VISITING NURSE SERVICE	DUVE	RGE, MARIA	15.50		225.99	I	
					CATEGORY	15.50	0.00	225.99		

RUN DATE	08/29/12 -		YSIDE CITYWIDE				PAGE 1	- 89	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH		
			S	SALES REGISTER			BILL WEEK END	ING 8/3	31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SUF	RPLUS
207281	8/17/12	000008	VISITING NURSE SERVICE	ECHEGARAY, MARI	4.00		58.32	I	
207282	8/24/12	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	35.50		517.60	I	
				CUSTOMER	39.50	0.00	575.92		
				CATEGORY	39.50	0.00	575.92		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	90 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207283	8/24/12	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	1
SALES JRN	L # 0296	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207284	8/24/12	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	5.00		72.90 I	
				CATEGORY	5.00	0.00	72.90	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	, ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207285	8/24/12	800000	VISITING NURSE SERVICE	ENG, PO KING	20.00		291.60	I
				CATEGORY	20.00	0.00	291.60	

RUN I	DATE 08/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 93	
SALES	JRNL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE P	ROGRAM
			S	SALES REGISTER			BILL WEEK ENDING 8/	31/12
INVO	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
20728	86 8/24/12	800000	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

l	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	94
l	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
				5	SALES REGISTER			BILL WEEK ENDING	G 8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	207287	8/24/12	800000	VISITING NURSE SERVICE	ESPEJO, FLORENC	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JRN	ъ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207288	8/24/12	800000	VISITING NURSE SERVICE	ESPIN, CESAR	62.00		903.96 I	
				CATEGORY	62.00	0.00	903.96	

RUN DATE 08/29/12 - SUP SUNNYSIDE CIT	TYWIDE		P	AGE 1 - 9	6
SALES JRNL # 0296 LOC 001 SUNNYSI		NY		CP CHOICE LHCSA	
	SALES R	EGISTER	В:	ILL WEEK ENDING	8/31/12
INVOICE# DATE CUST NO CUSTOMER	R NAME REFE	RENCE HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207289 8/24/12 000008 VISITING	G NURSE SERVICE ESPIN.	AL, JOSE 9.00		131.22 I	
207290 8/24/12 000008 VISITING	NURSE SERVICE EVERE	TT, SHIRLE 21.00		306.18 I	
		CUSTOMER 30.00	0.00	437.40	
		CATEGORY 30.00	0.00	437.40	

	DATE 08/29/12 S JRNL # 0296		TYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	97
SALES	5 UKNL # 0290	TOC 001		SALES REGISTER			BILL WEEK ENDIN	IG 8/31/12
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
20729	8/24/12	800000	VISITING NURSE SERVICE	FADEN, ROBIN	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YSIDE CITYWIDE					98
SALES JRN	և # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207292	8/24/12	800000	VISITING NURSE SERVICE	FAMBIATOU, PARA	3.50		51.03 I	
				CATEGORY	3.50	0.00	51.03	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADULT	99 Г
	- "			SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207293	8/24/12	800000	VISITING NURSE SERVICE	FARO, JOSEPH	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

RUN DATE 08/29/	12 - SUP SUN	YSIDE CITYWIDE				PAGE 1 -	100
SALES JRNL # 02	96 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
		S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207294 8/24/	12 000008	VISITING NURSE SERVICE	FAROUGIAS, ANGE	9.00		131.22 I	
207295 8/24/	12 000008	VISITING NURSE SERVICE	FAROUGIAS, EFTH	20.00		291.60 I	
207296 8/24/	12 000008	VISITING NURSE SERVICE	FAY, JULIA	10.00		145.80 I	
207297 8/24/	12 000008	VISITING NURSE SERVICE	FEENEY, JOHN	6.00		87.48 I	
			CUSTOMER	45.00	0.00	656.10	
			CATEGORY	45.00	0.00	656.10	

			YSIDE CITYWIDE				PAGE 1 -	101
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207298	8/17/12	000008	VISITING NURSE SERVICE	FERMIN, ORQUIDI	16.00		233.28 I	
207299	8/24/12	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	40.00		583.20 I	
				CUSTOMER	56.00	0.00	816.48	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	L02
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			:	SALES REGISTER	<u>!</u>		BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207300	8/24/12	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	15.00		218.70 I	
				 CATEGORY	15.00	0.00	218.70	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 103 ADU ADULT	
SALES UKN	ш # 0290	HOC 001		SALES REGISTER				31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
207301	8/24/12	800000	VISITING NURSE SERVICE	FERRARA, ANNA	20.00		291.60 I	
				CAMPICODY				
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	104
SALES JRN	L # 0296	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207302	8/24/12	800000	VISITING NURSE SERVICE	FERREIRO, JOSEP	21.00		306.18 I	
				CATEGORY	21.00	0.00	306.18	

l	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	05
l	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207303	8/24/12	000008	VISITING NURSE SERVICE	FERRER, MARIE	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 106 LTC NURSING HOMEW/C BILL WEEK ENDING	WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207304	8/24/12	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.50		765.45 I	
				CATEGORY	52.50	0.00	 765.45	

RUN DATE (	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	107
SALES JRNI	և # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	
			:	SALES REGIS	TER		BILL WEEK ENDI	NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
207305	8/24/12	800000	VISITING NURSE SERVICE	FLEITMAN, KLA	RA 14.75		215.06	I
				CATEGOR	Y 14.75	0.00	215.06	

RUN DATE 08/29/12 SALES JRNL # 0296		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 10 VCP CHOICE LHCSA BILL WEEK ENDING	8/31/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207306 8/24/12 207307 8/24/12 207308 8/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	FONG, ALEFINA	35.00 8.00 35.00		510.30 I 116.64 I 510.30 I	
			CUSTOMER	78.00	0.00	1,137.24	
			CATEGORY	78.00	0.00	1,137.24	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207309	8/24/12	800000	VISITING NURSE SERVICE	FRED, EULALIA	56.00		816.48 I	
				CATEGORY	56.00	0.00	 816.48	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 110	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	JSA	
			:	SALES REGISTER			BILL WEEK END	ING 8	/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP S	URPLUS
207210	0/04/10	00000	TITATETNIA NEEDAE AEDITTAE		0 00		121 00	_	
207310	8/24/12	800000	VISITING NURSE SERVICE	FREDERICK, AMEL	9.00		131.22	I	
				CATEGORY	9.00	0.00	131.22		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	11
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207311	8/24/12	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	6.00		87.48 I	
207312	8/24/12	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	25.00		364.50 I	
				CUSTOMER	31.00	0.00	451.98	
				CATEGORY	31.00	0.00	451.98	

			YSIDE CITYWIDE				PAGE 1 - 1	12
SALES JRNI	և # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0 /21 /10
				SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207313	8/24/12	800000	VISITING NURSE SERVICE	GAID, ASILA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

			YSIDE CITYWIDE				PAGE 1 - 113	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 8/31/3	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
207314	8/24/12	800000	VISITING NURSE SERVICE	GALARZA, JOSE	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	114	
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				5	SALES REGISTER			BILL WEEK ENDING	8/31/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	207315	8/24/12	000008	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		131.22 I		
ı										
ı										
ı					CATEGORY	9.00	0.00	131.22		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			BILL WEEK ENDI	MEW/O WALLS (LT NG 8/31/12
			•				DIDD WEEK ENDI	0/51/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207316	0/04/10	000000	VISITING NURSE SERVICE	CALLO DENITAMEN	40.00		E03 30	<del>-</del>
207316	8/24/12 8/17/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GALLO, BENJAMIN GARAY, ANGELES	40.00 4.00		583.20 58.32	L T
207318	8/24/12	000008	VISITING NURSE SERVICE	•	16.00		233.28	Ī
				CUSTOMER	60.00	0.00	874.80	
				CATEGORY	60.00	0.00	874.80	

	08/29/12 - L # 0296		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 116 ADU ADULT
				ALES REGISTER			BILL WEEK ENDING 8/31/12
INVOICE#	DATE		CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
207319	8/24/12	000008	VISITING NURSE SERVICE	GARCIA, CARMEN	28.00		408.24 I
				CATEGORY	28.00	0.00	408.24

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207320	8/24/12	800000	VISITING NURSE SERVICE	GARCIA, OLGA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE					- 11	L8
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		0 /01 /10
				SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207321	8/24/12	000008	VISITING NURSE SERVICE	GARCIA-VARGAS,	3.00		43.74	I	
207322	8/24/12	800000	VISITING NURSE SERVICE	GEORGE, MERCEDE	42.00		612.36	I	
				CUSTOMER	45.00	0.00	656.10		
				CATEGORY	45.00	0.00	656.10		

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.19
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207323	8/24/12	800000	VISITING NURSE SERVICE	GIORGIO, WILLIA	48.50		707.14 I	
ı									
ı						40.50			
ı					CATEGORY	48.50	0.00	707.14	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.20
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207324	8/24/12	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 12 VCP CHOICE LHCSA	21
SALES URNI	L # 0290	LOC UUI		SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207325	8/24/12	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE 08/29/12							122
SALES JRNL # 0296	LOC 001		REGNY NY SALES REGISTER			LTC NURSING HOME BILL WEEK ENDING	
			SALES REGISTER			BILL WEEK ENDING	0/31/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
0.0000000000000000000000000000000000000	000000		gover pogram	22 85		400.00 -	
207326 8/24/12 207327 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	33.75 33.00		492.08 I 481.14 I	
20/32/ 8/24/12	000008	VISITING NURSE SERVICE	GOMEZ, VICTORIA			401.14 1	
			CUSTOMER	66.75	0.00	973.22	
			CA ELICODA	66.75	0.00	073 00	
			CATEGORY	66.75	0.00	973.22	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 123	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207328	8/24/12	800000	VISITING NURSE SERVICE	GONGORA, MARUJA	8.00		116.64 I	
				CATEGORY	8.00	0.00	116.64	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	124 NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207329	8/24/12	800000	VISITING NURSE SERVICE	GONZALEZ, CARLO	9.00		131.22	I
				CATEGORY	9.00	0.00	131.22	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L25
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207330	8/24/12	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	126
011220 0141	.2    0230	200 001		ALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207331	8/24/12	800000	VISITING NURSE SERVICE	GONZALEZ, NITZA	6.00		87.48 I	
				CATEGORY	6.00	0.00	87.48	

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 12'	7
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207332	8/24/12	800000	VISITING NURSE SERVICE	GOVERDOVSKIY, N	21.00		306.18 I	
ı									
ı									
ı					CATEGORY	21.00	0.00	306.18	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 128	
SALES JRN	ъ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING 8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
207333	8/24/12	000008	VISITING NURSE SERVICE	GOYES, ELBA	28.00		408.24 I	
207334	8/24/12	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		583.20 I	
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

RUN DATE	08/29/12 -	- SUP SUNN	IYSIDE CITYWIDE				PAGE 1 - 12	19
SALES JRN	և # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER	2		BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
005005	0.404.410				45.05		500 01 -	
207335	8/24/12	000008	VISITING NURSE SERVICE	GREENBAUM, MASA	47.25		688.91 I	
					45.05			
				CATEGORY	47.25	0.00	688.91	

	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	130
	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	S ADULT POPUL
				5	SALES REGISTER			BILL WEEK ENDING	8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	207336	8/24/12	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	48.50		707.13 I	
ı						40.50			
ı					CATEGORY	48.50	0.00	707.13	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 13	31
511225 5141	_	200 001		SALES REGISTER			BILL WEEK EN		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207337 207338	8/24/12 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	GUEVARA, ELENA GUTIERREZ, ANGE	84.00 84.00		1,224.72 1,224.72	I	
207336	0/24/12	000008	VISITING NURSE SERVICE	GUITERREZ, ANGE	04.00		1,224.72		
				CUSTOMER	168.00	0.00	2,449.44		
					160.00				
				CATEGORY	168.00	0.00	2,449.44		

