RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE REG NY NY

4/12/13 000082 SENIOR HEALTH PARTNERS

INVOICE# DATE

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CUST NO CUSTOMER NAME

YWIDE DE CITYWIDE REG NY NY SALES REGISTER SHP SENIOR HEALTH PARTNERS BILL WEEK ENDING 4/19/13 REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS I

PAGE

1 -

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY A L E S R E G I S T E	P		PAGE 2 SHP SENIOR H BILL WEEK EN		2 PARTNERS 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237605 237606 237607 237608 237609 237610 237611	3/29/13 4/05/13 4/12/13 3/29/13 4/05/13 4/12/13 4/12/13	000082 000082 000082 000082 000082 000082	SENIOR HEALTH PARTNERS	TORRES, MONSERR TORRESCAMPOS, J VASQUEZ, CORNEL WOO, LUZ WOO, LUZ WOO, LUZ ZAPATA, SIMON	4.00 48.00 4.00 8.00 16.00 4.00 12.00		56.96 683.52 56.96 113.92 227.84 56.96 170.88	I I I I I	
				CUSTOMER	1,486.50	0.00	26,741.12		
				CATEGORY	1,486.50	0.00	26,741.12		

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYW	IDE REG NY	NY			PAGE 1 VCP CHOICE L	– нсел	3
Brilles orde	1 1 0525	100 001	BONNIBIBE CITIM	SALES	REGISTER			BILL WEEK EN		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237612	4/12/13	000008	VISITING NURSE SE	ERVICE AB	INANTI, IRENE	56.25		903.38	I	
237613	4/12/13	800000	VISITING NURSE SH	ERVICE AC	OSTA, ALBERTO	30.00		481.80	I	
237614	4/12/13	800000	VISITING NURSE SH	ERVICE AD	AMES, OLGA	25.00		401.50	I	
237615	4/12/13	800000	VISITING NURSE SH	ERVICE AD	AMES, RICARDO	35.00		562.10	I	
237616	4/12/13	800000	VISITING NURSE SH	ERVICE AD	AMS, MYRIAM	70.00		1,124.20	I	
237617	4/12/13	800000	VISITING NURSE SH	ERVICE AD	UN, JEANETTE	7.00		1,349.04	I	
237618	4/12/13	800000	VISITING NURSE S	ERVICE AF	ZAL, AMIR	4.00		64.24	I	
					CUSTOMER	227.25	0.00	4,886.26		
					CATEGORY	227.25	0.00	4,886.26		

			YSIDE CITYWIDE				PAGE 1 -	4
SALES JRN	L # 0329	LOC 001		REGNY NY SALES REGISTER			CCL CONGREGATE CAR BILL WEEK ENDING	
			Š	SALES REGISIER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
025610	4 /10 /10	000000		1000110 000110	45 00		F00 F0 -	
237619	4/12/13	000008	VISITING NURSE SERVICE	AGUILAR, ZORAID	45.00		722.70 I	
				CATEGORY	45.00	0.00	722.70	

			YSIDE CITYWIDE				PAGE 1	_	5
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE I		
			\$	SALES REGISTER			BILL WEEK EN	IDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237620	4/12/13	000008	VISITING NURSE SERVICE	AGUILAR-PROCE,	40.50		650.43	I	
237621	4/12/13	800000	VISITING NURSE SERVICE	AHMED, BALAL	16.00		256.96	I	
237622	4/12/13	800000	VISITING NURSE SERVICE	AKBAR, NASEEM	11.50		184.69	I	
				CUSTOMER	68.00	0.00	1,092.08		
				CATEGORY	68.00	0.00	1,092.08		

RUN DATE SALES JRN		LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - ADU ADULT BILL WEEK ENDING	6 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237623	4/12/13	800000	VISITING NURSE SERVICE	ALBER, ARLENE	6.00		96.36 I	
				CATEGORY	6.00	0.00	96.36	

RUN D	ATE 04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	7
SALES	JRNL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	· ·
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOI	CE# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
23762	4 4/12/13	000008	VISITING NURSE SERVICE	ALEKSANDORVA, S	25.00		401.50 I	
				CATEGORY	25.00	0.00	401.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	8
			S	A L E S R E G I S T E R			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237625	4/12/13	800000	VISITING NURSE SERVICE	ALFEREZ, GLORIA	40.00		642.40 I	
				CATEGORY	40.00	0.00	642.40	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 9	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO		
			S	SALES REGISTER			BILL WEEK END:	ING 4/19/	13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	TYP SURPL	JUS
237626	4/12/13	000008	VISITING NURSE SERVICE	ALMANZAR, REMIG	4.00		64.24	I	
237627	4/12/13	800000	VISITING NURSE SERVICE	ALVAREZ, DALILA	20.00		321.20	I	
				CUSTOMER	24.00	0.00	385.44		
				CATEGORY	24.00	0.00	385.44		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	10	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADUL	T	
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
025600	4 /10 /10	000000			25 50		600 05 7		
237628	4/12/13	800000	VISITING NURSE SERVICE	ALVAREZ, NAZARE	37.50		602.25 I		
				CATEGORY	37.50	0.00	602.25		
				CALEGORI	31.30	0.00	002.25		

			YSIDE CITYWIDE				PAGE 1	- :	L1
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		4 /10 /12
			S	ALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237629	4/12/13	000008	VISITING NURSE SERVICE	ANANIA, GLYGERI	32.00		513.92	I	
237630	4/12/13	000008	VISITING NURSE SERVICE	ANDINO, ESTEBAN	20.00		321.20	I	
237631	4/12/13	800000	VISITING NURSE SERVICE	ANDRADE, LOLA	56.00		899.36	I	
237632	4/12/13	800000	VISITING NURSE SERVICE	ANDREWS, JOHNNI	63.00		1,011.78	I	
237633	4/12/13	800000	VISITING NURSE SERVICE	ANGRISANO, RUTH	56.00		899.36	I	
				CUSTOMER	227.00	0.00	3,645.62		
				CATEGORY	227.00	0.00	3,645.62		

RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE	PAGE 1 - 12
SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE REG NY NY	LTC NURSING HOMEW/O WALLS (LT
SALES REGISTER	BILL WEEK ENDING 4/19/13
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT	AMOUNT TYP SURPLUS
237634 4/12/13 000008 VISITING NURSE SERVICE ANGULO, ELCY 35.00	562.10 I
237635 4/12/13 000008 VISITING NURSE SERVICE ANUT, ALICE 61.00	979.66 I
CUSTOMER 96.00 0.00	1,541.76
CATEGORY 96.00 0.00	1,541.76

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S #	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	P SURPLUS
237636	4/12/13	800000	VISITING NURSE SERVICE	AOUN, ODETTE	24.00		385.44 I	
				CATEGORY	24.00	0.00	385.44	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	L4
SALLS UKN	ш # 0329	TOC 001		SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237637 237638	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, =	16.00 56.00		256.96 I 899.36 I	
				CUSTOMER	72.00	0.00	1,156.32	
				CATEGORY	72.00	0.00	1,156.32	

RUN DATE (SALES JRNI			YSIDE CITYWIDE SUNNYSIDE CITYWIDE		NY E G I S T E	R		PAGE 1 LTC NURSING BILL WEEK EN	,	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237639 237640 237641	3/15/13 4/05/13 4/12/13	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	AZAD, AZAD, AZAD,	ABUL	3.00 5.00 4.50		48.18 80.30 72.27	I I I	
					CUSTOMER	12.50	0.00	200.75		
					CATEGORY -	12.50	0.00	200.75		

			YSIDE CITYWIDE				PAGE 1 -	16
SALES JRNI	L # 0329	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237642	4/12/13	800000	VISITING NURSE SERVICE	BADILLO, JOVITA	11.75		188.71 I	
				CATEGORY	11.75	0.00	188.71	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	17
SALES JRN	ъ # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237643	4/12/13	800000	VISITING NURSE SERVICE	BALLAS, VIOLA	25.00		401.50 I	
				CATEGORY	25.00	0.00	401.50	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	18
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
			5	SALES REGISTER			BILL WEEK ENDIN	IG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237644	4/12/13	800000	VISITING NURSE SERVICE	BANEGAS, SANTOS	15.00		240.90 I	_
				CATEGORY	15.00	0.00	240.90	

			YSIDE CITYWIDE					19
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237645	4/12/13	000008	VISITING NURSE SERVICE	BATTLE, JEANETT	41.50		666.49 I	
237646	4/12/13	000008	VISITING NURSE SERVICE	BATTLE, MARY	6.00		96.36 I	
237647	4/12/13	800000	VISITING NURSE SERVICE	BEIRNE, MARGARE	9.00		144.54 I	
237648	4/12/13	800000	VISITING NURSE SERVICE	BENNETT, ROBIN	5.00		80.30 I	
				CUSTOMER	61.50	0.00	987.69	
				CATEGORY	61.50	0.00	987.69	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	20
SALES JRN	IL # 0329	LOC 001		REG NY NY			VCP CHOICE LHCS	
			i	SALES REGISTER			BILL WEEK ENDIN	NG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237649	4/12/13	800000	VISITING NURSE SERVICE	BERENBLIT, SARA	1.00		16.06	Ī.
				CATEGORY	1.00	0.00	16.06	

R	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	:1
S	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	4/19/13
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	237650	4/12/13	800000	VISITING NURSE SERVICE	BETHUNE, HARRYD	33.00		529.98 I	
					CATEGORY	33.00	0.00	529.98	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	22
SALES JRN	L # 0329	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237651	4/12/13	800000	VISITING NURSE SERVICE	BHATT, JYOTI	41.75		670.51 I	
				CATEGORY	41.75	0.00	670.51	

RUN DATE (04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 23	
SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			5	SALES REGISTER			BILL WEEK ENDING 4	/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
237652	4/12/13	800000	VISITING NURSE SERVICE	BHAWNANI, BISHU	24.00		385.44 I	
				CATEGORY	24.00	0.00	385.44	

	04/17/13 NL # 0329		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	24 NG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
237653	4/12/13	000008	VISITING NURSE SERVICE	BHULLA, JIWAN	44.00		706.64	I
				CATEGORY	44.00	0.00	706.64	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE	L –	25
SALES JRN	L # 0329	LOC 001		REG NY NY			VCP CHOICE		
			S	SALES REGISTER			BILL WEEK E	NDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237654	4/12/13	800000	VISITING NURSE SERVICE	BLANCAFLOR, PUR	40.00		642.40	I	
				CATEGORY	40.00	0.00	642.40	-	

RUN DATE 0		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	26
SALES UNIL	1 # 0329	HOC 001		SALES REGISTER			BILL WEEK ENDI	NG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	~ ~ ~ ,	40.50 6.00		650.44 96.36	I I
				CUSTOMER	46.50	0.00	746.80	
				CATEGORY	46.50	0.00	746.80	

ı	RUN DATE (04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	27
١	SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	SA
١				5	SALES REGISTER			BILL WEEK ENDIN	IG 4/19/13
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
	237657	4/12/13	000008	VISITING NURSE SERVICE	BONILLA, LYDIA	16.00		256.96 1	<u>.</u>
					CATEGORY	16.00	0.00	 256.96	

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	28
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
ı					SALES REGISTER			BILL WEEK ENDING	4/19/13
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	025650	4 /10 /12	000000		DOMEST GAR	05 00		401 50 7	
ı	237658	4/12/13	000008	VISITING NURSE SERVICE	BONSIGNORE, GAE	25.00		401.50 I	
ı									
ı					CATEGORY	25.00	0.00	401.50	
ı					CALEGORI	25.00	0.00	401.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	29
SALES UKN	ш # 0329	TOC 001		ALES REGISTER	_		BILL WEEK ENDI	-
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
237659	4/12/13	000008	VISITING NURSE SERVICE	BORYSEWICZ, MAR	12.00		192.72	I
237660	4/12/13	800000	VISITING NURSE SERVICE	BOYADJIAN, ZARO	35.00		562.10	I
237661	4/12/13	800000	VISITING NURSE SERVICE	BOYLAN, FRANK	70.00		1,124.20	I
237662	4/12/13	800000	VISITING NURSE SERVICE	BRACERO, HELEN	71.75		1,152.31	I
237663	4/12/13	800000	VISITING NURSE SERVICE	BURGOS, RAFAELA	9.00		144.54	I
237664	4/12/13	800000	VISITING NURSE SERVICE	BURITICA, INES	25.00		401.50	I
				CUSTOMER	222.75	0.00	3,577.37	
				CATEGORY	222.75	0.00	3,577.37	

RUN DATE (04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	30
SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237665	4/12/13	800000	VISITING NURSE SERVICE	BUSCARELLO, JOH	56.25		903.38 I	
				CATEGORY	56.25	0.00	903.38	

	RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 31										
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO				
			S	SALES REGISTER	2		BILL WEEK ENDI	ING 4/19/13			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP SURPLUS			
237666	4/12/13	000008	VISITING NURSE SERVICE	CABA, PURA	11.50		184.69	I			
237667	4/12/13	800000	VISITING NURSE SERVICE	CABRERA, HERMIN	16.00		256.96	I			
237668	3/29/13	800000	VISITING NURSE SERVICE	CAIPO, MATILDE	7.00		112.42	I			
237669	4/12/13	000008	VISITING NURSE SERVICE	CAIPO, MATILDE	28.00		449.68	I			
237670	4/12/13	800000	VISITING NURSE SERVICE	CALABRO, JOSEPH	70.00		1,124.20	I			
				CUSTOMER	132.50	0.00	2,127.95				
				CATEGORY	132.50	0.00	2,127.95				

RUN DATE SALES JRN				REG NY NY			PAGE 1 - VCM VNS	32
			:	SALES REGISTER			BILL WEEK ENDING	G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237671	4/12/13	000008	VISITING NURSE SERVICE	CALDERON, FRANC	40.00		642.40 I	
				CATEGORY	40.00	0.00	642.40	

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	33	
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A	
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 4/19/13	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı										
ı	237672	4/12/13	800000	VISITING NURSE SERVICE	CAMBARA, JOSEFA	55.50		891.34 I		
ı										
ı										
ı					CATEGORY	55.50	0.00	891.34		

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	34
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOM	MEW/O WALLS (LT
ı					SALES REGISTER			BILL WEEK ENDIN	IG 4/19/13
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	237673	4/12/13	000008	VISITING NURSE SERVICE	CANO, ADELINA	42.00		674.52 I	
ı									
ı									
ı					CATEGORY	42.00	0.00	674.52	

				YSIDE CITYWIDE				PAGE 1 -		
S	SALES JRN	L # 0329	LOC 001		REG NY NY			VCP CHOICE LHCS		
				:	SALES REGISTER			BILL WEEK ENDING	G 4/19/13	
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
2	237674	4/12/13	800000	VISITING NURSE SERVICE	CAPORASO, VINCE	84.00		1,349.04 I		
					CATEGORY	84.00	0.00	1,349.04		

RUN DATE (SALES JRN)		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDIN	36 IG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237675 237676	4/12/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		35.00 15.00		562.10 I 240.90 I	
				CUSTOMER	50.00	0.00	803.00	
				CATEGORY	50.00	0.00	803.00	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 37	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	ICSA	
			5	SALES REGISTER			BILL WEEK END	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237677	4/12/13	000008	VISITING NURSE SERVICE	CARDONA, MARIA	15.00		240.90	I	
237678	4/12/13	000008	VISITING NURSE SERVICE	CARDOSO, ORLAND	81.75		1,312.92	I	
237679	4/12/13	800000	VISITING NURSE SERVICE	CARELA-REYES, M	25.00		401.50	I	
237680	4/12/13	800000	VISITING NURSE SERVICE	CARLOS, JULIA	20.00		321.20	I	
				CUSTOMER	141.75	0.00	2,276.52		
				 CATEGORY	 141.75	0.00	2,276.52		

RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	38
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237681	4/12/13	800000	VISITING NURSE SERVICE	CARTAGENA, FRAN	55.50		891.33 I	
				CATEGORY	55.50	0.00	891.33	

RUN DATE	04/17/13 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	39
SALES JRN	rL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237682	4/12/13	800000	VISITING NURSE SERVICE	CASTANEDA, JOSE	49.00		786.94 I	
				CATEGORY	49.00	0.00	786.94	

RUN DATE SALES JRN		LOC 001		REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237683	4/12/13	800000	VISITING NURSE SERVICE	CAVATAIO, MILDR	20.00		321.20 I	
				CATEGORY	20.00	0.00	321.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
237684 237685 237686 237687	4/12/13 4/12/13 4/12/13 4/12/13	000008 000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	CEBALLOS, CLEME CERNILLI, MARIA CERRA, ADA CESPEDES, CRIST	20.00 34.75 12.00 15.00		321.20 558.09 192.72 240.90	I I I
				CUSTOMER	81.75	0.00	1,312.91	
				CATEGORY	81.75	0.00	1,312.91	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	42
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	E W/O WALLS LT
			:	SALES REGISTER			BILL WEEK ENDING	g 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237688	4/05/13	000008	VISITING NURSE SERVICE	CHAPPLE, VICKIE	12.00		192.72 I	
237689	4/12/13	800000	VISITING NURSE SERVICE	CHAPPLE, VICKIE	23.00		369.38 I	
				CUSTOMER	35.00	0.00	562.10	
				CATEGORY	35.00	0.00	562.10	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LI		43
SALES OIL	ш # 0325	100 001		SALES REGISTER			BILL WEEK EN		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237690 237691	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	-	36.25 30.00		582.18 481.80	I	
				CUSTOMER	66.25	0.00	1,063.98		
				CATEGORY	66.25	0.00	1,063.98		

RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	44
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
			Ş	SALES REGISTER			BILL WEEK ENDING	G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237692	4/12/13	800000	VISITING NURSE SERVICE	CHARLES, JOSE	15.00		240.90 I	
				CATEGORY	15.00	0.00	240.90	

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	45	
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	4	
ı				S	SALES REGISTER			BILL WEEK ENDING	G 4/19/13	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
ı										
ı	237693	4/12/13	000008	VISITING NURSE SERVICE	CHAUCA, PEDRO	69.25		1,112.16 I		
ı										
ı										
ı					CATEGORY	69.25	0.00	1,112.16		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S.	REG NY NY A L E S R E G I S T E R			PAGE 1 - 46 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
237694	4/12/13	800000	VISITING NURSE SERVICE	CHIANETTA, JOSE	40.00		642.40 I	
				CATEGORY	40.00	0.00	642.40	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	47
DALLS OIL	ш # ОЗZЭ	HOC 001		SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237695 237696	4/05/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	CHINGA, CELESTE CHINGA, CELESTE	29.50 30.00		473.77 I 481.80 I	
				CUSTOMER	59.50	0.00	955.57	
				CATEGORY	59.50	0.00	955.57	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	48 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237697	4/12/13	800000	VISITING NURSE SERVICE	CHOPRA, DARSHAN	41.50		666.50 I	
				CATEGORY	41.50	0.00		

			YSIDE CITYWIDE				PAGE 1 - 4	9
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			2	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237698	4/12/13	000008	VISITING NURSE SERVICE	CHUCK, ENA	25.00		401.51 I	
237699	4/12/13	800000	VISITING NURSE SERVICE	CIMI, SAVA	30.00		481.80 I	
				CUSTOMER	55.00	0.00	883.31	
				CATEGORY	55.00	0.00	883.31	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 5 ADU ADULT	0
DALLS OWN	ш н ОЗZЭ	HOC 001		SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237700 237701	4/05/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	2.00 6.00		32.12 I 96.36 I	
				CUSTOMER	8.00	0.00	128.48	
				CATEGORY	8.00	0.00	128.48	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 LTC NURSING F		51 /O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENI	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237702	4/12/13	000008	VISITING NURSE SERVICE	COLLER, FELISA	16.00			I	
237703 237704	4/12/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	COLLER, JOSE COLON, ANTONIA	16.50 36.00		264.99 578.16	I T	
23,701	1,12,13	00000	VIBILING NORDE BERVICE						
				CUSTOMER	68.50	0.00	1,100.11		
				CATEGORY	68.50	0.00	1,100.11		

			YSIDE CITYWIDE				PAGE 1 - 52	
SALES JRN	L # 0329	LOC 001		REG NY NY			CCL CONGREGATE CARE	
			2	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237705	4/12/13	000008	VISITING NURSE SERVICE	CORDERO, NELLY	168.00		2,698.08 I	
				CATEGORY	168.00	0.00	2,698.08	

			YSIDE CITYWIDE				PAGE 1 - 53	1
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237706	4/12/13	000008	VISITING NURSE SERVICE	CORREA, MARGARI	30.00		481.80 I	
237707	4/12/13	800000	VISITING NURSE SERVICE	COSTA, ANTOINET	20.00		321.20 I	
				CUSTOMER	50.00	0.00	803.00	
				CATEGORY	50.00	0.00	803.00	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - LTC NURSING HOMEV	54 V/O WALLS (LT
	1411 0525	100 001		SALES REGISTER			BILL WEEK ENDING	•
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237708	4/12/13	800000	VISITING NURSE SERVICE	COSTA, ARSENE	40.00		642.40 I	
				CATEGORY	40.00	0.00	642.40	

RUN DAT	E 04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	55
SALES J	RNL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	Γ
			\$	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237709	4/12/13	800000	VISITING NURSE SERVICE	COX, PETRA	16.00		256.96 I	
				CATEGORY	16.00	0.00		

			YSIDE CITYWIDE				PAGE 1 - 56	
SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	4 / 1 0 / 1 0
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237710	4/12/13	800000	VISITING NURSE SERVICE	CRAWFORD, CARME	70.00		1,124.20 I	
				CATEGORY	70.00	0.00	1,124.20	

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	57
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				Ş	SALES REGISTER			BILL WEEK ENDING	4/19/13
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı	000011	4 /10 /12	000000		anua unamon	20 50		610 21 -	
ı	237711	4/12/13	000008	VISITING NURSE SERVICE	CRUZ, HECTOR	38.50		618.31 I	
ı									
ı					CATEGODY	20 50	0.00	610 31	
ı					CATEGORY	38.50	0.00	618.31	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY	NTS 7			PAGE 1 VCP CHOICE L		58
SALES UKIN	L # 0329	LOC 001		-	NY EGISTI	E R		BILL WEEK EN		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237712 237713	4/12/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		JUANA LIDIA	12.00 35.00		192.72 562.10	I	
237713	4/12/13	000008	VISITING NORSE SERVICE	CRUZ,	-					
					CUSTOMER	47.00	0.00	754.82		
					CATEGORY	47.00	0.00	754.82		