RUN DAT	E 08/29/12 ·	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 132	
SALES J	RNL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	S (LT
			S	SALES REGISTER			BILL WEEK ENDING 8/31/	12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	US
207339	8/24/12	000008	VISITING NURSE SERVICE	GUTIERREZ, JOSE	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

			YSIDE CITYWIDE				-	133
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCS	
							2122 W221 2121	.0 0,01,11
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207340 207341	8/24/12 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	-,	24.00 31.00		349.92 1 451.98 1	- - -
				CUSTOMER	55.00	0.00	801.90	
				CATEGORY	55.00	0.00	801.90	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	134
SALES JRN	ъ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207342	8/24/12	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		816.48 I	
207343	8/24/12	800000	VISITING NURSE SERVICE	HERNANDEZ, MARI	43.75		637.88 I	
				CUSTOMER	99.75	0.00	1,454.36	
				CATEGORY	99.75	0.00	1,454.36	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
			:	SALES REGISTER			BILL WEEK ENDIN	IG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	TP SURPLUS
207344	8/24/12	000008	VISITING NURSE SERVICE	HERNANDEZ, MERC	36.00		524.88 I	
				CATEGORY	36.00	0.00	524.88	

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.36	
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW		
				:	SALES REGISTER			BILL WEEK ENDING	8/31/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	207345	8/24/12	800000	VISITING NURSE SERVICE	HERRERA, ANGELA	24.00		349.92 I		
					CATEGORY	24.00	0.00	349.92		

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 137	7
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/	O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207346	8/24/12	800000	VISITING NURSE SERVICE	HERRERA, CLARA	16.00		233.28 I	
ı									
ı						16.00			
ı					CATEGORY	16.00	0.00	233.28	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING H	- 138 OMEW/O WALLS (LT ING 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
207347	8/24/12	800000	VISITING NURSE SERVICE	HERRERA, HORACI	6.00		87.48	I
				CATEGORY	6.00	0.00	 87.48	

	08/29/12 - JL # 0296		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	L39
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207348	8/24/12	000008	VISITING NURSE SERVICE	HIGUERA, MARGAR	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

							140
JRNL # 0296	LOG 001						
E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
8/24/12	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	5.00		72.90 I	
			CATEGORY	 5 00	0.00		
	JRNL # 0296 E# DATE	JRNL # 0296 LOC 001 E# DATE CUST NO	E# DATE CUST NO CUSTOMER NAME	JRNL # 0296 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R  E# DATE CUST NO CUSTOMER NAME REFERENCE	JRNL # 0296 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R  E# DATE CUST NO CUSTOMER NAME REFERENCE HOURS  8/24/12 000008 VISITING NURSE SERVICE HUNGRIA, SABINA 5.00	JRNL # 0296 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R  E# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT  8/24/12 000008 VISITING NURSE SERVICE HUNGRIA, SABINA 5.00	JRNL # 0296 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER BILL WEEK ENDING E# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP  8/24/12 000008 VISITING NURSE SERVICE HUNGRIA, SABINA 5.00 72.90 I

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 14	1
ı	SALES JRN	L # 0296	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207350	8/24/12	800000	VISITING NURSE SERVICE	IBASCO, SOFIA	18.00		262.44 I	
					CATEGORY	18.00	0.00	262.44	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 142	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	OME W/O WALLS LT	ľ
				SALES REGISTER			BILL WEEK END	ING 8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS	
								_	
207351	8/24/12	800000	VISITING NURSE SERVICE	ICIANO, ALFREDO	25.00		364.50	I	
				CATEGORY	25.00	0.00	364.50		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	143
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AID	
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207352	8/24/12	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	30.75		448.34 I	
				CATEGORY	30.75	0.00	448.34	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	144
DALLO GIGVI	Δ π 0250	100 001		SALES REGISTER			BILL WEEK ENDI	NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207353	8/24/12	800000	VISITING NURSE SERVICE	INSERRA, CATHER	48.75		710.78	I
				CATEGORY	48.75	0.00	710.78	

RUN DATE (	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 14	15	
SALES JRNI	և # 0296	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE L			
			S	SALES R	EGISTER			BILL WEEK EN	DING	8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	CRENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
207354	8/24/12	800000	VISITING NURSE SERVICE	ISKEN	IDERIAN, KA	30.00		437.40	I		
					CATEGORY	30.00	0.00	437.40			

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	146
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE C	ARE PROGRAM
				5	SALES REGISTER			BILL WEEK ENDING	8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207355	8/24/12	000008	VISITING NURSE SERVICE	JACSO, ERZSEBET	12.00		174.96 I	
					CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 - 147	
SALES JRN	L # 0296	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			LTC NURSING HOMEW/O BILL WEEK ENDING 8	,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
207356	8/24/12	800000	VISITING NURSE SERVICE	JAKLITSCH, ELIZ	46.00		670.68 I	
				CATEGORY	46.00	0.00	670.68	

	UN DATE 08/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 148											
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		0 /21 /10			
			S	ALES REGISTER			BILL WEEK ENI	DING	8/31/12			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS			
207357	8/24/12	000008	VISITING NURSE SERVICE	JARA DEURUCHIM,	3.00		43.74	I				
207358	8/17/12	800000	VISITING NURSE SERVICE	JARAMILLO PAL,	4.00		58.32	I				
207359	8/24/12	800000	VISITING NURSE SERVICE	JARAMILLO PAL,	12.00		174.96	I				
207360	8/24/12	000008	VISITING NURSE SERVICE	JEWAT, LUCILLE	77.00		1,122.66	I				
207361	8/24/12	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		349.92	I				
				CUSTOMER	120.00	0.00	1,749.60					
				CATEGORY	120.00	0.00	1,749.60					

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
0111111	_    0250	200 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207362	8/24/12	000008	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

			YYSIDE 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
207363	8/24/12	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
SALES URN	ь # 0290	LOC UUI		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207364	8/24/12	800000	VISITING NURSE SERVICE	JIMENEZ, BETTY	24.50		357.21 I	
				CATEGORY	24.50	0.00	357.21	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 152	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 8/	31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
207365	8/24/12	000008	VISITING NURSE SERVICE	JIMENEZ, CARMEN	9.00		131.22 I	
207366	8/24/12	800000	VISITING NURSE SERVICE	JOHNSON, DOROTH	16.00		233.28 I	
				CUSTOMER	25.00	0.00	364.50	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 153	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALLS (LT	
				SALES REGISTER			BILL WEEK ENDING 8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
207367	8/24/12	800000	VISITING NURSE SERVICE	JORRIN, HORTENS	33.00		481.14 I	
				CATEGORY	33.00	0.00	481.14	

RUN DATE 08/2 SALES JRNL #	9/12 - SUP SUNN 0296 LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 - ADU ADULT	154
SALES UNIN #	0290 LOC 001		-	EGIST	E R		BILL WEEK ENDI	NG 8/31/12
INVOICE# DA	TE CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	4/12 000008 4/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	KAUR,	SARD SHARAN	20.00 33.00		291.60 481.14	I T
207309 6/2	4/12 000008	VISITING NORSE SERVICE	RAUR,	STAKAN				
				CUSTOMER	53.00	0.00	772.74	
				-				
				CATEGORY	53.00	0.00	772.74	

RUN DATE ( SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING  AMOUNT TYP	8/31/12 SURPLUS
207370	8/24/12	000008	VISITING NURSE SERVICE		1.00	11111	14.58 I	BORT HOD
				 CATEGORY	1.00	0.00	 14.58	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207371 207372	8/24/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	54.75 56.00		798.26 816.48	I	
				CUSTOMER	110.75	0.00	1,614.74		
				CATEGORY	110.75	0.00	1,614.74		

			YSIDE CITYWIDE				PAGE 1 - 15	7	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
207373	8/24/12	800000	VISITING NURSE SERVICE	LANDAU, BERNARD	9.00		131.22 I		
				CATEGORY	9.00	0.00	131.22		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 15	8
SALES JRN	ъ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L	HCSA	
				SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207374	8/03/12	000008	VISITING NURSE SERVICE	LARA-MORA, BELE	8.00		116.64	I	
207375	8/24/12	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	48.00		699.84	I	
				CUSTOMER	56.00	0.00	816.48		
				CATEGORY	56.00	0.00	816.48		

			YSIDE CITYWIDE				PAGE 1 - 159	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			5	SALES REGISTER			BILL WEEK ENDING 8/31	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
207376	8/24/12	000008	VISITING NURSE SERVICE	LARKIN, THERESA	8.00		116.64 I	
207377	8/24/12	000008	VISITING NURSE SERVICE	LASAK, MICHAEL	9.00		131.22 I	
				CUSTOMER	17.00	0.00	247.86	
				CATEGORY	17.00	0.00	247.86	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	160
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207378	8/24/12	000008	VISITING NURSE SERVICE	LEE, KATHLEEN	24.00		349.92 I	
207379	7/20/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	4.00		58.32 I	
207380	8/03/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	8.00		116.64 I	
207381	8/24/12	800000	VISITING NURSE SERVICE	LEGASPI, CECILI	15.50		226.00 I	
				CUSTOMER	51.50	0.00	750.88	
				CATEGORY	51.50	0.00	750.88	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 ADU ADULT BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207382	8/24/12	000008	VISITING NURSE SERVICE	LENDOIRO, JUAN	19.00		277.02 I	
				CATEGORY	19.00	0.00	277.02	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 162
SALES ORN	H 0250	100 001		SALES REGISTER	2		BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
207383	8/24/12	000008	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		816.48	I
207384	8/24/12	000008	VISITING NURSE SERVICE	LIGARDO, SOL M	29.75		433.76	I
207385	8/24/12	800000	VISITING NURSE SERVICE	LIRIANO, FRANCI	68.00		991.44	I
207386	8/24/12	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	24.25		353.57	I
				CUSTOMER	178.00	0.00	2,595.25	
				CATEGORY	178.00	0.00	2,595.25	

			TYSIDE CITYWIDE				PAGE 1 -	
SALES URI	IL # U296	TOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			LAD NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207387	8/24/12	800000	VISITING NURSE SERVICE	LLANES, ELEAZER	26.00		379.08 I	
				CATEGORY	26.00	0.00	379.08	

RUN DATE 08/29/12 SALES JRNL # 0296		SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 LTC NURSING H BILL WEEK END	OMEW/O WALLS (LT
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
207388 8/24/12 207389 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	56.00 42.00		816.48 612.36	I I
			CUSTOMER	98.00	0.00	1,428.84	
			CATEGORY	98.00	0.00	1,428.84	

			YSIDE CITYWIDE				PAGE 1 - 1	165
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207390	8/24/12	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	66
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			S	ALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207391	8/24/12	800000	VISITING NURSE SERVICE	LONDONO, MARIA	36.00		524.88 I	
				CATEGORY	36.00	0.00	 524.88	

			YSIDE CITYWIDE				PAGE 1 -	167
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207392	8/24/12	000008	VISITING NURSE SERVICE	LOPEZ, ANGELICA	36.50		532.17 I	
207393	8/24/12	800000	VISITING NURSE SERVICE	LOPEZ, GRACIELA	4.00		58.32 I	
				CUSTOMER	40.50	0.00	590.49	
				CATEGORY	40.50	0.00	590.49	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	168
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207394	8/24/12	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE (			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 HOA HOSPICE ADULT	[
				SALES REGISTER			BILL WEEK ENDING	-, - ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207395	8/24/12	800000	VISITING NURSE SERVICE	LOPEZ, RAFAEL	51.25		747.23 I	
				CATEGORY	51.25	0.00	747.23	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 170	
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER			BILL WEEK ENDING 8	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207396	8/17/12	000008	VISITING NURSE SERVICE	LOZADA, LAURA	4.00		58.32 I	
207397	8/24/12	800000	VISITING NURSE SERVICE	LOZADA, LAURA	12.00		174.96 I	
				CUSTOMER	16.00	0.00	233.28	
				CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 CCL CONGREGA	- 17	
SALES URN.	L # UZ90	TOC 001		SALES REGISTER			BILL WEEK EN		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207398 207399	8/24/12 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	18.00 26.00		262.44 379.08	I	
				CUSTOMER	44.00	0.00	641.52		
				CATEGORY	44.00	0.00	641.52		

		08/29/12 - L # 0296		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	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
2	207400	8/24/12	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	10.00		145.80 I	
					CATEGORY	10.00	0.00	145.80	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 173	}
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE	PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207401	8/24/12	800000	VISITING NURSE SERVICE	MAGILLIGAN, LOR	35.25		513.95 I	
				 CATEGORY	35.25	0.00	 513.95	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 174	4
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207402	8/24/12	800000	VISITING NURSE SERVICE	MAGNANI, VINCEN	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

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
207403	8/24/12	800000	VISITING NURSE SERVICE	MALONE, CAROL	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

			YSIDE CITYWIDE					- 17	76
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		0.401.410
			i	SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207404	8/24/12	000008	VISITING NURSE SERVICE	MANGAN, JOHN	20.00		291.60	I	
207405	8/24/12	800000	VISITING NURSE SERVICE	MANNINO, FRANCE	7.00		1,224.72	I	
				CUSTOMER	27.00	0.00	1,516.32		
				COSTOMER	27.00	0.00	1,510.52		
				CATEGORY	27.00	0.00	1,516.32		

RUN DATE	08/29/12 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	177
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207406	8/24/12	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 17	78
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGA		
				SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207407	8/24/12	000008	VISITING NURSE SERVICE	MARGOLIS, HARRI	3.00		43.74	I	
207408	8/24/12	800000	VISITING NURSE SERVICE	MARINO, ANN	24.00		349.92	I	
				CUSTOMER	27.00	0.00	393.66		
				COBTORIER	27.00	0.00	373.00		
				CATEGORY	27.00	0.00	393.66		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	79
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207409	8/24/12	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	80
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
			S	ALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207410	8/24/12	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		626.94 I	
				CATEGORY	43.00	0.00	626.94	

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		YP SURPLUS
	8/24/12 8/24/12 8/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTE, JOSE MARTIN, ELAUCAD MARTINEZ, CAMIL	7.00 13.00 14.75		102.06 189.54 215.06	I I I
				CUSTOMER	34.75	0.00	506.66	
				CATEGORY	34.75	0.00	506.66	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 182	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PR	ROGRAM
			5	SALES REGISTER			BILL WEEK ENDING 8/3	31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
207414	8/24/12	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 VCP CHOICE LHCSA BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207415 207416 207417	8/24/12 8/24/12 8/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARGA MARTINEZ, MARTA MARTINEZ, ROSA	30.00 24.00 39.75		437.40 I 349.92 I 1,221.08 I	
				CUSTOMER	93.75	0.00	2,008.40	
				CATEGORY	93.75	0.00	2,008.40	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 18	34
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207418	8/24/12	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	29.25		426.47 I	
ı									
ı									
ı					CATEGORY	29.25	0.00	426.47	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.85	
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
ı				Ş	SALES REGISTER			BILL WEEK ENDING	8/31/12	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	207419	8/24/12	800000	VISITING NURSE SERVICE	MATOS, ROSA	16.00		233.28 I		
ı										
ı										
ı					CATEGORY	16.00	0.00	233.28		

RUN DATE 08/29/ SALES JRNL # 02			REG NY NY			PAGE 1 ADU ADULT	- 186
STEED STATE II 52	190 100 001		SALES REGISTER			BILL WEEK END	ING 8/31/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
207420 8/24/ 207421 8/24/		VISITING NURSE SERVICE VISITING NURSE SERVICE	- ,	63.00 168.00		918.54 2,449.44	I
			CUSTOMER	231.00	0.00	3,367.98	
			CATEGORY	231.00	0.00	3,367.98	

F	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 187	
5	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				5	SALES REGISTER			BILL WEEK ENDING 8/31/1	.2
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	JS
2	207422	8/24/12	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	56.00		816.48 I	
					CATEGORY	56.00	0.00	816.48	

RUN DATE (		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 18	8
DIEDO CIUV	L    0250	100 001		SALES REGISTER				8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207423	8/24/12	000008	VISITING NURSE SERVICE	MCKAY, DOROTHY	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 18	19
	.2    0250	200 001		SALES REGISTER			BILL WEEK END		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207424 207425	8/24/12	800000	VISITING NURSE SERVICE	MEJIA, DINORAH	21.75		317.12	I	
207425	8/24/12	800000	VISITING NURSE SERVICE	MEJIA, MARINA	23.75		346.28		
				CUSTOMER	45.50	0.00	663.40		
				CATEGORY	 45.50	0.00	663.40		

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	90
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207426	8/24/12	800000	VISITING NURSE SERVICE	MEJIA, ROSA	29.25		426.47 I	
				CATEGORY	29.25	0.00	426.47	

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	191
			S	SALES REGISTER			BILL WEEK ENDING	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207427	8/24/12	800000	VISITING NURSE SERVICE	,	41.25		601.43 I	
207428 207429	8/24/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	9.00 77.00		131.22 I 1,122.66 I	
				CUSTOMER	127.25	0.00	1,855.31	
				CATEGORY	127.25	0.00	1,855.31	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.92	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	· ·	
				SALES REGISTER			BILL WEEK ENDING	8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
207430	8/24/12	800000	VISITING NURSE SERVICE	MENDOZA, JULIO	39.00		568.62 I		
				CATEGORY	39.00	0.00	568.62		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		YP SURPLUS
207431 207432 207433	8/24/12 8/17/12 8/24/12	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MENDOZA, VALENT MILEO, MARY MILEO, MARY	20.00 6.00 42.00		291.60 87.48 612.36	I I I
				CUSTOMER	68.00	0.00	991.44	
				CATEGORY	68.00	0.00	991.44	

			YSIDE CITYWIDE				PAGE 1 - 194	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING 8/3	31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUF	RPLUS
207434	8/24/12	000008	VISITING NURSE SERVICE	MIRANDA, LUIS	12.00		174.96 I	
207435	8/24/12	800000	VISITING NURSE SERVICE	MOORE, JOSEPH	9.00		131.22 I	
				CUSTOMER	21.00	0.00	306.18	
				CATEGORY	21.00	0.00	306.18	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 19	95	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER	2		BILL WEEK ENDING	8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
207436	8/24/12	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	35.00		510.30 I		
				 CATEGORY	35.00	0.00	510.30		

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L96
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207437	8/24/12	800000	VISITING NURSE SERVICE	MORALES, ANGELI	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L97
SALES JRN	ъ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207438	8/24/12	800000	VISITING NURSE SERVICE	MOSTEIRIN, MART	11.00		160.38 I	
				CATEGORY	11.00	0.00	160.38	

			YSIDE CITYWIDE						- 19	8	
SALES JRNI	և # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY N	=			VCP CHOICE LH			
			S	ALES RE	GISTER			BILL WEEK END	ING	8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFER	ENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
207439	8/24/12	800000	VISITING NURSE SERVICE	NAGY,	GEORGE	42.00		612.36	I		
				,	 CATEGORY	42.00	0.00	612.36			

1	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 199	
5	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PROGRAM	4
				\$	SALES REGISTER			BILL WEEK ENDING 8/31/12	
-	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
:	207440	8/24/12	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		291.60 I	
					CATEGORY	20.00	0.00	291.60	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 200	
SALES JRN	L # 0296	LOC 001		REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING 8/31	/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
207441	8/24/12	800000	VISITING NURSE SERVICE	NICKELL, JEAN	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	201
ı	SALES JRN	և # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	·
ı				i	SALES REGISTER			BILL WEEK ENDING	8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207442	8/24/12	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	49.00		714.42 I	
ı									
ı									
ı					CATEGORY	49.00	0.00	714.42	

			YSIDE CITYWIDE				PAGE 1	- 20	)2
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGAT		
				SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207443	8/10/12	000008	VISITING NURSE SERVICE	NIETO RAMOS, JO	9.00		131.22	I	
207444	8/24/12	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	63.00		918.54	I	
				CUSTOMER	72.00	0.00	1,049.76		
				CATEGORY	72.00	0.00	1,049.76		

			YSIDE CITYWIDE	DEC MV MV			PAGE 1 - 203	}
SALES URN	IL # 0296	LOC 001		REGNY NY BALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207445 207446	8/24/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	NIEVES, NANCY NINO, CARMEN	36.00 20.00		524.88 I 291.60 I	
				CUSTOMER	56.00	0.00	816.48	
				 CATEGORY	56.00	0.00	 816.48	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	204
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207447	8/24/12	800000	VISITING NURSE SERVICE	NOBLIN, ELOISE	25.00		364.50 I	
				CATEGORY	25.00	0.00		

			YSIDE CITYWIDE					- 20	)5
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI		0/21/10
			'	SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207448	8/24/12	000008	VISITING NURSE SERVICE		48.75		710.78	I	
207449	8/24/12	800000	VISITING NURSE SERVICE	OCHOA, LUIS	41.50		605.07	I	
				CUSTOMER	90.25	0.00	1,315.85		
				COSTOMER	20.23	0.00	1,313.03		
				CATEGORY	90.25	0.00	1,315.85		

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	6
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207450	8/24/12	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	54.00		787.32 I	
				CATEGORY	54.00	0.00	787.32	

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 207 ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 8/	/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
207451	8/24/12	800000	VISITING NURSE SERVICE	ORNANO, BOLIVAR	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 LHO	- 208
SALES OIGN	H 0200	100 001		ALES REGISTER			BILL WEEK ENDI	· · -
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
207452	8/10/12	000008	VISITING NURSE SERVICE	ORTEGA, CARLOS	22.00		320.76	Ī
207453 207454	8/24/12 8/24/12	800000 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	ORTEGA, CARLOS PANASKAROLIDIS,	22.00 33.00		320.76 481.14	I I
				CUSTOMER	77.00	0.00	1,122.66	
				CATEGORY	77.00	0.00	1,122.66	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207455	8/24/12	800000	VISITING NURSE SERVICE	PAOLONI, MARY	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	- 21	LO
Bridde Grav	1 11 0250	100 001		SALES REGISTER			BILL WEEK EN		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207456	8/24/12	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	48.50		707.13	I	
207457 207458	8/24/12 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	PAPOUTSIS, MARY PARETTI, MARIE	9.00 56.00		131.22 816.48	I	
207130	0/21/12	000000	VIBITING NORSE BERVICE						
				CUSTOMER	113.50	0.00	1,654.83		
				CATEGORY	113.50	0.00	1,654.83		

			YSIDE CITYWIDE				-	211
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/31/12
								, , ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207459	8/24/12	800000	VISITING NURSE SERVICE	PARTAGAS, ANA	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	212
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	!SA
			Ş	SALES REGISTER			BILL WEEK ENDI	NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207460	7/13/12	000008	VISITING NURSE SERVICE	PENA, VICTORIA	6.00		87.48	I
207461	8/24/12	000008	VISITING NURSE SERVICE	PENAGOS, MARIA	25.00		364.50	I
207462	8/24/12	000008	VISITING NURSE SERVICE	PEREZ MONSER, C	49.00		714.42	I
207463	8/24/12	800000	VISITING NURSE SERVICE	PEREZ, GLADYS	36.75		535.82	I
				CUSTOMER	116.75	0.00	1,702.22	
				CATEGORY	116.75	0.00	1,702.22	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 213 ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
207464	8/24/12	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				-	214
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER	,		VCP CHOICE LHC	
			S	SALES REGISTER	C		BILL WEEK ENDI	NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207465	8/24/12	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	46.75		681.62	I
207466	8/24/12	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	3.00		43.74	I
207467	8/24/12	800000	VISITING NURSE SERVICE	PLACIDO, GENARO	33.50		488.43	I
207468	8/24/12	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	36.00		524.88	I
207469	8/24/12	800000	VISITING NURSE SERVICE	POGGI, EMERITA	35.00		510.30	I
				CLICHOMED	154 05	0.00	2,248.97	
				CUSTOMER	154.25	0.00	2,248.97	
				CATEGORY	154.25	0.00	2,248.97	