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	59
	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
				5	SALES REGISTER			BILL WEEK ENDING	4/19/13
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	237714	4/12/13	800000	VISITING NURSE SERVICE	DANNY, RAMDULAR	56.00		899.36 I	
					CATEGORY	56.00	0.00	899.36	

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 6	60
SALES JRN	IL # 0329	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237715	4/12/13	800000	VISITING NURSE SERVICE	DAVIS, LOUELLEN	41.75		670.51 I	
				CATEGORY	41.75	0.00	670.51	

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	61
SALES JRN	NL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237716	4/12/13	000008	VISITING NURSE SERVICE	DE LA HOZ, RUTH	15.00		240.90 I	
				CATEGORY	15.00	0.00	240.90	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	62
011220 0141	2 11 0025	200 001		SALES REGISTER			BILL WEEK ENDIN	G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237717	4/12/13	800000	VISITING NURSE SERVICE	DEALFONSO, MARI	20.00		321.20 I	
				CATEGORY	20.00	0.00	321.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		63
			\$	SALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237718	4/12/13	800000	VISITING NURSE SERVICE	DEBARRENECHE, E	34.00		546.04	I	
237719 237720	4/12/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	DEBAZALAR, ANTO DELACRUZ, SEFER	6.00 30.00		96.36 481.80	I	
				,			1 104 00		
				CUSTOMER	70.00	0.00	1,124.20		
				CATEGORY	70.00	0.00	1,124.20		

			YSIDE CITYWIDE				-	64
SALES JRN	1L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	4/10/12
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237721	4/12/13	800000	VISITING NURSE SERVICE	DELOSSANTOS, MA	36.00		578.16 I	
				CATEGORY	36.00	0.00	578.16	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L		65
			\$	SALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237722	4/12/13	000008	VISITING NURSE SERVICE	DELPOZO, MIGUEL	28.00		449.68	I	
237723	4/12/13	800000	VISITING NURSE SERVICE	DELUCA, ANTIONE	27.25		437.64	I	
237724	4/12/13	800000	VISITING NURSE SERVICE	DEZUMARAN, REBE	56.50		907.39	I	
				CUSTOMER	111.75	0.00	1,794.71		
				CATEGORY	111.75	0.00	1,794.71		

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	66
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				:	SALES REGISTER			BILL WEEK ENDING	4/19/13
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	237725	4/12/13	800000	VISITING NURSE SERVICE	DIAZ, HILDA	47.00		754.82 I	
ı									
					CATEGORY	47.00	0.00	754.82	

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	67	
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT		
ı				S	SALES REGISTER			BILL WEEK ENDING	4/19/13	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	237726	4/12/13	800000	VISITING NURSE SERVICE	DIAZ, MARIA	54.50		875.27 I		
					CAMERCODY			875.27		
ı					CATEGORY	54.50	0.00	8/5.2/		

			YSIDE CITYWIDE				11102		58
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY ALES REGISTEI	2		VCP CHOICE LE		4/19/13
			٥	ALES REGISTER	•		DILL MEEK EN	JING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
								_	
237727	4/12/13	800000	VISITING NURSE SERVICE	DIAZ, OLGA	52.50		843.15	I	
237728	4/12/13	800000	VISITING NURSE SERVICE	DIAZ, ROSA	34.00		546.04	I	
237729	4/12/13	000008	VISITING NURSE SERVICE	DIAZ, WILLIAM	47.00		754.82	I	
237730	4/05/13	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	10.00		160.60	Т	
237731	4/12/13	000008	VISITING NURSE SERVICE	DILLUVIO, MATTI	10.00		160.60	T	
	, , ,			- · · · ·				± =	
237732	4/12/13	800000	VISITING NURSE SERVICE	DOMINGUEZ, MARI	41.50		666.49	Τ	
237733	4/12/13	800000	VISITING NURSE SERVICE	DOMINGUEZ-REIN,	20.00		321.20	I	
				CIICHOMED	215.00	0.00	2 452 00		
				CUSTOMER	∠15.00	0.00	3,452.90		
				CATEGORY	215.00	0.00	3,452.90		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	69
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
			S	BALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237734	4/12/13	800000	VISITING NURSE SERVICE	DUTAN, SELINDA	40.00		642.40 I	
				CATEGORY	40.00	0.00	642.40	

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 7	0
SALES JR	NL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			Ş	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237735	4/12/13	000008	VISITING NURSE SERVICE	DUVERGE, MARIA	12.00		192.72 I	
				CATEGORY	12.00	0.00	192.72	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 7 AUR ADULT REHAB ON	_
	2 11 0025	200 001		SALES REGISTER				4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237736	4/12/13	800000	VISITING NURSE SERVICE	ECHAVARRIA, ANA	9.00		144.54 I	
				CATEGORY	9.00	0.00	144.54	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	72
SALES JRN	IL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A
			\$	SALES REGISTER			BILL WEEK ENDING	G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	SURPLUS
237737	4/12/13	800000	VISITING NURSE SERVICE	ECHEGARAY, MARI	42.25		678.54 I	
				CATEGORY	42.25	0.00	678.54	

RUN	DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	73
SAL	ES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				2	SALES REGISTER			BILL WEEK ENDING	4/19/13
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237	738	4/12/13	800000	VISITING NURSE SERVICE	EDELMAN, MILDRE	15.00		240.90 I	
					CATEGORY	15.00	0.00	240.90	

			YSIDE CITYWIDE	DDG 1997				74
SALES JRI	NL # 0329	TOG 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237739	4/12/13	800000	VISITING NURSE SERVICE	EMILIAN, SIRPOO	4.00		64.24 I	
				CATEGORY	4.00	0.00		

			YSIDE CITYWIDE				PAGE 1 - 75	
SALES JRN	L # 0329	LOC 001		REG NY NY			CCL CONGREGATE CARE PR	
			2	SALES REGISTER			BILL WEEK ENDING 4/1	9/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
0000040	4 / 1 0 / 1 0				00.00		201 00 -	
237740	4/12/13	000008	VISITING NURSE SERVICE	EPSTEIN, GEORGE	20.00		321.20 I	
				CATEGORY	20.00	0.00	321.20	

RUN DATE SALES JRN		LOC 001		REG NY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	76 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237741	4/12/13	800000	VISITING NURSE SERVICE	ERAZO, ROSA	8.00		128.48 I	
				CATEGORY	8.00	0.00	128.48	

			YSIDE CITYWIDE				111011	77
SALES JRNI	և # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	4 /10 /10
			2	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237742	4/12/13	000008	VISITING NURSE SERVICE	ESPEJO, FLORENC	18.00		289.08 I	
				CATEGORY	18.00	0.00	289.08	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 78
	,,		;	SALES REGIST	E R		BILL WEEK END	ING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
237743	4/12/13	000008	VISITING NURSE SERVICE	ESPIN, CESAR	55.50		891.34	I
237744	4/12/13	000008	VISITING NURSE SERVICE	ESPINAL, JOSE	21.00		337.26	I
237745	4/12/13	800000	VISITING NURSE SERVICE	ESTADES, MARIA	41.50		666.50	I
237746	4/12/13	800000	VISITING NURSE SERVICE	EVANS, DANNIE	1.00		16.06	I
				CUSTOMER	119.00	0.00	1,911.16	
				CATEGORY	119.00	0.00	1,911.16	

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	79	
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	A	
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 4/19/13	
ı										
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
ı										
ı	237747	4/12/13	000008	VISITING NURSE SERVICE	EVERETT, SHIRLE	18.50		297.11 I		
ı										
ı						10.50				
ı					CATEGORY	18.50	0.00	297.11		

			YSIDE CITYWIDE				PAGE 1	_	80
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK END	ING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237748	4/12/13	000008	VISITING NURSE SERVICE	FADEN, ROBIN	56.25		903.38	I	
237749	4/05/13	800000	VISITING NURSE SERVICE	FALCO, MARGARET	7.00		112.42	I	
237750	4/12/13	800000	VISITING NURSE SERVICE	FALCO, MARGARET	27.75		445.67	I	
237751	4/12/13	800000	VISITING NURSE SERVICE	FAROUGIAS, ANGE	8.75		140.53	I	
237752	4/12/13	800000	VISITING NURSE SERVICE	FAY, JULIA	32.25		517.94	I	
				CUSTOMER	132.00	0.00	2,119.94		
				CAREGODY	132.00	0.00	2,119.94		
				CATEGORY	132.00	0.00	2,119.94		

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	81	
ı	SALES JRN	L # 0329	LOC 001		REG NY NY			VCP CHOICE LHCS		
ı					SALES REGISTER			BILL WEEK ENDIN	G 4/19/13	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
	237753	4/12/13	800000	VISITING NURSE SERVICE	FERMIN, ORQUIDI	56.00		899.36 I		
					CATEGORY	56.00	0.00	 899.36		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 8	2
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237754	4/12/13	800000	VISITING NURSE SERVICE	FERNANDEZ, JORG	20.00		321.20 I	
				CATEGORY	20.00	0.00	321.20	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 83 VCP CHOICE LHCSA	
SALES UKN	ш # 0329	HOC 001		SALES REGISTER				4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237755 237756	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	6.00 27.25		96.36 I 437.64 I	
				CUSTOMER	33.25	0.00	534.00	
				CATEGORY	33.25	0.00	534.00	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	84
SALES JRN	IL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237757	4/12/13	800000	VISITING NURSE SERVICE	FERRER, MARIE	18.00		289.08 I	
				CATEGORY	18.00	0.00	289.08	

			YSIDE CITYWIDE				PAGE 1 - 8	5
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237758	4/05/13	000008	VISITING NURSE SERVICE	FIGUEROA, EDNA	6.00		96.36 I	
237759	4/12/13	800000	VISITING NURSE SERVICE	FIGUEROA, EDNA	30.00		481.80 I	
				CUSTOMER	36.00	0.00	578.16	
				CATEGORY	36.00	0.00	578.16	

			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237760	4/12/13	800000	VISITING NURSE SERVICE	FIUMARA, ROSE	52.75		847.18 I	
				CATEGORY	52.75	0.00	847.18	

RUN DATE (04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	87
SALES JRNI	և # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237761	4/12/13	800000	VISITING NURSE SERVICE	FLEITMAN, KLARA	12.00		192.72 I	
				CATEGORY	12.00	0.00	192.72	

			YSIDE CITYWIDE				PAGE 1 -	88
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			i	SALES REGISTER			BILL WEEK ENDI	NG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
237762	4/12/13	000008	VISITING NURSE SERVICE	FONG, ALEFINA	15.00		240.90	I
237763	4/12/13	800000	VISITING NURSE SERVICE	FONTEBOA, GUILL	34.50		554.08	I
				CUSTOMER	49.50	0.00	794.98	
				CATEGORY	49.50	0.00	794.98	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 8	9
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING	HOMEW/	O WALLS (LT
			\$	SALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237764	4/12/13	000008	VISITING NURSE SERVICE	FREIJOSO, ROSA	39.75		638.39	I	
237765	4/12/13	800000	VISITING NURSE SERVICE	FUNES, GEORGINA	35.00		562.10	I	
				CUSTOMER	74.75	0.00	1,200.49		
				CATEGORY	74.75	0.00	1,200.49		

RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	90
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	
			S	ALES REGISTER			BILL WEEK ENDIN	G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237766	4/12/13	800000	VISITING NURSE SERVICE	GALLINA, VIRGIN	9.00		144.54 I	
				CATEGORY	9.00	0.00	144.54	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 -	- 91 OMEW/O WALLS (LT
Bribbs order	L 0325	100 001		SALES REGISTER			BILL WEEK END	· ·
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 7	TYP SURPLUS
237767	4/12/13	800000	VISITING NURSE SERVICE	•	19.75		317.19	Ī
237768	4/12/13	000008	VISITING NURSE SERVICE	GARCIA, OLGA	32.00		513.92	1
				CUSTOMER	51.75	0.00	831.11	
				CATEGORY	51.75	0.00	831.11	

			YSIDE CITYWIDE	DEG NY NY			PAGE 1 - 92	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING 4	1/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
237769 237770	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		9.00 18.00		144.54 I 289.08 I	
				CUSTOMER	27.00	0.00	433.62	
				CATEGORY	27.00	0.00	433.62	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHC	
DALLS OW	ш # ОЭZЭ	100 001		SALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
237771 237772	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	GEBHARDT, DOROT GEORGE, MERCEDE	39.50 48.50		634.38 778.91	I I
				CUSTOMER	88.00	0.00	1,413.29	
				CATEGORY	88.00	0.00	1,413.29	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 9	4
SALES JRN	L # 0329	LOC 001		REG NY NY			CCL CONGREGATE CAR	
			\$	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237773	4/12/13	800000	VISITING NURSE SERVICE	GOLIGHTLY, OZEL	52.50		843.16 I	
				CATEGORY	52.50	0.00	843.16	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	95
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	L
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237774	4/12/13	800000	VISITING NURSE SERVICE	GOMEZ, JOSEFINA	20.00		321.20 I	
				CATEGORY	20.00	0.00	321.20	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 9	16
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK END	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237775	4/12/13	000008	VISITING NURSE SERVICE	GOMEZ, ROSANA	33.75		542.03	I	
237776	4/12/13	800000	VISITING NURSE SERVICE	GOMEZ, VICTORIA	24.00		385.44	I	
				CUSTOMER	57.75	0.00	927.47		
				CATEGORY	57.75	0.00	927.47		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	97
	- "			SALES REGISTER			BILL WEEK ENDING	G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237777	4/12/13	800000	VISITING NURSE SERVICE	GONZALEZ, ADELI	8.00		128.48 I	
				CATEGORY	8.00	0.00	128.48	

			YSIDE CITYWIDE						98
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI		4 / 1 0 / 1 0
			i	SALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237778	4/12/13	000008	VISITING NURSE SERVICE	GONZALEZ, CARLO	34.75		558.09	I	
237779	4/12/13	800000	VISITING NURSE SERVICE	GONZALEZ, DOLOR	34.75		558.09	I	
				CUSTOMER	69.50	0.00	1,116.18		
				CODIONER	07.30	0.00	1,110.10		
				CATEGORY	69.50	0.00	1,116.18		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMEV BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237780	4/12/13	800000	VISITING NURSE SERVICE	GONZALEZ, ELBA	20.00		321.20 I	
				CATEGORY	20.00	0.00	321.20	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 100 ADU ADULT	
SALLS UKNI	ш # 0329	TOC 001		SALES REGISTER				/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
237781	4/12/13	800000	VISITING NURSE SERVICE	GONZALEZ, JOSEF	15.50		248.93 I	
				CATEGORY	15.50	0.00	248.93	

			YSIDE CITYWIDE				PAGE 1 - 10)1
SALES JRI	NL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237782	4/12/13	000008	VISITING NURSE SERVICE	GORRA, ELISA	35.75		574.15 I	
				CATEGORY	35.75	0.00	 574.15	

RUN DATE SALES JRN		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY S A L E S R E G I S T E R			PAGE 1 - 102 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
237783 237784	3/29/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	3.00 19.00		48.18 I 305.14 I
				CUSTOMER	22.00	0.00	353.32
				CATEGORY	22.00	0.00	353.32

			YSIDE CITYWIDE				11102	- 10	03
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		4/10/12
			5	ALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237785	4/12/13	000008	VISITING NURSE SERVICE	GOYES, ELBA	28.00		449.68	I	
237786	4/05/13	800000	VISITING NURSE SERVICE	GRAVER, EDNA	8.00		128.48	I	
237787	4/12/13	800000	VISITING NURSE SERVICE	GRAVER, EDNA	40.00		642.40	I	
237788	4/12/13	800000	VISITING NURSE SERVICE	GRESSINE, ARNOL	48.50		778.92	I	
237789	4/12/13	800000	VISITING NURSE SERVICE	GUEVARA, ELENA	84.00		1,349.04	I	
				CUSTOMER	208.50	0.00	3,348.52		
				CATEGORY	208.50	0.00	3,348.52		

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDING	104 G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237790	4/12/13	800000	VISITING NURSE SERVICE	GUILLEN, SALVAD	31.00		497.86 I	
				CATEGORY	31.00	0.00	497.86	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	105
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237791	4/12/13	000008	VISITING NURSE SERVICE	GUTIERREZ, ANGE	83.50		1,341.02 I	
				CATEGORY	83.50	0.00	1,341.02	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 106 ADU ADULT BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237792	4/12/13	800000	VISITING NURSE SERVICE	HADJIARGYROU, G	15.00		240.90 I	
				CATEGORY	15.00	0.00	240.90	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	- 10)7
Brilling Grav	1 0323	100 001		ALES REGISTER			BILL WEEK END		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237793 237794	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	HARRISON, GLORI HENAO, VICTORIA	47.25 23.00		758.84 369.38	I I	
				CUSTOMER	70.25	0.00	1,128.22		
				CATEGORY	70.25	0.00	1,128.22		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	108
SALES UKNI	L # 0329	HOC 001		SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237795	4/12/13	800000	VISITING NURSE SERVICE	HENDERSON, FAYE	8.00		128.48 I	
				CATEGORY	8.00	0.00	128.48	

- 1	RUN DATE		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	.09	
	SALES UKN.	L # 0329	TOC 001		SALES REGISTER			BILL WEEK ENDING	4/19/13	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	237796	4/12/13	800000	VISITING NURSE SERVICE	HENDY, BERNICE	29.00		465.74 I		
ı										
ı					CATEGORY	29.00	0.00	465.74		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 11	10
SALES JRN	L # 0329	LOC 001		REG NY NY			ADU ADULT		
			S	SALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237797	4/12/13	000008	VISITING NURSE SERVICE	HENRICKS, ALICE	3.00		48.18	I	
237798	4/12/13	000008	VISITING NURSE SERVICE	HENRIQUEZ, MARI	56.00		899.36	I	
237799	4/12/13	800000	VISITING NURSE SERVICE	HERNANDEZ, AUSE	20.00		321.20	I	
				CUSTOMER	79.00	0.00	1,268.74		
				CATEGORY	79.00	0.00	1,268.74		

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0329	TOG 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCS BILL WEEK ENDIN	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237800	4/12/13	800000	VISITING NURSE SERVICE	HERNANDEZ, JUAN	27.25		437.64 I	
				CATEGORY	27.25	0.00	437.64	

RUN DATE SALES JRN			NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - : LTC NURSING HOME BILL WEEK ENDING	N/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237801	4/12/13	800000	VISITING NURSE SERVICE	HERRERA, ANGELA	30.00		481.80 I	
				CATEGORY	30.00	0.00	481.80	

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	113
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOM	E W/O WALLS LT
ı				S	SALES REGISTER			BILL WEEK ENDIN	G 4/19/13
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
ı									
ı	237802	4/12/13	000008	VISITING NURSE SERVICE	HERRERA, CLARA	16.00		256.96 I	
ı									
ı									
ı					CATEGORY	16.00	0.00	256.96	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 - 1 HOA HOSPICE ADULT BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237803 237804	4/05/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	HOEPPNER, RAYMO HOEPPNER, RAYMO	12.00 15.00		192.72 I 240.90 I	
				CUSTOMER	27.00	0.00	433.62	
				CATEGORY	27.00	0.00	433.62	

RUN DATE (SALES JRN)			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - 115 ADU ADULT BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	-	SURPLUS
237805	4/12/13	800000	VISITING NURSE SERVICE	HUGHES, PATRICI	5.00		80.30 I	
				 CATEGORY	5.00	0.00	80.30	

RUN DATE SALES JRN		LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - 1: VCP CHOICE LHCSA BILL WEEK ENDING	l6 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237806	4/12/13	800000	VISITING NURSE SERVICE	HUNGRIA, SABINA	40.00		642.40 I	
				CATEGORY	40.00	0.00	642.40	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.17
SALES JRI	NL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAA LOMBARDI AIDS	S ADULT POPUL
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237807	4/12/13	800000	VISITING NURSE SERVICE	INOSTROZA, RAPH	45.00		722.70 I	
					45.00			
				CATEGORY	45.00	0.00	722.70	

			YSIDE CITYWIDE					- 11	.8
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LI		4/10/12
				SALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237808	4/12/13	000008	VISITING NURSE SERVICE		37.75		606.27	I	
237809	4/12/13	800000	VISITING NURSE SERVICE	JAMES, DAVINA	30.00		481.80	I	
				CUSTOMER	67.75	0.00	1,088.07		
				CODIONER	07.75	0.00	1,000.07		
				CATEGORY	67.75	0.00	1,088.07		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 119 ADU ADULT	1
SALES UKN	ш # 0329	LOC 001		SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237810	4/12/13	000008	VISITING NURSE SERVICE	JAMISON, BESSIE	9.00		144.54 I	
				CATEGORY	9.00	0.00		

			YSIDE CITYWIDE				11102	- 12	20
SALES JRN	ъ # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE		4 / 1 0 / 1 2
			2	SALES REGISTER			BILL WEEK ENI	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237811	4/12/13	000008	VISITING NURSE SERVICE	JARA DEURUCHIM,	3.00		48.18	I	
237812	4/12/13	800000	VISITING NURSE SERVICE	JEWAT, LUCILLE	75.25		1,208.52	I	
237813	4/12/13	800000	VISITING NURSE SERVICE	JHAVERI, RAMESH	24.00		385.44	I	
				CUSTOMER	102.25	0.00	1,642.14		
				CATEGORY	102.25	0.00	1,642.14		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	21
SALES JRN	L # 0329	LOC 001		REG NY NY			HOA HOSPICE ADULT	
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237814	4/12/13	800000	VISITING NURSE SERVICE	JIANNARAS, ANNA	70.00		1,124.20 I	
				CATEGORY	70.00	0.00	1,124.20	

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 3	122
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
ı				5	SALES REGISTER			BILL WEEK ENDING	4/19/13
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	237815	4/12/13	800000	VISITING NURSE SERVICE	JIMENEZ, ALTAGR	30.00		481.80 I	
ı									
ı						20.00		401 00	
ı					CATEGORY	30.00	0.00	481.80	

RUN DATE SALES JRN				REGNY NY SALES REGISTER			PAGE 1 - 123 ADU ADULT BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237816	4/12/13	800000	VISITING NURSE SERVICE	JIMENEZ, LUIS	6.00		96.36 I	
				CATEGORY	6.00	0.00	96.36	