RUN DATE 08/29/1: SALES JRNL # 029		SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 215 ADU ADULT BILL WEEK ENDING 8	/31/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
207470 8/24/1: 207471 8/24/1:		VISITING NURSE SERVICE VISITING NURSE SERVICE	POLANCO, BRIGID POLANCO, JUAN	12.00 4.75		174.96 I 69.26 I	
			CUSTOMER	16.75	0.00	244.22	
			CATEGORY	16.75	0.00	 244.22	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	16
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207472	8/24/12	800000	VISITING NURSE SERVICE	PONCE, ALICIA	32.00		466.56 I	
				CATEGORY	32.00	0.00	466.56	

			YSIDE CITYWIDE				PAGE 1 - 217	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207473	8/24/12	800000	VISITING NURSE SERVICE	PRIMUS, CATHERI	2.00		29.16 I	
				CATEGORY			20.16	
				CATEGORY	2.00	0.00	29.16	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 21	18
SALES JRN	ı∟ # 0296	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207474	8/24/12	800000	VISITING NURSE SERVICE	PUISELLO, CIRA	64.00		933.12 I	
				CATEGORY	64.00	0.00	933.12	

RUN DAT	E 08/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	219
SALES J	RNL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207475	8/24/12	000008	VISITING NURSE SERVICE	PULLIZA, DIANNE	41.00		597.78 I	
				CATEGORY	41.00	0.00	597.78	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	20
SALES JRN	ъ # 0296	LOC 001		REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207476	8/24/12	800000	VISITING NURSE SERVICE	QUATTROCCHI, FI	9.00		131.22 I	
				CATEGORY	9.00	0.00	131.22	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 221	
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				S	SALES REGISTER			BILL WEEK ENDING 8/31	1/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
	207477	8/24/12	800000	VISITING NURSE SERVICE	QUINTERO, INES	30.00		437.40 I	
					CATEGORY	30.00	0.00	437.40	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	22
١	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
١				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
١									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
١									
١	207478	8/24/12	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.25		703.49 I	
١									
١									
ı					CATEGORY	48.25	0.00	703.49	

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	223
DILLES STAVE	L    0230	100 001		SALES REGISTER			BILL WEEK ENDI	NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207479 207480	8/24/12 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 27.50		87.48 400.96	I T
207400	0/24/12	000008	VISITING NORSE SERVICE	·				
				CUSTOMER	33.50	0.00	488.44	
				CATEGORY	33.50	0.00	488.44	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	224
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDE	ES PEDIATRIC
			Ş	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207481	8/24/12	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

- 1		08/29/12 - L # 0296			REG NY NY SALES REGISTER			PAGE 1 - 2 LTC NURSING HOMEW BILL WEEK ENDING	·
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207482	8/24/12	800000	VISITING NURSE SERVICE	RAMIREZ, JUANA	43.00		626.94 I	
					CATEGORY	43.00	0.00	626.94	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	226	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HO	ME W/O WALLS LT	
			Ş	SALES REGISTER			BILL WEEK ENDI	NG 8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS	
207483	8/24/12	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	40.50		590.49	I	
				CATEGORY	40.50	0.00	590.49		

			YSIDE CITYWIDE	DEG NV NV			-	227
SALES JRN	L # U296	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207484 207485	8/17/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 3.00		43.74 I 43.74 I	
				CUSTOMER	6.00	0.00	87.48	
				CATEGORY	6.00	0.00	87.48	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE		28
SALES ON	H 0270	100 001		ALES REGISTER			BILL WEEK END		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207486	8/24/12	000008	VISITING NURSE SERVICE	RANDAZZO, ROSAL	20.00		291.60	I	
207487	8/24/12	800000	VISITING NURSE SERVICE	RASMUSSEN, GEOR	6.00		87.48	I	
207488	8/24/12	800000	VISITING NURSE SERVICE	REINA, JOSE	20.50		298.89	I	
207489	8/24/12	800000	VISITING NURSE SERVICE	RICCA, MARIE	20.75		302.54	I	
207490	8/24/12	800000	VISITING NURSE SERVICE	RICE, SYDNEY	8.00		116.64	I	
207491	8/24/12	800000	VISITING NURSE SERVICE	RIVADENEIRA, OL	20.00		291.60	I	
				CUSTOMER	95.25	0.00	1,388.75		
				CATEGORY	95.25	0.00	1,388.75		

ı	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	229
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207492	8/24/12	000008	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		816.48 I	
ı									
ı									
ı					CATEGORY	56.00	0.00	816.48	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY A L E S R E G I S T E R			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	30 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207493	8/24/12	800000	VISITING NURSE SERVICE	RIVERA, CARMEN	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

			YSIDE CITYWIDE				PAGE 1 - 23	31
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0 / 0 1 / 1 0
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207494	8/24/12	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	32
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207495	8/24/12	000008	VISITING NURSE SERVICE	RIVERA, GRACIEL	16.00		233.28 I	
					16.00			
				CATEGORY	16.00	0.00	233.28	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207496	8/24/12	000008	VISITING NURSE SERVICE	RIVERA, RAQUEL	28.00		408.24 I	
				CATEGORY	28.00	0.00	408.24	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 234	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/O WALLS LT	
				SALES REGISTER			BILL WEEK ENDING 8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
207497	8/24/12	800000	VISITING NURSE SERVICE	RIVERA, WANDA	36.25		528.53 I	
				CATEGORY	36.25	0.00	528.53	

		08/29/12 - L # 0296			REG NY NY SALES REGISTER			PAGE 1 - 235 ADU ADULT BILL WEEK ENDING	8/31/12
]	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		SURPLUS
2	207498	8/24/12	800000	VISITING NURSE SERVICE	ROBERTI, THERES	6.00		87.48 I	
					CATEGORY	6.00	0.00	87.48	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	236
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	
			S	ALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207499	8/24/12	800000	VISITING NURSE SERVICE	ROCCISANO, LOUI	48.00		699.84 I	
				CATEGORY	48.00	0.00	699.84	

				YSIDE CITYWIDE				PAGE 1 - 23	7
SALE	S JRNL	# 0296	LOC 001	SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/31/12
INVO	ICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2075	8 00	/24/12	800000	VISITING NURSE SERVICE	RODORIGO, XIMEN	20.00		291.60 I	
					CATEGORY	20.00	0.00	 291.60	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS.	
Brilling Grav	.1    0250	100 001		SALES REGISTER			BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207501 207502	8/24/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		19.00 42.00		277.02 I 612.36 I	
				CUSTOMER	61.00	0.00	889.38	
				CATEGORY	61.00	0.00	889.38	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	39
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			5	SALES REGIST	E R		BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207503	8/24/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,224.72 I	
				CATEGORY	84.00	0.00	1,224.72	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 240	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WALL	S (LT
			i	SALES REGISTER			BILL WEEK ENDING 8/31/	12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPL	JUS
207504	8/24/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	17.00		247.86 I	
				CATEGORY	17.00	0.00	247.86	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	241
SALES JRN	ъ # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207505	8/24/12	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		714.42 I	
				CATEGORY	49.00	0.00	714.42	

	RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 24	12
	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	207506	8/24/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, ROQU	40.00		583.20 I	
ı									
ı					CATEGORY	40.00	0.00	583.20	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	243 G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
207507	8/24/12	000008	VISITING NURSE SERVICE	RODRIGUEZ, YLMA	47.50		692.55 I	
				CATEGORY	47.50	0.00	692.55	

RUN DATE 08/3 SALES JRNL #	29/12 - SUP SUNN 0296 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 244 LTC NURSING HOMEW/O W. BILL WEEK ENDING 8/	ALLS (LT 31/12
INVOICE# D	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
	17/12 000008 24/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	- · · · - ·	8.00 50.00		116.64 I 729.00 I	
			CUSTOMER	58.00	0.00	845.64	
			CATEGORY	58.00	0.00	845.64	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207510	8/24/12	800000	VISITING NURSE SERVICE	ROMERO, SANTHY	56.25		820.13 I	
				CATEGORY	56.25	0.00	820.13	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	246
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207511	8/24/12	800000	VISITING NURSE SERVICE	ROMO, FLOR	56.00		816.48 I	
				CATEGORY	56.00	0.00	816.48	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	247
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
207512	8/24/12	800000	VISITING NURSE SERVICE	ROQUE, GLORIA	13.25		193.19 I	
				CATEGORY	13.25	0.00	193.19	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 248	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O WAL	LS (LT
			S	SALES REGISTER			BILL WEEK ENDING 8/31	./12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
207513	8/24/12	800000	VISITING NURSE SERVICE	ROSA, ANA	37.25		543.11 I	
				 CATEGORY	37.25	0.00	 543.11	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207514	8/24/12	800000	VISITING NURSE SERVICE	ROSA, LUZ E	51.50		750.88 I	
				CATEGORY	51.50	0.00	 750.88	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 250	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA	
			S	ALES REGISTER			BILL WEEK END	ING 8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS	
207515	8/24/12	000008	VISITING NURSE SERVICE	ROSA, MANOLO	16.00		233.28	I	
207516	8/24/12	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	30.00		437.40	I	
207517	8/24/12	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	12.00		174.96	I	
207518	8/24/12	800000	VISITING NURSE SERVICE	ROSARIOBREU, EM	25.00		364.50	I	
				CUSTOMER	83.00	0.00	1,210.14		
				CATEGORY	83.00	0.00	1,210.14		

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	231
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207519	8/24/12	800000	VISITING NURSE SERVICE	ROSSO-DE-SOLAN,	12.00		174.96	I
				CATEGORY	12.00	0.00	174.96	

			YSIDE CITYWIDE				PAGE 1 - 2	252
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	8/31/12
TATIOTORU	DAME	GIIGE NO	GUGEOMED NAME	DEFERRINGE	HOHDG	W27 200	AMOUNTE TEXT	GUDDI HG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207520	8/24/12	800000	VISITING NURSE SERVICE	RUEDA, INES	47.00		685.26 I	
				CATEGORY	47.00	0.00	685.26	

RUN DATE 08/ SALES JRNL ‡	/29/12 - SUP SUNN # 0296 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 253 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 8/31/12
INVOICE# I	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
	/17/12 000008 /24/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	6.00 10.00		87.48 I 145.80 I
			CUSTOMER	16.00	0.00	233.28
			CATEGORY	16.00	0.00	233.28

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207523	8/24/12	800000	VISITING NURSE SERVICE	RUSSO, MONICA	65.50		954.99 I	
				CATEGORY	65.50	0.00	 954.99	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOME	
			i	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207524	8/24/12	800000	VISITING NURSE SERVICE	SAAVEDRA, STELL	34.00		495.72 I	
				CATEGORY	34.00	0.00	495.72	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	256
SALES JRN	rL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207525	8/24/12	800000	VISITING NURSE SERVICE	SAK, FIRDEVS	15.00		218.70 I	
				CATEGORY	15.00	0.00	218.70	

RUN DATE ( SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	
TMTOTOE	DAME	GUGE NO		SALES REGISTER	HOHDG	may amm	BILL WEEK ENDING	
INVOICE# 207526	DATE 8/24/12	CUST NO 000008	CUSTOMER NAME VISITING NURSE SERVICE	REFERENCE SALADIN, MARIA	HOURS 77.00	TAX AMT	AMOUNT TYP 1,122.66 I	SURPLUS
207320	0/21/12	000000	VIBILING NORDE BERVICE	DADADIN, PIAKIA				
				CATEGORY	77.00	0.00	1,122.66	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 258	3
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207527	8/24/12	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	30.00		437.40 I	
ı									
ı									
ı					CATEGORY	30.00	0.00	437.40	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	9
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207528	8/24/12	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	19.50		284.32 I	
207529	8/24/12	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		714.42 I	
				CUSTOMER	68.50	0.00	998.74	
				CATEGORY	68.50	0.00	998.74	