			YSIDE CITYWIDE					- 124
SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	
				SALES REGI	SIER		BILL WEEK END	ING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
237817	4/12/13	800000	VISITING NURSE SERVICE	JORRIN, HOR	TENS 41.00		658.47	I
				CATEG	ORY 41.00	0.00	658.47	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 125 ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 4	/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
237818	4/12/13	800000	VISITING NURSE SERVICE	KAZOS, KAHTY	12.00		192.72 I	
				CATEGORY	12.00	0.00	192.72	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			HOA HOSPICE ADUL	
								, , , -
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237819	4/12/13	000008	VISITING NURSE SERVICE	KHAN, MARGARET	19.00		305.14 I	
				CATEGORY	19.00	0.00	305.14	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY ALES REGISTER			PAGE 1 ADU ADULT BILL WEEK ENI	- 12 OING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237820 237821	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	KNOWLES, ANAMAR KOESTNER, MARIE	81.75 14.00		1,312.92 224.84	I	
				CUSTOMER	95.75	0.00	1,537.76		
				CATEGORY	95.75	0.00	1,537.76		

-	- , , -		YSIDE CITYWIDE	DEC MY MY			PAGE 1	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHO	
TATTOTOTOTI	DAME	GIIGE NO	GUGEOMED NAME	DEFEDENCE	HOHDG		ANGIDIE	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT '	TYP SURPLUS
237822	4/12/13	000008	VISITING NURSE SERVICE	KOSTIKIAN, MARI	25.00		401.50	I
237823	4/05/13	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	8.00		128.48	I
237824	4/12/13	800000	VISITING NURSE SERVICE	KOUTROUBAS, THE	56.00		899.36	I
237825	4/12/13	800000	VISITING NURSE SERVICE	LARA-MORA, BELE	56.00		899.36	I
				CUSTOMER	145.00	0.00	2,328.70	
				CATEGORY	145.00	0.00	2,328.70	

			YSIDE CITYWIDE				PAGE 1 - 12	29
SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	4/10/12
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237826	4/12/13	000008	VISITING NURSE SERVICE	LASAK, MICHAEL	15.00		240.90 I	
				CATEGORY	15.00	0.00	240.90	

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1:	30
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	O WALLS (LT
ı				S	SALES REGISTER			BILL WEEK ENDING	4/19/13
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	237827	4/12/13	800000	VISITING NURSE SERVICE	LEE, KATHLEEN	19.75		317.19 I	
ı									
ı									
ı					CATEGORY	19.75	0.00	317.19	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L31
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			Ş	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237828	4/12/13	000008	VISITING NURSE SERVICE	LEGASPI, CECILI	16.00		256.96 I	
				CATEGORY	16.00	0.00	256.96	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	132
			5	SALES REGISTER			BILL WEEK ENDING	G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237829	4/12/13	000008	VISITING NURSE SERVICE	LENDOIRO, JUAN	7.25		116.44 I	
				CATEGORY	7.25	0.00	116.44	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 13	33
DALLS OIL	ш # ОЭZЭ	100 001		SALES REGISTER			BILL WEEK EN		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237830	4/12/13	800000	VISITING NURSE SERVICE	LEWIS, CATHERIN	56.00		899.36	I	
237831	4/12/13	000008	VISITING NURSE SERVICE	LINARES, ELSA	8.00		128.48	I	
237832	4/12/13	800000	VISITING NURSE SERVICE	LITSAS, MARTHA	25.00		401.50		
				CUSTOMER	89.00	0.00	1,429.34		
				CATEGORY	89.00	0.00	1,429.34		

RUN DATE (04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 13	4
SALES JRNI	և # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING H	HOMEW/	O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK END	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237833	4/05/13	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	10.00		160.60	I	
237834	4/12/13	800000	VISITING NURSE SERVICE	LOCORRIERE, JOS	69.50		1,116.17	I	
237835	4/12/13	800000	VISITING NURSE SERVICE	LOGAN, ADELE	42.00		674.52	I	
				CUSTOMER	121.50	0.00	1,951.29		
				CATEGORY	121.50	0.00	1,951.29		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.35
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE	DATE	CODI NO	CODIONER WANE	KEL EKENCE	110010	IAZ ANI	ANOUNI III	DOKT HOD
237836	4/12/13	800000	VISITING NURSE SERVICE	LONDONO, AMIRA	66.00		1,059.97 I	
				CATEGORY	66.00	0.00	1,059.97	

			YSIDE CITYWIDE				PAGE 1 - 1	136
SALES JRN	L # 0329	LOC 001		REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237837	3/08/13	800000	VISITING NURSE SERVICE	LONDONO, JOSE	3.00		48.18 I	
				CATEGORY	3.00	0.00	48.18	

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	137	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	7	
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
237838	4/12/13	000008	VISITING NURSE SERVICE	LONDONO, JOSE	7.00		112.42 I		
				CATEGORY	7.00	0.00	112.42		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 13	38
SALES JRN	ъ # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237839	4/12/13	800000	VISITING NURSE SERVICE	LONDONO, MARIA	42.00		674.52 I	
				CATEGORY	42.00	0.00	674.52	

RUN DATE (IYSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 VCP CHOICE LHCSA	L39
0111111	_ 0025	200 001		SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237840	4/12/13	800000	VISITING NURSE SERVICE	LOPEZ, ANGELICA	33.75		542.03 I	
				CATEGORY	33.75	0.00	542.03	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237841	4/12/13	800000	VISITING NURSE SERVICE	LOPEZ, MARIA	25.00		401.50 I	
				CATEGORY	25.00	0.00	401.50	

RUN DATE (04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 141	
SALES JRNI	և # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE F	
			S	SALES REGISTER			BILL WEEK ENDING 4/	19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	JRPLUS
237842	4/12/13	800000	VISITING NURSE SERVICE	LUCES, LETICIA	19.00		305.14 I	
				CATEGORY	19.00	0.00	305.14	

			YSIDE CITYWIDE					PAGE 1	- 142	2
SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE		NY			VCP CHOICE LE		4 / 1 0 / 1 0
			2	SALES R	EGISTER	2		BILL WEEK ENI	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237843	4/12/13	800000	VISITING NURSE SERVICE	LUNA,	YSABEL	40.00		642.40	I	
					CATEGORY	40.00	0.00	642.40		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	143
SALES JRN	ъ # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE	CARE PROGRAM
			\$	SALES REGISTER			BILL WEEK ENDIN	G 4/19/13
		~~						
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237844	4/12/13	000008	VISITING NURSE SERVICE	LYMN, ANGIE	35.00		562.10 I	
23/044	4/12/13	000006	VISITING NURSE SERVICE	LIMN, ANGLE	35.00		562.10	
				CATEGORY	35.00	0.00	562.10	

			IYSIDE CITYWIDE SUNNYSIDE CITYWIDE S A	REG NY NY A L E S R E G I S T E R			PAGE 1 - 144 ADU ADULT BILL WEEK ENDING 4	1/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	URPLUS
237845	4/12/13	800000	VISITING NURSE SERVICE	MACCHIA, CATHY	41.00		658.46 I	
				CATEGORY	41.00	0.00	658.46	

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	145
SALES JR	NL # 0329	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			i	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237846	4/12/13	800000	VISITING NURSE SERVICE	MADRID, ANA	20.00		321.20 I	
				CATEGORY	20.00	0.00	321.20	

			YSIDE CITYWIDE	556 to 155			PAGE 1		
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			CCL CONGREGAT BILL WEEK END		£ PROGRAM 4/19/13
							DIED WEEK END	7110	1/13/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237847	4/12/13	000008	VISITING NURSE SERVICE	MAGILLIGAN, LOR	30.00		481.80	т	
237848	4/12/13	000008	VISITING NORSE SERVICE VISITING NURSE SERVICE	- , -	3.00		48.18	I	
				CUSTOMER	33.00	0.00	529.98		
				CATEGORY	33.00	0.00	529.98		

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237849 237850 237851	4/12/13 4/12/13 4/12/13	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	MALDONADO, MARI	7.00 25.00 20.00		112.42 I 401.50 I 321.20 I	
				CUSTOMER	52.00	0.00	835.12	
				CATEGORY	52.00	0.00	835.12	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	148
SALES JRN	ъ # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	N/O WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237852	4/12/13	800000	VISITING NURSE SERVICE	MANOS, VASILIKE	46.50		746.79 I	
				CATEGORY	46.50	0.00	746.79	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	149
SALES UKN.	ш # 0329	TOC 001		SALES REGISTER			BILL WEEK ENDI	NG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237853 237854	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	, -	9.00 9.00		144.54 144.54	[[
				CUSTOMER	18.00	0.00	289.08	
				CATEGORY	18.00	0.00	289.08	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			2	SALES REGISTER			BILL WEEK ENDI	ING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	TRUOMA	TYP SURPLUS
237855	4/12/13	000008	VISITING NURSE SERVICE	MARAVELAKIS, JO	56.00		899.36	I
237856	4/12/13	800000	VISITING NURSE SERVICE	MARINO, ANN	30.00		481.80	I
237857	4/12/13	800000	VISITING NURSE SERVICE	MARMOL ESPINAL,	25.00		401.50	I
				CUSTOMER	111.00	0.00	1,782.66	
				CATEGORY	111.00	0.00	1,782.66	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	.51
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	//O WALLS (LT
				SALES REGISTEI	R		BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237858	3/22/13	000008	VISITING NURSE SERVICE	MARMOL, LIDIA	6.25		100.38 I	
237859	4/12/13	800000	VISITING NURSE SERVICE	MARMOL, LIDIA	43.00		690.58 I	
				CUSTOMER	49.25	0.00	790.96	
				COSTONER	17.23	0.00	750.50	
				CATEGORY	49.25	0.00	790.96	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
			\$	SALES REGISTE	R		BILL WEEK ENDING	G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237860	4/12/13	800000	VISITING NURSE SERVICE	MARTE, JOSE	3.75		60.23 I	
				CATEGORY	3.75	0.00	60.23	

			YSIDE CITYWIDE	556 357			PAGE 1 - 153	~~~
SALES JRN	IL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			CCL CONGREGATE CARE PROC BILL WEEK ENDING 4/19/	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
237861	4/12/13	800000	VISITING NURSE SERVICE	MARTINEZ, ELENA	70.00		1,124.20 I	
				CATEGORY	70.00	0.00	1,124.20	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	
			5	SALES REGISTER			BILL WEEK END	ING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
237862 237863	4/05/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MARTINEZ, MARGA MARTINEZ, MARGA	6.00 35.50		96.36 570.13	I
237864	4/12/13	000008	VISITING NURSE SERVICE	MARTINEZ, MARTA	33.50		538.02	Ī
				CUSTOMER	75.00	0.00	1,204.51	
				CATEGORY	75.00	0.00	1,204.51	

RUN DATE 04/17/ SALES JRNL # 03		SIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	155
		S A	LES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE# DATE	CUST NO (CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237865 4/12/	13 000008 7	VISITING NURSE SERVICE	MARTINEZ, RAMON	32.75		525.97 I	
			CATEGORY	32.75	0.00		

			YSIDE CITYWIDE	DEG NV NV			PAGE 1 -	
SALES JRN	L # U329	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237866	4/12/13	800000	VISITING NURSE SERVICE	MARTINEZ, ROSA	39.50		1,341.02 I	
				CATEGORY	39.50	0.00	1,341.02	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	EW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
237867	4/12/13	800000	VISITING NURSE SERVICE	MARTINEZ, ROSAL	36.00		578.17 I	
				CATEGORY	36.00	0.00	 578.17	

		- SUP SUNN LOC 001	YSIDE CITYWIDE	DEC NV NV			PAGE 1 - 158 VCP CHOICE LHCSA	
SALES JRN	⊥ # U3Z9	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER				1/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP S	SURPLUS
237868 237869	4/05/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	MATOS, ROSA MATOS, ROSA	6.00 42.00		96.36 I 674.52 I	
				CUSTOMER	48.00	0.00	770.88	
				CATEGORY	48.00	0.00	 770.88	

RUN DATE SALES JRN		SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 15	9
011220 0141	_	200 001		ALES REGISTER			BILL WEEK ENI	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237870 237871	4/12/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	MAZZONE, FRANCE MC ALLISTER, AN	63.00 6.00		1,011.78 96.36	I	
237872	4/12/13	000008	VISITING NURSE SERVICE	MCBRAYER, SYLVI	168.00		2,698.08	I	
				CUSTOMER	237.00	0.00	3,806.22		
				CATEGORY	237.00	0.00	3,806.22		

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	160	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
237873	4/12/13	800000	VISITING NURSE SERVICE	MCGUIRE, HELEN	81.00		1,300.86 I		
				CATEGORY	81.00	0.00	1,300.86		

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 - 16	51
SALES JRN	⊥ # U3Z9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			ADU ADULT BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237874	4/12/13	000008	VISITING NURSE SERVICE	MEGALOUDIS, CAR	20.00		321.20 I	
237875	4/12/13	800000	VISITING NURSE SERVICE	MEGUERDITCHIAN,	25.50		409.53 I	
				CUSTOMER	45.50	0.00	730.73	
				CATEGORY	45.50	0.00	730.73	

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 162	2
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237876	4/12/13	000008	VISITING NURSE SERVICE	MEGUERDITCHIAN,	12.00		192.72 I	
				CATEGORY	12.00	0.00	192.72	

			YSIDE CITYWIDE				PAGE 1 - 16	53
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			\$	SALES REGISTER	-		BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237877	4/05/13	000008	VISITING NURSE SERVICE	MEJIA, CLAUDIO	7.00		112.42 I	
237878	4/12/13	800000	VISITING NURSE SERVICE	MEJIA, CLAUDIO	48.00		770.88 I	
				CUSTOMER	55.00	0.00	883.30	
				CATEGORY	55.00	0.00	883.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 164 VCP CHOICE LHCSA BILL WEEK ENDING 4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
237879 237880	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE		30.00		481.80 I 321.20 I	
				CUSTOMER	50.00	0.00	803.00	
				CATEGORY	50.00	0.00	803.00	

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOMI BILL WEEK ENDING	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
237881	4/12/13	800000	VISITING NURSE SERVICE	MEJIA, ROSA	40.00		642.40 I	
				CATEGORY	40.00	0.00	642.40	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - :	166
SALES UKNI	L # U3Z9	TOC 001		SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237882	4/12/13	800000	VISITING NURSE SERVICE	MENDEZ, ADA	42.00		674.52 I	
				CATEGORY	42.00	0.00	674.52	

١	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 16	57
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME W	N/O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	4/19/13
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	237883	4/12/13	000008	VISITING NURSE SERVICE	MENDEZ, NELLY	22.50		361.35 I	
ı									
ı									
ı					CATEGORY	22.50	0.00	361.35	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	168
SALES JRN	NL # 0329	LOC 001		REG NY NY			LTC NURSING HOME	
			:	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237884	4/12/13	000008	VISITING NURSE SERVICE	MENDOZA, JULIO	27.00		433.62 I	
				CATEGORY	27.00	0.00	433.62	

	04/17/13 · NL # 0329		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 169 ADU ADULT	
			Ş	SALES REGISTER			BILL WEEK ENDING 4/19/1	3
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLU	S
237885	4/12/13	000008	VISITING NURSE SERVICE	MILLER, PETER J	4.00		64.24 I	
				CATEGORY	4.00	0.00	64.24	_

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 17	0
SALES UKN	ш # 0329	100 001		ALES REGISTER			BILL WEEK END		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237886	4/12/13	000008	VISITING NURSE SERVICE	MIRANDA, LUIS	30.00		481.80	I	
237887	4/12/13	800000	VISITING NURSE SERVICE	MONSERRAT, DORI	15.00		240.90	I	
237888	4/12/13	800000	VISITING NURSE SERVICE	MONTOYA, ROSALB	12.00		192.72	I	
237889	4/12/13	800000	VISITING NURSE SERVICE	MORAITIS, AGATH	30.00		481.80	I	
237890	4/12/13	800000	VISITING NURSE SERVICE	MORALES, ANGELI	24.00		385.44	I	
237891	4/12/13	800000	VISITING NURSE SERVICE	MORALES, CARMEN	25.00		401.50	I	
237892	4/12/13	800000	VISITING NURSE SERVICE	MOREL, NOHEMY P	21.25		341.28	I	
237893	4/12/13	800000	VISITING NURSE SERVICE	MORILLO, MARICE	25.00		401.50	I	
237894	4/12/13	800000	VISITING NURSE SERVICE	MULLER, ROBERT	36.00		578.16	I	
				CUSTOMER	218.25	0.00	3,505.10		
				CATEGORY	218.25	0.00	3,505.10		

	04/17/13 - IL # 0329		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 171 ADU ADULT BILL WEEK ENDING 4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
237895	4/12/13	800000	VISITING NURSE SERVICE	MYINT, KHIN	8.00		128.48 I	
				CATEGORY	8.00	0.00	128.48	

RUN DATE (04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	172
SALES JRNI	L # 0329	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237896	4/12/13	800000	VISITING NURSE SERVICE	NAGY, GEORGE	49.00		786.94 I	
				CATEGORY	49.00	0.00		

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 173	
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE I	?ROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING 4	/19/13
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SU	URPLUS
	237897	4/12/13	800000	VISITING NURSE SERVICE	NAVARRO, MARIA	20.00		321.20 I	
					CATEGORY	20.00	0.00	321.20	

RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 174	1
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/C) WALLS (LT
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237898	4/12/13	800000	VISITING NURSE SERVICE	NIDO, MICHAEL	45.75		734.75 I	
					45.55			
1				CATEGORY	45.75	0.00	734.75	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 17	5
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237899	4/12/13	800000	VISITING NURSE SERVICE	NIETO RAMOS, JO	63.00		1,011.78 I	
				CATEGORY	63.00	0.00	1,011.78	

RUN DATE 04 SALES JRNL	/17/13 - SUP SUNN # 0329 LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 176 VCP CHOICE LHCSA BILL WEEK ENDING 4/19/13	
INVOICE#	DATE CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
	/12/13 000008 /12/13 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	30.25 20.00		485.82 I 321.20 I	
			CUSTOMER	50.25	0.00	807.02	
			CATEGORY	50.25	0.00	807.02	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING	77 7/O WALLS (LT 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	,	25.00 26.00		401.50 I 417.56 I	
				CUSTOMER	51.00	0.00	819.06	
				CATEGORY	51.00	0.00	819.06	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE LE BILL WEEK ENI		78 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237904 237905 237906	4/12/13 4/12/13 4/12/13	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	NOGUE, FIDELINA NUZIALE, CONCET OCHOA, LUIS	16.00 53.00 33.00		256.96 851.19 529.98	I I I	
				CUSTOMER	102.00	0.00	1,638.13		
				CATEGORY	102.00	0.00	1,638.13		

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 1 LTC NURSING HOME	
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237907	4/12/13	800000	VISITING NURSE SERVICE	OLVERA, ROSALIA	49.00		786.94 I	
				CATEGORY	49.00	0.00	786.94	

RUN DATE (04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 180	I.
SALES JRNI	և # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237908	4/12/13	800000	VISITING NURSE SERVICE	PANASKAROLIDIS,	32.25		517.94 I	
				CATEGORY	32.25	0.00	517.94	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 1	L81
SALES JRI	NL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237909	4/12/13	800000	VISITING NURSE SERVICE	PANDYA, HANSABE	16.00		256.96 I	
				CATEGORY	16.00	0.00		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 18	82
SALES JRN	ъ # 0329	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237910	4/12/13	800000	VISITING NURSE SERVICE	PANTALEONDEREN,	25.00		401.50 I	
				CATEGORY	25.00	0.00	401.50	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 183 ADU ADULT BILL WEEK ENDING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
237911	4/12/13	800000	VISITING NURSE SERVICE	PAOLONI, MARY	16.50		264.99 I
				CATEGORY	16.50	0.00	 264.99

RUN DATE SALES JRN	- , , -	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 18	34
Brilles orde	1 0020	100 001		SALES REGISTE	R		BILL WEEK EN		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237912	4/12/13	000008	VISITING NURSE SERVICE	PAPAZIAN, MANNI	40.00		642.40	I	
237913	4/12/13	800000	VISITING NURSE SERVICE	PAPOUTSIS, MARY	9.00		144.54	I	
237914	4/12/13	800000	VISITING NURSE SERVICE	PAPP, TEREZIA	3.00		48.18	I	
237915	4/12/13	800000	VISITING NURSE SERVICE	PARETTI, MARIE	56.00		899.36	I	
237916	4/05/13	800000	VISITING NURSE SERVICE	PENA, VICTORIA	6.00		96.36	I	
237917	4/12/13	800000	VISITING NURSE SERVICE	PENA, VICTORIA	38.00		610.28	I	
237918	4/12/13	800000	VISITING NURSE SERVICE	PENAGOS, MARIA	24.75		397.49	I	
				CUSTOMER	176.75	0.00	2,838.61		
				CATEGORY	176.75	0.00	2,838.61		

		04/17/13 - L # 0329			REG NY NY			ADU ADULT	185
	NVOICE#	DAME	GUGE NO		SALES REGISTER REFERENCE	HOHDG		BILL WEEK ENDING	- , -, -
	37919	DATE 4/12/13	O00008	CUSTOMER NAME VISITING NURSE SERVICE	PERAS, STEFANO	HOURS 8.00	TAX AMT	AMOUNT TY:	
	37717	1/12/13	000000	VISITING NORSE SERVICE	TERAS, SIETANO			120.40 1	
					CATEGORY	8.00	0.00	128.48	

			YSIDE CITYWIDE				-	186
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS	
				SALES REGISTER			BILL WEEK ENDIN	IG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
237920	4/12/13	000008	VISITING NURSE SERVICE	PEREZ MONSER, C	49.00		786.94 I	
237921	4/12/13	000008	VISITING NURSE SERVICE	PEREZ, GLADYS	30.00		481.80 I	•
237922	4/12/13	800000	VISITING NURSE SERVICE	PEREZ, JOAQUIN	30.00		481.80 I	•
					100.00		1 850 54	
				CUSTOMER	109.00	0.00	1,750.54	
				CATEGORY	109.00	0.00	1,750.54	

	04/17/13 - NL # 0329		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 187 ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING 4/19/	13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPI	LUS
237923	4/12/13	800000	VISITING NURSE SERVICE	PEZAR, PAUL	4.00		64.24 I	
				 CATEGORY	4.00	0.00	64.24	

			YSIDE CITYWIDE				PAGE 1 - 18	38
SALES JR	NL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/19/13
T1770 T G7	53.55	G11GT 310	G11GT01/FD 1/11/F		******			GIIDDI IIG
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237924	4/12/13	800000	VISITING NURSE SERVICE	PHILIPPS, MARY	55.75		895.35 I	
				CATEGORY	55.75	0.00	895.35	