RUN DATE	08/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	60
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207530	8/24/12	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207531	8/24/12	000008	VISITING NURSE SERVICE	SANCHEZ, NILSA	41.50		605.07 I	
				CATEGORY	41.50	0.00	605.07	

RUN DATE 08/29/12 SALES JRNL # 0296			REG NY NY			PAGE 1 - ADU ADULT	262
BILLE GIAVE    0250	100 001		SALES REGISTER			BILL WEEK ENDI	NG 8/31/12
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
207532 8/24/12 207533 8/24/12		VISITING NURSE SERVICE VISITING NURSE SERVICE	SARRO, MICHELE SCOTT, CATHERIN	12.00 47.50		174.96 692.56	I I
			CUSTOMER	59.50	0.00	867.52	
			CATEGORY	59.50	0.00	867.52	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 263	3
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			:	SALES REGISTER	?		BILL WEEK END	ING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207534	8/24/12	000008	VISITING NURSE SERVICE	SEGOVIA, BEATRI	36.00		524.88	I	
207535	8/24/12	800000	VISITING NURSE SERVICE	SERAFIN, WALTER	56.00		816.48	I	
207536	8/24/12	000008	VISITING NURSE SERVICE	SERRANO, AGUEDA	56.00		816.48	I	
207537	8/24/12	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	41.75		608.72	I	
207538	8/24/12	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	20.00		291.60	I	
				CUSTOMER	209.75	0.00	3,058.16		
				CATEGORY	209.75	0.00	3,058.16		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - : LTC NURSING HOMEN BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207539	8/24/12	800000	VISITING NURSE SERVICE	SILLS, JAMES	42.00		612.36 I	
				CATEGORY	42.00	0.00	612.36	

RUN DATE (	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	65
SALES JRNI	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207540	8/24/12	800000	VISITING NURSE SERVICE	SINGH, BADREE	29.50		430.12 I	
207541	8/24/12	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		218.70 I	
				CUSTOMER	44.50	0.00	648.82	
				CATEGORY	44.50	0.00	648.82	

RUN DATE 08/3 SALES JRNL #	29/12 - SUP SUNN 0296 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	
INVOICE# DA	ATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	24/12 000008 24/12 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	5.00 29.75		72.90 I 433.76 I	
			CUSTOMER	34.75	0.00	506.66	
			CATEGORY	34.75	0.00	 506.66	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207544	8/24/12	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	16.50		240.57 I	
				CATEGORY	16.50	0.00		

RUN DATE 08 SALES JRNL		GUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 26	8
011111111111111111111111111111111111111	0230 200 0		SALES REGISTER			BILL WEEK END	ING	8/31/12
INVOICE#	DATE CUST	NO CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
	/24/12 00000		STAFILIAS, EVAN	56.00		816.48	I	
	3/24/12 00000		STALZER, STEPHA STAMBOULIDIS, V	20.00 50.00		291.60 729.00	I	
			CUSTOMER	126.00	0.00	1,837.08		
			CATEGORY	126.00	0.00	1,837.08		

			YSIDE CITYWIDE				PAGE 1 - 26	
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207548	8/24/12	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	20.25		295.25 I	
				 CATEGORY	20.25	0.00	295.25	

			YSIDE CITYWIDE				PAGE 1 - 27	0
SALES JRN	ь # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	0 /21 /10
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207549	8/24/12	800000	VISITING NURSE SERVICE	STERGIOU, GLORI	20.00		291.60 I	
				CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 ADU ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207550	8/24/12	800000	VISITING NURSE SERVICE	STICKELL, BLANC	23.00		335.34 I	
				CATEGORY	23.00	0.00	335.34	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCS	
Bribbs orde	12    0250	100 001		ALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
207551 207552	8/24/12 8/24/12	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	STICKELL, BLANC STROBL, ALFRED	6.00 36.00		87.48 I 524.88 I	
				CUSTOMER	42.00	0.00	612.36	
				CATEGORY	42.00	0.00	612.36	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 273 ADU ADULT BILL WEEK ENDING 8/31	./12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURE	LUS
207553	8/24/12	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	25.00		364.50 I	
				CATEGORY	25.00	0.00	364.50	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	274
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	EW/O WALLS (LT
				SALES REGISTER	3		BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207554	7/27/12	000008	VISITING NURSE SERVICE	SUAREZ, TULIA	4.00		58.32 I	
207555	8/17/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	6.00		87.48 I	
207556	8/24/12	800000	VISITING NURSE SERVICE	SUAREZ, TULIA	37.25		543.11 I	
				CUSTOMER	47.25	0.00	688.91	
				CATEGORY	47.25	0.00	688.91	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 275	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTE	R		BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207557	8/24/12	800000	VISITING NURSE SERVICE	SYED, GHULAM	9.00		131.22 I	
				– CATEGORY	9.00	0.00	131.22	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 27	76
		200 001		ALES REGISTER			BILL WEEK END		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207558 207559	8/24/12 8/24/12	000008 000008	VISITING NURSE SERVICE	TABOADA, DIMAS TABOADA, ELIZAB	17.00 56.00		247.86 816.48	I	
207333	0/24/12	000000	VISITING NORSE SERVICE	IADOADA, EHIZAD					
				CUSTOMER	73.00	0.00	1,064.34		
				CATEGORY	73.00	0.00	1,064.34		

RUN DATE	08/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 277	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			\$	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207560	8/24/12	000008	VISITING NURSE SERVICE	TADDEO, LENA	24.50		357.21 I	
207561	8/24/12	800000	VISITING NURSE SERVICE	TADDEO, LENA	10.00		145.80 I	
207562	8/24/12	800000	VISITING NURSE SERVICE	TAVERAS ARIAS,	23.50		342.63 I	
				CUSTOMER	58.00	0.00	845.64	
				CATEGORY	58.00	0.00	845.64	

			YSIDE CITYWIDE				-	278
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
			'	SALES KEGISIEK			DIDD WEEK ENDING	0/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
207563	8/24/12	800000	VISITING NURSE SERVICE	TAVERAS, BERNAR	8.00		116.64 I	
207564	8/24/12	800000	VISITING NURSE SERVICE	TEJADA, BALDOME	20.00		291.60 I	
207565	8/24/12	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	36.00		524.88 I	
				CUSTOMER	64.00	0.00	933.12	
				CATEGORY	64.00	0.00	933.12	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	279	
				SALES REGISTER			BILL WEEK ENDING	8/31/12	
INVO	ICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
20756	8/24/12	800000	VISITING NURSE SERVICE	TOLENTINO, PASC	25.00		364.50 I		
				CATEGORY	25.00	0.00	364.50		

			YSIDE CITYWIDE				-	80
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207567	8/24/12	800000	VISITING NURSE SERVICE	TORO VEGA, LUZV	20.00		291.60 I	
207568	8/24/12	800000	VISITING NURSE SERVICE	TORO, PURA	83.50		1,217.43 I	
207569	8/24/12	800000	VISITING NURSE SERVICE	TORRES, EMELINA	38.50		561.33 I	
207570	8/24/12	800000	VISITING NURSE SERVICE	TORRES, LUZ M	83.00		1,210.14 I	
				CUSTOMER	225.00	0.00	3,280.50	
				CATEGORY	225.00	0.00	3,280.50	

SALES JRNI	- SUP SUNNYSIE LOC 001 SU	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 ADU ADULT BILL WEEK END	
INVOICE#	CUST NO CUS	JSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
207571	000008 VIS	ISITING NURSE SERVICE	TOUMA, MATTA	35.00		510.30	I
			CATECORY	 35 00		 510 30	
			CATEGORY	35.00	0.00	510.3	30

RUN DATE	08/29/12	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	282
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
				S A L E S R E G I S T E R			BILL WEEK ENDIN	NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207572	8/24/12	800000	VISITING NURSE SERVICE	TRUJILLO, AMPAR	20.00		291.60	<u> </u>
207573	8/24/12	800000	VISITING NURSE SERVICE	TRUONG, TINH	20.00		291.60	[
207574	8/10/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	8.00		116.64	[
207575	8/24/12	800000	VISITING NURSE SERVICE	TSOLISOS, FOTIN	52.00		758.16	[
				CUSTOMER	100.00	0.00	1,458.00	
				CATEGORY	100.00	0.00	1,458.00	

- 1				YSIDE CITYWIDE				PAGE 1 - 2		
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME		
ı					SALES REGISTER			BILL WEEK ENDING	8/31/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	207576	8/24/12	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 LE	- 28	34
	_ "			SALES REGISTER			BILL WEEK ENI		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207577 207578	8/24/12 8/24/12	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TZOUMAS, EFFIE UGURLUYAN, KARA	61.00 7.00		889.38 1,224.72	I	
207578	0/24/12	000008	VISITING NORSE SERVICE	OGURLUTAN, KARA			1,224.72		
				CUSTOMER	68.00	0.00	2,114.10		
				CATEGORY	68.00	0.00	2,114.10		

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	85
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
			i	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207579	8/24/12	800000	VISITING NURSE SERVICE	URBINA, ANA	35.00		510.30 I	
				CATEGORY	35.00	0.00	510.30	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	286
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207580	8/24/12	800000	VISITING NURSE SERVICE	VALENCIA, BERNA	4.00		58.32 I	
ı									
ı									
ı					CATEGORY	4.00	0.00	58.32	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 28	87
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207581	8/24/12	800000	VISITING NURSE SERVICE	VALENCIA, ESTHE	30.00		437.40 I	
				CATEGORY	30.00	0.00	437.40	

				YSIDE CITYWIDE	DEG MY	2777				. – 2	88
SAL	ES JRNL	J # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY S A L E S	NY REGISTER			ADU ADULT BILL WEEK EN	DING	8/31/12
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	RE	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207	582	8/24/12	800000	VISITING NURSE SERVICE	VAL	LENTIN, ALEJA	12.00		174.96	I	
						CATEGORY	12.00	0.00	174.96		

RU	N DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	289
SA	LES JRN	և # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	V/O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	8/31/12
IN	WOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
20	7583	8/24/12	800000	VISITING NURSE SERVICE	VAROL, ELMAS	3.75		54.68 I	
					CATEGORY	3.75	0.00	 54.68	

				YSIDE CITYWIDE				PAGE 1 - 2	290
1	SALES JRN.	L # 0296	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	8/31/12
				-				DIDD WEEK ENDING	0/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
:	207584	8/24/12	800000	VISITING NURSE SERVICE	VASQUEZ, ARTURO	41.75		608.72 I	
					CATEGORY	41.75	0.00	608.72	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	1
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			5	SALES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207585	8/24/12	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	35.50		517.60	I	
207586	8/24/12	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	21.00		306.18	I	
207587	8/24/12	800000	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		583.20	I	
				CUSTOMER	96.50	0.00	1,406.98		
				CATEGORY	96.50	0.00	1,406.98		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 29	92
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207588	8/24/12	800000	VISITING NURSE SERVICE	VELASQUEZ, NELL	20.00		291.60 I	
				CATEGORY	20.00	0.00		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	293
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	MEW/O WALLS (LT
			:	SALES REGISTE	R		BILL WEEK ENDIN	IG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207589	8/03/12	000008	VISITING NURSE SERVICE	VENTURA, ROSA	4.00		58.32 I	
207590	8/24/12	800000	VISITING NURSE SERVICE	VENTURA, ROSA	46.00		670.68 I	•
				CUSTOMER	50.00	0.00	729.00	
				CATEGORY	50.00	0.00	729.00	

			YSIDE CITYWIDE				PAGE 1 -	294
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	a 0/21/10
				SALES REGISTER			BILL WEEK ENDIN	G 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
207591	8/24/12	800000	VISITING NURSE SERVICE	VERA, ROSARIO	4.00		58.32 I	
				CATEGORY	4.00	0.00	58.32	

RUN DATE	08/29/12 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - :	295
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207592	8/24/12	800000	VISITING NURSE SERVICE	VERAS, JUANA	40.00		583.20 I	
				CATEGORY	40.00	0.00	583.20	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 296	
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
ı				5	SALES REGISTER			BILL WEEK ENDING 8/	31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	RPLUS
	207593	8/24/12	800000	VISITING NURSE SERVICE	VIGORITO, ANN	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 LH	- 29	7
Brilling Grav	1 0250	100 001		SALES REGISTER			BILL WEEK END		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207594	7/06/12	000008	VISITING NURSE SERVICE	VILLAPOL, ANNA	6.00		87.48	I	
207595	8/24/12	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	33.50		488.43	Τ	
				CUSTOMER	39.50	0.00	575.91		
				CATEGORY	 39.50	0.00	 575.91		

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2:	98
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
ı				5	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207596	8/24/12	800000	VISITING NURSE SERVICE	VISCONTI, JASON	3.25		47.39 I	
ı									
ı									
ı					CATEGORY	3.25	0.00	47.39	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2:	99
ı	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	8/31/12
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	207597	8/24/12	800000	VISITING NURSE SERVICE	VITO, CARMEN	24.00		349.92 I	
ı									
ı									
ı					CATEGORY	24.00	0.00	349.92	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	00
SALES JRN	L # 0296	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207598	8/24/12	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	70.00		1,020.60 I	
				CATEGORY	70.00	0.00	1,020.60	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 3 ADU ADULT	01
			2	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207599	8/17/12	000008	VISITING NURSE SERVICE	VIVAR, AARON	4.00		58.32 I	
207600	8/24/12	800000	VISITING NURSE SERVICE		20.00		291.60 I	
207601	8/24/12	000008	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		291.60 I	
				CUSTOMER	44.00	0.00	641.52	
				CATEGORY	44.00	0.00	641.52	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207602	8/24/12	800000	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		43.74 I	
				CATEGORY	3.00	0.00	43.74	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 303	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207603	8/03/12	000008	VISITING NURSE SERVICE	WARREN, CYNTHIA	3.00		43.74 I	
207604	8/10/12	800000	VISITING NURSE SERVICE	WARREN, CYNTHIA	12.00		174.96 I	
207605	8/17/12	000008	VISITING NURSE SERVICE	WARREN, CYNTHIA	3.00		43.74 I	
207606	8/24/12	800000	VISITING NURSE SERVICE	WEINHAUS, SUSAN	30.00		437.40 I	
				CUSTOMER	48.00	0.00	699.84	
				CATEGORY	48.00	0.00	699.84	

RUN DATE (	08/29/12 -	SUP SUNN	YSIDE CITYWIDE					PAGE 1	. – 30	04	
SALES JRNI	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE I	HCSA		
			S	SALES	REGISTER			BILL WEEK EN	DING	8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
207607	8/24/12	800000	VISITING NURSE SERVICE	YAG	HDJIAN, SIRA	12.00		174.96	I		
					CATEGORY	12.00	0.00	174.96			

			YSIDE CITYWIDE	DEC NV NV			PAGE 1 - 30	05
SALES JRN	L # U296	LOC 001		REGNY NY SALES REGISTER			PED PEDIATRIC BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207608	8/24/12	000008	VISITING NURSE SERVICE	YANEZ, ANGELINA	1.00		14.58 I	
				CATEGORY	1.00	0.00	14.58	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	06
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207609	8/24/12	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		174.96 I	
				CATEGORY	12.00	0.00		

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 307	
ı	SALES JRN	L # 0296	LOC 001		REG NY NY			VCP CHOICE LHCSA	
ı				2	SALES REGISTER			BILL WEEK ENDING 8	/31/12
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
	207610	8/24/12	800000	VISITING NURSE SERVICE	ZAMBRANO, VICTO	20.00		291.60 I	
ı					CATEGORY	20.00	0.00	291.60	

			YSIDE CITYWIDE	556 191				308
SALES JRN	L # U296	LOC UUI	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207611	8/24/12	800000	VISITING NURSE SERVICE	ZAVALA OBANDO,	19.50		284.31 I	
				CATEGORY	19.50	0.00	284.31	

ı	RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 309	
	SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL HEALTH	
					SALES REGISTER			BILL WEEK ENDING 8/31/12	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	207612	8/24/12	800000	VISITING NURSE SERVICE	ZELLE, EVE	12.00		174.96 I	
					CATEGORY	12.00	0.00	 174.96	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 310	0
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W/	O WALLS LT
			:	SALES REGISTER			BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
207613	8/24/12	800000	VISITING NURSE SERVICE	ZIVAN, GEOLINA	10.00		145.80 I	
				CATEGORY	10.00	0.00	145.80	

RUN DATE 08/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 311 SALES JRNL # 0296 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 8/31/12 REFERENCE HOURS TAX AMT AMOUNT

ACERNO, CLAIRE 25.00 363.00
ALI, AMRINISSA 16.00 222.32
ALSTON, ZULINE 56.00 813.12
AMABILE ANTOIN 7.00 1,321.04
AYALA, ENRIQUE 52.00 7.55.04
BEGUM, JAMILA 72.00 1,045.44
BUCARO, CONCETT 45.00 653.40
CARSWELL, LUELL 66.50 965.58
CEPEDA, TOMASA 18.00 261.36
COLAVITIT, JEAN 55.75 809.49
COLEMAN, REGINA 23.00 333.96
COLAVITIT, JEAN 25.75 809.49
COLEMAN, REGINA 23.00 333.96
DIAZ, ALICIA 45.00 653.40
DIAZ, CARMEN 29.25 424.71
DONOSO, MARGARE 24.00 348.48
EARLINGTON, ALB 41.00 595.32
ECKMAN, LOIS 7.00 1,321.04
ESCOBAR, DOMING 30.00 435.60
ESPINOZA, MARIA 45.00 653.40
ESCOBAR, DOMING 30.00 435.60
ESPINOZA, MARIA 45.00 653.40
EXPOSITIO, ALFON 4.00 754.88
FELICIANO, JOAN 38.00 551.76
FERRANNEZ, ANA 30.25 439.23
FERRAR, ANN 4.00 58.03
FERRARA, ANN 4.00 58.08
FERRARA, ANN 4.00 59.29.28
GOMEZ, YOLANDA 13.00 464.64
FERRO, JOSEPHIN 64.00 92.9.28
MANGIUS, SULVIA 6.00 87.12
IRIMIA, SIMONA 47.00 682.44
JIMENEZ, EUGENI 89.00 1,292.28
MARTINEZ, EUGENI 89.00 1,292.29
MARTINEZ, EUGENI 99.00 1,292.29
MARTINEZ, EUGENI 99.00 1,292.29
MARTINEZ, EUGENI 99.00 1,292.29
MARTINEZ, EUGENI 99.00 1,292.29
MART INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ACERNO, CLAIRE 25.00 207614 363.00 I 8/24/12 000010 GUILDNET 232.32 I 207615 8/24/12 000010 GUILDNET 207616 8/24/12 000010 GUILDNET 207617 8/24/12 000010 GUILDNET 207618 GUILDNET 8/24/12 000010 207619 GUILDNET 8/24/12 000010 207620 8/24/12 000010 GUILDNET 207621 8/24/12 000010 GUILDNET 207622 8/24/12 000010 GUILDNET 207623 8/24/12 000010 GUILDNET 207624 8/24/12 000010 GUILDNET GUILDNET 207625 8/24/12 000010 207626 8/24/12 000010 GUILDNET 207627 8/24/12 000010 GUILDNET 207628 8/24/12 000010 GUILDNET 207629 8/24/12 000010 GUILDNET 207630 8/24/12 000010 GUILDNET 207631 8/24/12 000010 GUILDNET 207632 8/24/12 000010 GUILDNET 207633 8/24/12 000010 GUILDNET 207634 GUILDNET 8/10/12 000010 207635 GUILDNET 8/17/12 000010 207636 8/24/12 000010 GUILDNET 207637 8/24/12 000010 GUILDNET 207638 8/24/12 000010 GUILDNET 207639 8/24/12 000010 GUILDNET 207640 8/24/12 000010 GUILDNET 207641 8/24/12 000010 GUILDNET 207642 7/20/12 000010 GUILDNET 207643 8/24/12 000010 GUILDNET 207644 8/24/12 000010 GUILDNET 207645 8/24/12 000010 GUILDNET 207646 8/24/12 000010 GUILDNET 207647 8/24/12 000010 GUILDNET 207648 8/24/12 000010 GUILDNET 207649 8/24/12 000010 GUILDNET 207650 8/24/12 000010 GUILDNET 207651 8/24/12 000010 GUILDNET 207652 8/24/12 000010 GUILDNET 207653 000010 GUILDNET 8/24/12 207654 8/24/12 000010 GUILDNET 207655 GUILDNET 8/24/12 000010 207656 8/24/12 000010 GUILDNET 207657 8/24/12 000010 GUILDNET 207658 8/24/12 000010 GUILDNET 207659 8/24/12 000010 GUILDNET 207660 8/24/12 000010 GUILDNET 207661 8/24/12 000010 GUILDNET 8/24/12 000010 GUILDNET 207662

			YSIDE CITYWIDE				PAGE 2	- 31	12
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			GUI GUILDNET		
				SALES REGISTE	R		BILL WEEK END	ING	8/31/12
	53.00	GTTGT 370	anamoven vive		******		3340777777		G11D D1 11G
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	J.A.b.	SURPLUS
207663	8/24/12	000010	GUILDNET	PEREZ, MARIA	12.00		174.24	I	
207664	8/17/12	000010	GUILDNET	PINILLA, VICTOR	39.50		573.54	I	
207665	8/10/12	000010	GUILDNET	PRADO, NANCY	36.00		522.72	I	
207666	8/24/12	000010	GUILDNET	PROANO, ALICIA	21.00		325.92	I	
207667	8/24/12	000010	GUILDNET	PROANO, BRUNO	33.00		512.16	I	
207668	8/24/12	000010	GUILDNET	PRYCE, CLYDIA	16.00		232.32	I	
207669	8/24/12	000010	GUILDNET	RAMOS, ARGENTIN	12.00		174.24	I	
207670	8/24/12	000010	GUILDNET	RAMOS, ESTHER	18.00		261.36	I	
207671	8/24/12	000010	GUILDNET	RESTULA, VINCEN	16.00		232.32	I	
207672	8/24/12	000010	GUILDNET	RIVAS, GERTRUDI	23.00		333.96	I	
207673	8/24/12	000010	GUILDNET	RODRIGUEZ, FABI	28.00		406.56	I	
207674	8/24/12	000010	GUILDNET	RODRIGUEZ, HOLG	63.00		914.76	I	
207675	8/24/12	000010	GUILDNET	ROJAS, ANGEL	15.00		232.80	Ī	
207676	8/24/12	000010	GUILDNET	ROJAS, HAYDEE	20.00		310.40	I	
207677	8/24/12	000010	GUILDNET	RUBIANO, MARIA	20.00		290.40	I	
207678	8/24/12	000010	GUILDNET	SALJANIN, DILUTA	53.00		769.56	Ī	
207679	8/24/12	000010	GUILDNET	SANCHEZ, ELIZAB	43.00		624.36	I	
207680	8/24/12	000010	GUILDNET	SHELTON, AGUEDA	42.00		609.84	Ī	
207681	8/24/12	000010	GUILDNET	SOMRAJ, UMILLA	10.00		145.20	I	
207682	8/24/12	000010	GUILDNET	TROISI, DELIA	48.00		696.96	I	
207683	8/24/12	000010	GUILDNET	VILLACRES, LUZ	56.00		813.12	Ī	
207684	8/24/12	000010	GUILDNET	VLAHOS, MARIE	64.00		929.28	Ī	
207685	8/24/12	000010	GUILDNET	WEISZ, KLARA	4.00		58.08	I	
207686	8/24/12	000010	GUILDNET	WEST. BALDWIN	20.00		290.40	I	
207687	8/17/12	000010	GUILDNET	WHITE GLORIA	14.00		203.28	Ī	
207688	8/24/12	000010	GUILDNET	WHITLEY. MYRNA	19.75		286.77	Ī	
207689	8/10/12	000010	GUILDNET	YI. CARLOS	32.00		464.64	Ī	
207690	8/24/12	000010	GUILDNET	YIANTSELIS, VIR	7.00		1.321.04	I	
207691	8/24/12	000010	GUILDNET	ZARE, GLORIA	48.00		696.96	Ī	
207692	8/24/12	000010	GUILDNET	ZUMAETA, FANNY	64.00		929.28	Ī	
	-,,		<del></del>						
				REFERENCE  PEREZ, MARIA PINILLA, VICTOR PRADO, NANCY PROANO, ALICIA PROANO, BRUNO PRYCE, CLYDIA RAMOS, ARGENTIN RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA TROISI, DELIA VILLACRES, LUZ VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITE, GLORIA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY  CUSTOMER	2,638.50	0.00	42,825.50		
				CATEGORY	2,638.50	0.00	42,825.50		

			YSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E			PAGE 1	- 31	L3
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HFS HEALTH FI	RST	
				SALES REGISTE:	R		BILL WEEK END	ING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
007600	0.404.410	000100			00.00		450 64	_	
207693	8/24/12	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
207694	8/24/12	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
207695	8/24/12	000122	HEALTH FIRST	BOCHENEC, JOLAN	41.00		692.08	I	
207696	8/24/12	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
207697	8/24/12	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
207698	8/24/12	000122	HEALTH FIRST	CEBALLOS, ANA	40.00		675.20	I	
207699	8/24/12	000122	HEALTH FIRST	CHARITAR, RAMKA	30.00		506.40	I	
207700	8/24/12	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	I	
207701	8/24/12	000122	HEALTH FIRST	DORNELLAS, STEL	26.00		438.88	I	
207702	8/24/12	000122	HEALTH FIRST	ESPAILLAT, AMPA	24.00		405.12	I	
207703	8/24/12	000122	HEALTH FIRST	ESTEVES, JOSE	42.00		708.96	I	
207704	8/24/12	000122	HEALTH FIRST	FERRERA, FRANCI	15.00		253.20	I	
207705	8/24/12	000122	HEALTH FIRST	FONTANES, PEDRO	49.00		827.12	I	
207706	8/24/12	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
207707	8/17/12	000122	HEALTH FIRST	HENRY, BRENDA	12.00		202.56	I	
207708	8/24/12	000122	HEALTH FIRST	HERRING, CHARLE	4.00		67.52	I	
207709	8/24/12	000122	HEALTH FIRST	KAUR, HARBANS	49.00		827.12	I	
207710	8/24/12	000122	HEALTH FIRST	LARA, TOMASA	48.00		810.24	I	
207711	8/24/12	000122	HEALTH FIRST	LAZALA, GLADYS	49.00		827.12	I	
207712	8/24/12	000122	HEALTH FIRST	LOPEZ-RAMIREZ,	76.00		1,282.88	I	
207713	8/24/12	000122	HEALTH FIRST	MACARENA, SAHAR	84.00		1,417.92	I	
207714	8/24/12	000122	HEALTH FIRST	MARTIN, ARIANA	12.00		202.56	Ī	
207715	8/17/12	000122	HEALTH FIRST	RIVERA, CHRISTO	42.00		708.96	I	
207716	8/17/12	000122	HEALTH FIRST	RIVERA, EDDIE	18.00		303.84	Ī	
207717	8/24/12	000122	HEALTH FIRST	RODRIGHEZ, MARG	20.00		337.60	Ī	
207718	8/24/12	000122	HEALTH FIRST	SALAZAR, LUZ MA	56.00		945.28	Ī	
207719	8/24/12	000122	HEALTH FIRST	SALHIJANA YOLAN	32.00		540.16	Ī	
207720	8/24/12	000122	HEALTH FIRST	SPIVEY PATRICI	25.00		422.00	Ī	
207721	8/24/12	000122	HEALTH FIRST	ST ROMAINE CLA	67.00		1 130 96	Ī	
207722	8/24/12	000122	HEALTH FIRST	SIRIFI. GERTRID	20 00		337 60	Ī	
207723	8/24/12	000122	HEALTH FIRST	VASOUEZ OLGA	20.00		337.60	Ī	
207724	8/24/12	000122	HEALTH FIRST	VECA CLORIA	32 00		540 16	I	
207724	0/24/12	000122	HEADIN PIRSI	VEGA, GLOKIA			J40.10		
				REFERENCE  BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN DORNELLAS, STEL ESPAILLAT, AMPA ESTEVES, JOSE FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VASQUEZ, OLGA VEGA, GLORIA	1,191.00	0.00	20,104.08		
				CATEGORY	1,191.00	0.00	20,104.08		

RUN DATE	08/29/12	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A I				PAGE 1	- 31	14
SALES JRN	IL # 0296	LOC 001	SUNNYSIDE CITYWIDE F	REG NY NY			NHP NEIGHBORE	HOOD I	HEALTH
			S A I	LES REGISTER	3		BILL WEEK ENI	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	тах амт	AMOTINT	TYP	SURPLUS
INVOICE	DITTE	CODI NO	CODIONER WINE	REI EREIVOE	1100110	11121 11111	11100111		BOILL HOD
207725	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS AHMED, UMARA	56.00		945.28	I	
207726	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS AKHTER, SELINA	36.00		607.68	I	
207727	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS ARDITTO, PATRIC	12.00		202.56	I	
207728	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS CHUKWUJIORAH, T	42.00		708.96	I	
207729	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS DIAZ, CARMEN	28.00		472.64	I	
207730	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS FERNANDEZ, MARI	12.00		202.56	I	
207731	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS FLORES, MARITZA	60.00		1,012.80	I	
207732	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS HAMPTON, PRISCI	38.00		641.44	I	
207733	8/17/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS JONES, CYNTHIA	30.00		506.40	I	
207734	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS KHALIL, RASHAN	36.00		607.68	I	
207735	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS KHAN, FARUQUE	77.00		1,299.76	I	
207736	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS KROLL, KATHERIN	32.00		540.16	I	
207737	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS MORALES HERNAD	42.00		708.96	I	
207738	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS MOSKOWITZ, RONA	30.00		506.40	I	
207739	8/03/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS OCASIO, VIRGINI	1.00		16.88	I	
207740	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS RODRIGUEZ, JESS	20.00		337.60	I	
207741	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS RODRIGUEZ, MARI	20.00		337.60	I	
207742	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS SALVATO, MARY	40.00		675.20	I	
207743	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS SHEPPARD, ERMA	70.00		1,181.60	I	
207744	8/17/12	000120	NEIGHBORHOOD HEALTH PROVIDE	ERS WELLS, WYNORIA	20.00		337.60	I	
207745	8/24/12	000120	NEIGHBORHOOD HEALTH PROVIDE NE	ERS WILSON, SHERYL	38.00		641.44	I	
				CUSTOMER	740.00	0.00	12,491.20		
				CATEGORY	740.00	0.00	12,491.20		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 315
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOL:	IC/FIDELIS
				SALES REGISTER			BILL WEEK END	ING 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
207746	0/04/10	000126	NIVE CARRIOT TO FETDEL TO	DAMICMA TOCK	40.00		006 63	т
207746	8/24/12	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	<u>+</u>
207747	8/24/12	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	35.00		590.45	I
207748	8/24/12	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	24.00		404.88	I
207749	8/24/12	000126	NYS CATHOLIC/FIDELIS	MARTINEZ, LUISA	84.00		1,417.08	I
207750	8/24/12	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	63.00		1,062.81	I
207751	8/24/12	000126	NYS CATHOLIC/FIDELIS	PURNELL, ROSE	28.00		472.36	I
207752	8/24/12	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	13.00		219.31	I
207753	8/24/12	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	31.00		522.97	I
207754	8/24/12	000126	NYS CATHOLIC/FIDELIS	VARGAS, RAQUEL	63.00		1,062.81	I
				CUSTOMER	390.00	0.00	6,579.30	
				CATEGORY	390.00	0.00	6,579.30	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 UHC UNITED H	- 31	-6
SALES UKN	ш # 0290	TOC 001	SUMMISIDE CITIWIDE	SALES REGISTER			BILL WEEK EN		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207755	8/24/12	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20	I	
207756	8/24/12	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	53.00		909.48	I	
207757	8/24/12	000128	UNITED HEALTH CARE	PAUL, PUTUL	12.00		205.92	I	
207758	8/24/12	000128	UNITED HEALTH CARE	SAFOS, PATRA	56.00		960.96	I	
207759	8/24/12	000128	UNITED HEALTH CARE	YUSUPOV, PULAT	19.00		326.04	I	
				CUSTOMER	210.00	0.00	3,603.60		
				CATEGORY	210.00	0.00	3,603.60		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 EHP EMBLEM HI	- 31	.7
SALES UKN	L # U290	LOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK ENI		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207760	8/24/12	000114	EMBLEM HEALTH	CAMPBELL, CAROL	26.00		364.00	I	
207761	8/24/12	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,176.00	I	
207762	8/24/12	000114	EMBLEM HEALTH	COPELAND, ELISE	42.00		598.50	I	
207763	8/24/12	000114	EMBLEM HEALTH	GAFFNEY, FREDER	20.00		280.00	I	
207764	8/24/12	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	63.00		882.00	I	
207765	8/24/12	000114	EMBLEM HEALTH	JACKSON, FRANCE	28.00		392.00	I	
207766	8/24/12	000114	EMBLEM HEALTH	KEATON, CATHERI	80.00		1,120.00	I	
207767	8/24/12	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		168.00	I	
207768	8/24/12	000114	EMBLEM HEALTH	WEATHERS, VERDE	60.00		840.00	I	
207769	8/24/12	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		784.00	I	
				CUSTOMER	471.00	0.00	6,604.50		
				CATEGORY	471.00	0.00	6,604.50		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 HIP HEALTH I BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207770 207771 207772 207773 207774 207775 207776	8/24/12 8/24/12 8/24/12 8/24/12 8/24/12 8/24/12 8/24/12	000136 000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN	OF NY OF NY OF NY OF NY OF NY	AHMAD, AMATUL CIPRIAN, JACQUE DE JESUS, TIBUR LOYOLA, MARIA ORR, LOUISE SHAH, HANSIKABE WILLIAMS, DIANE	15.00 10.00 63.00 40.00 35.00 5.00 20.00		253.20 168.80 1,063.44 675.20 590.80 84.40 337.60	I I I I I	
					CUSTOMER	188.00	0.00	3,173.44		
					 CATEGORY	188.00	0.00	3,173.44		