			YSIDE CITYWIDE				PAGE 1 - 189	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTER			BILL WEEK ENDING 4/19	0/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURF	LUS
237925	4/12/13	000008	VISITING NURSE SERVICE	PINEDA, EMILIA	35.00		562.10 I	
237926	4/12/13	800000	VISITING NURSE SERVICE	PIZARRO, BARBAR	27.25		437.65 I	
				CUSTOMER	62.25	0.00	999.75	
				CATEGORY	62.25	0.00	999.75	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	190
SALES JRN	ъ # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			S	SALES REGISTER			BILL WEEK ENDII	NG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
237927	4/12/13	000008	VISITING NURSE SERVICE	PLACIDO, GENARO	35.00		562.10	I
237928	4/12/13	800000	VISITING NURSE SERVICE	PLACIDO, MERCED	43.25		694.60	I
				CUSTOMER	78.25	0.00	1,256.70	
				CATEGORY	78.25	0.00	1,256.70	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	191
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
237929	4/12/13	800000	VISITING NURSE SERVICE	PLASENZOTTI, NE	9.00		144.54 I	
1				CATEGORY	9.00	0.00	144.54	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	192
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL	
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237930	4/12/13	800000	VISITING NURSE SERVICE	PLENCA, GORDANA	9.00		144.54 I	
				CATEGORY	9.00	0.00	144.54	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - 193 VCP CHOICE LHCSA BILL WEEK ENDING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
237931	4/12/13	800000	VISITING NURSE SERVICE	POGGI, EMERITA	35.75		574.15 I
				CATEGORY	35.75	0.00	 574.15

	E 04/17/13 RNL # 0329		YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 194 ADU ADULT BILL WEEK ENDING 4/19/13	
INVOICE	# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
237932	4/12/13	800000	VISITING NURSE SERVICE	POLANCO, JUAN	33.00		529.98 I	
				CATEGORY	33.00	0.00	529.98	

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 195	
١	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
ı				5	SALES REGISTER			BILL WEEK ENDING 4/19	/13
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURP	LUS
	237933	4/12/13	800000	VISITING NURSE SERVICE	POLITIS, HELEN	24.00		385.44 I	
					CATEGORY	24.00	0.00	385.44	

			YSIDE CITYWIDE				PAGE 1 - 196
SALES JRN	L # 0329	LOC 001		REG NY NY S A L E S R E G I S T E R			ADU ADULT BILL WEEK ENDING 4/19/13
				SALES REGISIER			BILL WEEK ENDING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
237934	4/12/13	800000	VISITING NURSE SERVICE	PONCE, ALICIA	40.00		642.40 I
				CATEGORY	40.00	0.00	642.40

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 197	i
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LE	HCSA	
			5	SALES REGISTER	1		BILL WEEK ENI	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237935	4/12/13	000008	VISITING NURSE SERVICE	POTZMAN, ANTONI	40.00		642.40	I	
237936	4/12/13	800000	VISITING NURSE SERVICE	PULLIZA, DIANNE	35.75		574.15	I	
237937	4/12/13	000008	VISITING NURSE SERVICE	QUINONES, MARIA	6.00		96.36	I	
237938	4/12/13	800000	VISITING NURSE SERVICE	QUINTERO, INES	35.00		562.10	I	
				CUSTOMER	116.75	0.00	1,875.01		
				CATEGORY	116.75	0.00	1,875.01		

RUN DATE SALES JRN		- SUP SUNN LOC 001		REG NY NY A L E S R E G I S T E R			PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN	•
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	YP SURPLUS
237939	4/12/13	800000	VISITING NURSE SERVICE	QUIZHPI, MARIA	48.00		770.89	I
				CATEGORY	48.00	0.00	770.89	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	199
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHC	
			i	SALES REGISTER			BILL WEEK ENDI	NG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
237940	4/12/13	000008	VISITING NURSE SERVICE	QUIZHPI, MARIA	18.00		289.08	I
237941	4/12/13	800000	VISITING NURSE SERVICE	RAJA, HANIFA	12.00		192.72	I
				CUSTOMER	30.00	0.00	481.80	
				CATEGORY	30.00	0.00	481.80	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	200
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAP LOMBARDI AIDE	S PEDIATRIC
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237942	4/12/13	800000	VISITING NURSE SERVICE	RAMIREZ, ANA	32.00		513.92 I	
				CATEGORY	32.00	0.00	513.92	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - LTC NURSING HOME BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237943	4/12/13	000008	VISITING NURSE SERVICE	RAMIREZ, JUANA	42.00		674.52 I	
				CATEGORY	42.00	0.00		

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	202
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LAD NURSING HOME	W/O WALLS LT
ı				5	SALES REGISTER			BILL WEEK ENDING	4/19/13
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	237944	4/12/13	800000	VISITING NURSE SERVICE	RAMLALL, LILOWT	36.00		578.16 I	
ı									
					CATEGORY	36.00	0.00	578.16	

RUN DATE 04/17 SALES JRNL # 0		NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 VCP CHOICE LH BILL WEEK END	
INVOICE# DAT	E CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
237945 4/12 237946 4/12 237947 4/12 237948 4/12	/13 000008 /13 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	RAMPHAL, INDRIA REINA, JOSE RENDON, EDUARDO RICCA, MARIE	16.00 19.75 12.00 20.00		256.96 317.19 192.72 321.20	I I I
			CUSTOMER	67.75	0.00	1,088.07	
			CATEGORY	67.75	0.00	1,088.07	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 204	
SALES JRN	rL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CARE PRO	OGRAM
			S	SALES REGISTER			BILL WEEK ENDING 4/19	9/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURI	PLUS
237949	4/12/13	800000	VISITING NURSE SERVICE	RISCO, GUILLERM	41.50		666.50 I	
				CATEGORY	41.50	0.00	666.50	

RUN DATE (04/17/13 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 20	05	
SALES JRNI	և # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			VCP CHOICE L			
			S	SALES F	REGISTER			BILL WEEK EN	DING	4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REF	ERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
237950	4/12/13	800000	VISITING NURSE SERVICE	RIVA	ADENEIRA, OL	20.00		321.20	I		
					CATEGORY	20.00	0.00	321.20			

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20)6
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
ı				Ş	SALES REGISTER			BILL WEEK ENDING	4/19/13
ı									
ı	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	237951	4/12/13	800000	VISITING NURSE SERVICE	RIVADENEIRA, RO	56.00		899.36 I	
ı									
ı									
ı					CATEGORY	56.00	0.00	899.36	

	UN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 207 ALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE REG NY NY VCP CHOICE LHCSA												
SALES UKN	ш # 0329	100 001		ALES REGISTER			BILL WEEK EN		4/19/13				
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS				
237952	4/12/13	000008	VISITING NURSE SERVICE	RIVERA, CARMEN	30.00		481.80	I					
237953	4/05/13	800000	VISITING NURSE SERVICE	RIVERA, CAROL	4.00		64.24	I					
237954	4/05/13	800000	VISITING NURSE SERVICE	RIVERA, CAROL	12.00		192.72	I					
237955	4/12/13	800000	VISITING NURSE SERVICE	RIVERA, CAROL	28.00		449.68	I					
237956	4/12/13	800000	VISITING NURSE SERVICE	RIVERA, ERNESTO	20.00		321.20	I					
237957	4/12/13	800000	VISITING NURSE SERVICE	RIVERA, GRACIEL	20.00		321.20	I					
				CUSTOMER	114.00	0.00	1,830.84						
				CATEGORY	114.00	0.00	1,830.84						

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 20	8
ı	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				Ş	SALES REGISTER			BILL WEEK ENDING	4/19/13
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	237958	4/12/13	800000	VISITING NURSE SERVICE	RIVERA, RAQUEL	42.00		674.52 I	
					CATEGORY	42.00	0.00	674.52	

RUN DATE (- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LH	
SALES UKINI	L # 0329	TOC 001		ALES REGISTER			BILL WEEK END	
			-					, , , ,
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
237959	4/12/13	000008	VISITING NURSE SERVICE	ROCCISANO, LOUI	40.00		642.40	Т
237960	4/12/13	000008	VISITING NURSE SERVICE	RODRIGUEZ, ANA	29.00		465.74	Ī
237961	4/12/13	000008	VISITING NURSE SERVICE	RODRIGUEZ, BIEN	6.00		96.36	Ī
237962	4/12/13	800000	VISITING NURSE SERVICE	RODRIGUEZ, IRMA	42.00		674.52	I
237963	4/12/13	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARC	84.00		1,349.04	I
237964	4/12/13	800000	VISITING NURSE SERVICE	RODRIGUEZ, MARI	24.25		389.46	I
				CUSTOMER	225.25	0.00	3,617.52	
				CATEGORY	225.25	0.00	3,617.52	

RUN DATE SALES JRN				REG NY NY SALES REGISTER			PAGE 1 - 21 ADU ADULT BILL WEEK ENDING	0 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237965	4/12/13	800000	VISITING NURSE SERVICE	RODRIGUEZ, MERC	6.00		96.36 I	
				CATEGORY	6.00	0.00	96.36	

R	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	211
S	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	W/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	4/19/13
I	NVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	237966	4/12/13	800000	VISITING NURSE SERVICE	RODRIGUEZ, OLGA	15.00		240.90 I	
					CATEGORY	15.00	0.00	240.90	

RUN DATE	04/17/13 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	212
SALES JR	NL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237967	4/12/13	800000	VISITING NURSE SERVICE	RODRIGUEZ, PORF	49.00		786.94 I	
				CATEGORY	49.00	0.00		

RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE				REG NY NY SALES REGISTER		PAGE 1 - 213 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 4/19/13			
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
237968 237969	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	· · · · · · · · · · · · · · · · · · ·	40.00 48.00		642.41 I 770.88 I		
				CUSTOMER	88.00	0.00	1,413.29		
				 CATEGORY	88.00	0.00	1,413.29		

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	214
SALES URNI	L # U329	LOC UUI		REGNY NY SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237970	4/12/13	800000	VISITING NURSE SERVICE	ROMERO, ANA	18.75		301.13 I	
				CATEGORY	18.75	0.00	301.13	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHO	215
Bribbs ord	11 (1 052)	100 001		BALES REGISTER			BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
237971 237972	3/29/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	ROMERO, SANTHY ROMERO, SANTHY	8.00 41.00		128.48 658.46	I I
				CUSTOMER	49.00	0.00	786.94	
				CATEGORY	49.00	0.00	786.94	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 21	6
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			LTC NURSING	HOMEW/	O WALLS (LT
			:	SALES R	EGISTE	R		BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFE	RENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237973	4/12/13	000008	VISITING NURSE SERVICE	ROMO,	FLOR	55.50		891.33	I	
237974	4/12/13	800000	VISITING NURSE SERVICE	ROSA,	ANA	40.00		642.40	I	
					CUSTOMER	95.50	0.00	1,533.73		
					_					
					CATEGORY	95.50	0.00	1,533.73		