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 31	L9
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY	R		MPH METROPLU	S HEAI	TH
				SALES	REGISTE	R		BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207777	8/24/12	000130	METROPLUS HEALTH	7. 1.7	IDERSON, BETH	30.00		514.50	I	
207778	8/24/12	000130	METROPLUS HEALTH		RIAS, NORA			1,166.20	Ī	
								•	±.	
207779	8/24/12	000130	METROPLUS HEALTH		DOYA, MONICA			171.50	Τ_	
207780	8/24/12	000130	METROPLUS HEALTH		RDERO, ROSEND	70.00		1,200.50	I	
207781	8/17/12	000130	METROPLUS HEALTH		VIS, ANGIE			2,392.43	I	
207782	8/24/12	000130	METROPLUS HEALTH		JRHAM, CYNTHIA			274.40	I	
207783	8/24/12	000130	METROPLUS HEALTH	GA	LAS, TERESA			600.25	I	
207784	8/24/12	000130	METROPLUS HEALTH	MU	JRDOCK, GERTRU	40.00		686.00	I	
207785	8/24/12	000130	METROPLUS HEALTH	OS	SORIO, ELVIA	15.00		257.25	I	
207786	8/24/12	000130	METROPLUS HEALTH	PE	RSAD, USHA	60.00		1,029.00	I	
207787	8/24/12	000130	METROPLUS HEALTH	RA	MPERSAID, ALI	36.00		617.40	I	
207788	8/24/12	000130	METROPLUS HEALTH		ALS, CHARLES			686.00	I	
207789	8/17/12	000130	METROPLUS HEALTH		NTORO, MATTHE	54.00		926.10	I	
207790	8/24/12	000130	METROPLUS HEALTH		•	28.00		480.20	T	
207791	8/17/12	000130	METROPLUS HEALTH		LLE, BLASINA	48.00		823.20	T	
207751	0/1//12	000130	HEIROT BOO HEREIN	V1.						
					CUSTOMER	689.50	0.00	11,824.93		
					 CATEGORY	689.50	0.00	11,824.93		
1								,,		

RUN DATE (		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG	NY NY			PAGE 1 WEL WELCARE O	- 32	0
SALES UKINI	L # 0290	100 001	SUNNISIDE CITIWIDE	SALE		R		BILL WEEK END		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207792 207793 207794	8/24/12 8/24/12 8/24/12	000124 000124 000124	WELCARE OF NEW YORK, WELCARE OF NEW YORK, WELCARE OF NEW YORK,	INC.	GUERRERO, MIRTH MARTINEZ, MARIA RAMIREZ, ALIDA	49.00 42.00 63.00		842.80 722.40 1,083.60	I I I	
					CUSTOMER	154.00	0.00	2,648.80		
					CATEGORY	154.00	0.00	2,648.80		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY			PAGE 1 AMG AMERIGRO	- 32	21
	2 11 0250	200 001		SALES	REGISTER			BILL WEEK EN		8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207795	8/24/12	000132	AMERIGROUP	DE	NNISON, KELVI	28.00		472.64	I	
207796	8/24/12	000132	AMERIGROUP	ES	SPERSON, CLAUD	16.00		270.08	I	
207797	8/24/12	000132	AMERIGROUP	FE	RNANDEZ, NORK	41.00		692.08	I	
207798	8/24/12	000132	AMERIGROUP	GU	JERRA, LORRAIN	65.00		1,097.20	I	
207799	8/24/12	000132	AMERIGROUP	HA	ARDING, EDNA	30.00		506.40	I	
207800	8/24/12	000132	AMERIGROUP	PR	RUITT, JOHNNY	8.00		135.04	I	
207801	8/24/12	000132	AMERIGROUP	WA	LTERS, BYRON	25.00		422.00	I	
207802	8/24/12	000132	AMERIGROUP	YC	OUNG, KALEILE	18.00		303.84	I	
					CUSTOMER	231.00	0.00	3,899.28		
					CATEGORY	231.00	0.00	3,899.28		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - HCP HEALTHCARE I BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
207803 207804 207805	8/24/12 8/24/12 8/24/12	000148 000148 000148	HEALTH CARE PATTNERS HEALTH CARE PATTNERS HEALTH CARE PATTNERS	GOMES, AGUSTINA TOWLES, ADA ZAMBRANO, ZOILA	63.00 16.00 16.00		1,063.44 I 270.08 I 270.08 I	
				CUSTOMER	95.00	0.00	1,603.60	
				CATEGORY	95.00	0.00	1,603.60	

RUN DATE 08/29/12 - SALES JRNL # 0296	- SUP SUNN LOC 001	SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E R			PAGE 1 - 323 ICS INDEPENDENCE CARE SYSTEM BILL WEEK ENDING 8/31/12	1S
INVOICE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
207806 7/13/12 207807 8/24/12	000172 000172	INDEPENDENCE CARE SYSTEMS INDEPENDENCE CARE SYSTEMS		79.75 25.00		1,268.03 I 397.50 I	
			CUSTOMER	104.75	0.00	1,665.53	
			CATEGORY	104.75	0.00	1,665.53	

RUN DATE	08/29/12 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 324	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCS VNSNY CHOICE SELEC	THEALTH
				SALES REGISTER			BILL WEEK ENDING 8/3	1/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
207808	8/24/12	000170	VNSNY CHOICE SELECTHE	EALTH CLMS KARASSAVIDES, A	35.00		600.60 I	
				CATEGORY	35.00	0.00	600.60	

			YSIDE CITYWIDE					- 32	:5
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE		
			S A	LES REGISTER			BILL WEEK ENI	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207809	8/24/12	000002	SUNNYSIDE COMMUNITY SERVI	CES DURAN, CARMEN	20.00		290.00	I	
207810	8/24/12	000002	SUNNYSIDE COMMUNITY SERVI	CES HENRIQUEZ, TERE	12.00		174.00	I	
207811	8/24/12	000002	SUNNYSIDE COMMUNITY SERVI	CES MARTIN, RUTH	8.00		116.00	I	
207812	8/24/12	000002	SUNNYSIDE COMMUNITY SERVI	CES MONTELIONE, CAL	8.00		116.00	I	
207813	8/24/12	000002	SUNNYSIDE COMMUNITY SERVI	CES RICKS, WALTER	8.00		116.00	I	
207814	8/24/12	000002	SUNNYSIDE COMMUNITY SERVI	CES TEODORU, MIRELL	15.75		228.38	I	
				CUSTOMER	71.75	0.00	1,040.38		
207815	8/24/12	000040	DUISIN, CHRISTINE	DUISIN, XENIA	16.00		248.00	I	
207816	8/24/12	000049	DOMINICAN SISTERS FAM HLT	TH SVC MORSHELINA, NAS	30.00		435.00	I	
207817	8/24/12	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	I	
				CATEGORY	 125.75	0.00	1,847.38		
				CATEGORI	123.73	0.00	1,047.50		

RUN DATE	, - ,		YSIDE CITYWIDE				PAGE 1	- 32	
SALES JRN	L # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN		
			S A	LES REGISTER			BILL WEEK EN	DING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207818	8/24/12	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I	
207819	8/17/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
207820	8/24/12	000088	CHILDREN'S AID SOCIETY	GIL, GENEVIEVE	6.00		93.00	I	
207821	8/17/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
207822	8/24/12	000088	CHILDREN'S AID SOCIETY	GIL, MARANGELI	6.00		93.00	I	
207823	8/24/12	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	27.75		430.13	I	
207824	8/24/12	000088	CHILDREN'S AID SOCIETY	VARGAS, BRANDON	13.50		209.25	I	
207825	8/24/12	000088	CHILDREN'S AID SOCIETY	VARGAS, JOHN	13.50		209.25	I	
				CUSTOMER	103.75	0.00	1,608.13		
				CATEGORY	103.75	0.00	1,608.13		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NY REGISTER			PAGE 1 - PAR PRIVATE BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT		YP SURPLUS
207826	8/24/12	000098	MILDRED PANSE	P.	ANSE, MILDRED	20.00		310.00	I
					CATEGORY	20.00	0.00	310.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY	D		PAGE 1 - ELD ELDERSERVEHE	EALTH
				SALES REGISTE	ĸ		BILL WEEK ENDING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
207827 207828	8/24/12 8/24/12	000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA BLACK, DOROTHY	5.00 19.25		71.25 I 274.32 I	
20.020	0,21,12	000101		·				
				CUSTOMER	24.25	0.00	345.57	
				CATEGORY	24.25	0.00	345.57	

			YSIDE CITYWIDE				PAGE 1 -	329	
SALES JRI	NL # 0296	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			PAR PRIVATE		
				SALES REGIS	ΓER		BILL WEEK ENDING	3 8/31/12	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
207829	8/24/12	000143	ETTORE COPPOLA	COPPOLA, ETTO	RE 22.00		341.00 I		
				CATEGOR	Y 22.00	0.00	341.00		

RUN DATE 0 SALES JRNL		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG S A L E				PAGE 1 CCM COMPREHEN BILL WEEK ENI		CARE MGMT 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
207831 207832 207833	8/24/12 8/24/12 8/24/12 8/24/12 8/24/12	000150 000150 000150 000150 000150	COMPREHENSIVE CARE COMPREHENSIVE CARE COMPREHENSIVE CARE COMPREHENSIVE CARE	MANAGEMENT MANAGEMENT MANAGEMENT	BONES, ANA GARCIA, MARIA MELAMED, ESTER PULLIAM, WILLIE ROSARIO, CELEST	20.00 6.50 16.00 30.00 30.00		282.00 91.65 225.60 423.00 423.00	I I I I	
					CUSTOMER	102.50	0.00	1,445.25		
					CATEGORY	102.50	0.00	1,445.25		

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE				PAR PRIVATE	- 33	31
			S	ALES REGISTER			BILL WEEK END	ING	8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP	SURPLUS
207835	8/24/12	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
207836	8/24/12	000167	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I	
207837	8/24/12	000177	MR. BRUCE J. TUCCI	TUCCI, DOROTHY	24.00		372.00	I	
207838	8/24/12	000179	DOROTHY TABICKMAN	TABICKMAN, DORT	12.00		186.00	I	
207839	8/24/12	000181	EDELMAN, MILDRED	EDELMAN, MILDRE	22.00		359.00	I	
207840	8/24/12	000183	STEPHEN EDEL	EDEL, CANDACE	80.75		1,275.63	I	
207841	8/24/12	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I	
207842	8/24/12	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I	
207843	8/24/12	003743	VICTOR NICASSIO	NICASSIO, VICTO	6.00		93.00	I	
207844	8/24/12	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I	
207845	8/24/12	007883	ABBAMONTE, RUTH	ABBAMONTE, RUTH	6.00		99.00	I	
207846	8/24/12	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I	
207847	8/24/12	009566	ELIZABETH CERNY	CERNY, ELIZABET	9.00		139.50	I	
207848	8/24/12	009605	OLGA OBYMAKO	OBYMAKO, OLGA	5.25		81.38	I	
207849	8/24/12	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I	
207850	8/24/12	009854	HELEN TAYLOR	HERNANDEZ, FRAN	4.00		62.00	I	
207851	8/24/12	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I	
207852	8/24/12	010529	STEPHEN WEISS	WEISS, STELLA	11.25		182.25	I	
207853	8/24/12	010530	DANA SITILDES	ANSELMI, PETER	23.00		368.51	I	
207854	8/24/12	010677	ALZHEIMER'S ASSOCIATION	MONTELIONE, CAL	8.00		124.00	I	
207855	8/24/12	010735	MIGUEL ONATE	ONATE, MIGUEL	9.00		139.50	I	
207856	8/24/12	010929	NORMA SCHORR	SCHORR, NORMA	6.00		93.00	I	
207857	8/24/12	010952	ARISTA THEOHARIS	THEOHARIS, ARIS	28.00		434.00	I	
207858	8/24/12	011027	SALVATORE DINARO	DINARO, SALVATO	12.00		186.00	I	
207859	8/24/12	011060	ROBIN WARREN CHARLES	WARREN, CYNTHIA	168.00		2,676.00	I	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGIST	F. R		PAGE 2 - PAR PRIVATE BILL WEEK ENDI	332 NG 8/31/12
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT		YP SURPLUS
207860	8/24/12	011190	JANICE MCGUIRE	MCGUIRE, HELEN	4.00		62.00	I
				CATEGORY	720.25	0.00	12,612.27	
				LOCATION	22,397.50	0.00	346,309.49	
				COMPANY	22,397.50	0.00	346,309.49	

RUN DATE 08/29/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 333
SALES JRNL # 0296 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

ALES JRNL # 0296 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
SALES REGISTER BILL WEEK ENDING 8/31/12

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

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