RUN DATE 0	4/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 21	7
SALES JRNL	# 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LH	CSA	
			S	SALES REGISTER			BILL WEEK END	ING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237975	4/12/13	800000	VISITING NURSE SERVICE	ROSA, LUZ E	47.75		766.87	I	
237976	4/12/13	800000	VISITING NURSE SERVICE	ROSA, MANOLO	24.00		385.44	I	
237977	4/12/13	800000	VISITING NURSE SERVICE	ROSARIO, ELSA	35.00		562.10	I	
237978	4/12/13	800000	VISITING NURSE SERVICE	ROSARIO, MARIA	24.25		389.47	I	
				CUSTOMER	131.00	0.00	2,103.88		
				CATEGORY	131.00	0.00	2,103.88		

RUN DATE SALES JRN				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
237979	4/12/13	800000	VISITING NURSE SERVICE	ROSTKOWSKI, WIE	9.00		144.54 I	
				CATEGORY	9.00	0.00	144.54	

			NYSIDE CITYWIDE	DEC NV NV			PAGE 1 - 2	19
SALES JRN	L # 0329	TOC 001	SUNNYSIDE CITYWIDE S A	REGNY NY ALES REGISTER			VCM VNS BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237980	4/12/13	800000	VISITING NURSE SERVICE	RUEDA, INES	51.00		819.06 I	
				CATEGORY	51.00	0.00	819.06	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2:	20
SALES JRN	r⊾ # 0329	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			:	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237981	4/12/13	800000	VISITING NURSE SERVICE	RUFFEN, SANDRA	24.00		385.44 I	
				CATEGORY	24.00	0.00	385.44	

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REGNY NY SALES REGISTER			PAGE 1 - ADU ADULT BILL WEEK ENDI	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT 1	TYP SURPLUS
237982 237983	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	RUIZ, TERESA RUSSO, MONICA	8.75 70.00		140.53 1,124.20	I I
				CUSTOMER	78.75	0.00	1,264.73	
				CATEGORY	78.75	0.00	1,264.73	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE LE	- 22	32
	_ "			SALES REGISTER	2		BILL WEEK ENI		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237984	4/12/13	000008	VISITING NURSE SERVICE	SAGIANIS, POLIX	2.00		32.12	I	
237985	4/12/13	800000	VISITING NURSE SERVICE	SAK, FIRDEVS	36.00		578.16	I	
237986	3/29/13	800000	VISITING NURSE SERVICE	SALADIN, MARIA	11.00		176.66	I	
237987	4/12/13	800000	VISITING NURSE SERVICE	SALADIN, MARIA	77.00		1,236.62	I	
				CUSTOMER	126.00	0.00	2,023.56		
				CATEGORY	126.00	0.00	2,023.56		

RUN	DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	223
SAL	ES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	I/O WALLS (LT
				S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INV	OICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237	988	4/12/13	800000	VISITING NURSE SERVICE	SALVATIERRA, TE	30.00		481.80 I	
					CATEGORY	30.00	0.00	481.80	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 22 HCSA	24
				SALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237989	4/12/13	000008	VISITING NURSE SERVICE	SAMPOGNA, LUCY	75.25		1,208.52	I	
237990	4/12/13	000008	VISITING NURSE SERVICE	SANCHEZ, ADOLFO	25.00		401.50	I	
237991	4/12/13	800000	VISITING NURSE SERVICE	SANCHEZ, FLORA	42.00		674.52	I	
237992	4/12/13	800000	VISITING NURSE SERVICE	SANCHEZ, LIDIA	49.00		786.94	I	
				CUSTOMER	191.25	0.00	3,071.48		
				CATEGORY	 191.25	0.00	3,071.48		

F	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	225
5	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	ARE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	4/19/13
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
2	237993	4/12/13	800000	VISITING NURSE SERVICE	SANCHEZ, MARIA	35.00		562.10 I	
					CATEGORY	35.00	0.00	562.10	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 22	26
SALES JRN	IL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237994	4/12/13	800000	VISITING NURSE SERVICE	SANCHEZ, NILSA	55.00		883.30 I	
				CATEGORY	55.00	0.00	883.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 ADU ADULT	- 227
DALLED OICH	ш н ОЭДЭ	100 001		SALES REGISTER			BILL WEEK END	ING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
237995 237996	3/22/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE		3.00 19.25		48.18 309.16	I
				CUSTOMER	22.25	0.00	357.34	
				CATEGORY	 22.25	0.00	357.34	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 22	28
Brilling Grav	1 0323	100 001		SALES REGISTER			BILL WEEK EN		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
237997 237998	4/12/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	SANTOS, LETY I SCOTT, CATHERIN	30.00 41.75		481.80 670.51	I	
237990	4/12/13	000008	VISITING NORSE SERVICE	·					
				CUSTOMER	71.75	0.00	1,152.31		
				CATEGORY	71.75	0.00	1,152.31		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2:	29
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
237999	4/12/13	800000	VISITING NURSE SERVICE	SCOTTI, CAROLIN	12.00		192.72 I	
				CATEGORY	12.00	0.00	192.72	

			YSIDE CITYWIDE					- 23	30
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE L		4 /10 /12
				SALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238000	4/12/13	000008	VISITING NURSE SERVICE	SCRO, WILLIAM	28.00		449.68	I	
238001	4/12/13	800000	VISITING NURSE SERVICE	SEGOVIA, BEATRI	40.25		646.42	I	
				CUSTOMER	68.25	0.00	1,096.10		
				CATEGORY	68.25	0.00	1,096.10		

			YSIDE CITYWIDE				PAGE 1 - 2	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			HOA HOSPICE ADULT	
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238002	4/12/13	800000	VISITING NURSE SERVICE	SELTZER, BERTHA	15.00		240.90 I	
				CATEGORY	15.00	0.00	240.90	

			YSIDE CITYWIDE				PAGE 1 -	
SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
				SALES REGISIER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238003	4/12/13	000008	VISITING NURSE SERVICE	SERAFIN, WALTER	70.00		1,124.20 I	
				·			,	
				CATEGORY	70.00	0.00	1,124.20	

			YSIDE CITYWIDE				PAGE 1 - 233	3
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238004	4/12/13	800000	VISITING NURSE SERVICE	SERRA, JOSE	42.00		674.52 I	
				CATEGORY	42.00	0.00	674.52	

RUN DATE SALES JRN		- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 23 HCSA	34
			S	SALES REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238005	4/12/13	000008	VISITING NURSE SERVICE	SHANNON, ELNORA	42.00		674.52	I	
238006	4/12/13	800000	VISITING NURSE SERVICE	SHARMA, DEROPDI	8.00		128.48	I	
238007	4/12/13	800000	VISITING NURSE SERVICE	SIFFETI, ROHAFZ	10.00		160.60	I	
				CUSTOMER	60.00	0.00	963.60		
				CATEGORY	60.00	0.00	963.60		

RUN DA	ΓΕ 04/17/13 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 -	235
SALES 0	JRNL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOME	•
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOIC	E# DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238008	4/12/13	000008	VISITING NURSE SERVICE	SILLS, JAMES	42.00		674.52 I	
				CATEGORY	42.00	0.00	674.52	

			YSIDE CITYWIDE				PAGE 1 - 23	6
SALES JRN	ъ # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	4 / 1 0 / 1 0
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238009	4/12/13	000008	VISITING NURSE SERVICE	SINGH, BADREE	40.00		642.40 I	
238010	4/12/13	800000	VISITING NURSE SERVICE	SINGH, JAMOONIE	15.00		240.90 I	
				CUSTOMER	55.00	0.00	883.30	
				0001011111		0.00		
				CATEGORY	55.00	0.00	883.30	

RUN DATE (04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 237	
SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/O	WALLS (LT
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
000011	4 / 1 0 / 1 0				15 00		0.4.0	
238011	4/12/13	000008	VISITING NURSE SERVICE	SOLDATI, RONDA	15.00		240.90 I	
				CA EECODY	15.00	0.00	240.00	
				CATEGORY	15.00	0.00	240.90	

RUN DATE (04/17/13 -	- SUP SUNN	YSIDE CITYWIDE					PAGE 1	- 23	8
SALES JRNI	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY	NY			CCL CONGREGAT	re car	E PROGRAM
			S	SALES	REGISTER			BILL WEEK ENI	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	R	EFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238012	4/12/13	800000	VISITING NURSE SERVICE	SO	PCHEK, SAMUEL	12.00		192.72	I	
					CATEGORY	12.00	0.00	192.72		

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	- 239
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHO	CSA
				SALES REGISTER			BILL WEEK ENDI	ING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	T TRUOMA	TYP SURPLUS
238013	4/12/13	000008	VISITING NURSE SERVICE	SORIA, ROLANDO	30.00		481.80	I
238014	4/12/13	800000	VISITING NURSE SERVICE	SOTO, MARCELINA	40.00		642.40	I
238015	4/12/13	800000	VISITING NURSE SERVICE	STAFILIAS, EVAN	74.50		1,196.48	I
238016	4/12/13	800000	VISITING NURSE SERVICE	STAMBOULIDIS, V	55.75		895.35	I
				CUSTOMER	200.25	0.00	3,216.03	
				CATEGORY	200.25	0.00	3,216.03	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 24 HOA HOSPICE ADULT BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238017	4/12/13	800000	VISITING NURSE SERVICE	STEIN, STEPHANI	17.75		285.07 I	
				CATEGORY	17.75	0.00	285.07	

			YSIDE CITYWIDE				-	- 24	11
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		VCP CHOICE LHCSA		
			S	ALES REGISTE	R		BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238018	4/12/13	000008	VISITING NURSE SERVICE	STENOS, MOSHOUL	30.00		481.80	I	
238019	4/05/13	800000	VISITING NURSE SERVICE	STICKELL, BLANC	7.00		112.42	I	
238020	4/12/13	800000	VISITING NURSE SERVICE	STICKELL, BLANC	35.00		562.10	I	
238021	4/12/13	800000	VISITING NURSE SERVICE	STROBL, ALFRED	39.00		626.34	I	
238022	4/12/13	800000	VISITING NURSE SERVICE	SUAREZ, MARINA	30.00		481.80	I	
				CUSTOMER	141.00	0.00	2,264.46		
				CATEGORY	141.00	0.00	2,264.46		

RUN DATE 0 SALES JRNL		SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 242 LTC NURSING HOMEW/C BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	4/12/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	•	41.75 29.75		670.51 I 477.79 I	
				CUSTOMER	71.50	0.00	1,148.30	
				CATEGORY	71.50	0.00	1,148.30	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - VCP CHOICE LHCSA	
BALLED OIGN	ш н ОЭДЭ	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238025 238026	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	TAVERAS, BERNAR TEJADA, BALDOME	16.25 28.00		260.98 I 449.68 I	
				CUSTOMER	44.25	0.00	710.66	
				CATEGORY	44.25	0.00	710.66	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2	44
	0025	200 001		SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238027	4/12/13	800000	VISITING NURSE SERVICE	TEODORU, MIRELL	15.00		240.90 I	
				CATEGORY	15.00	0.00	240.90	

RUN DATE	- , , -		YSIDE CITYWIDE	DDG NV NV			PAGE 1		15
SALES JRN	L # ∪3∠9	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY ALES REGISTER			VCP CHOICE LH BILL WEEK END		4/19/13
			۵	ALES KEGISTER	-		DILL MEEK END	TING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238028	4/12/13	800000	VISITING NURSE SERVICE	TERZIAN, ASDGHI	35.00		562.10	I	
238029	4/12/13	800000	VISITING NURSE SERVICE	TINOCO, INES	35.00		562.10	I	
238030	4/12/13	000008	VISITING NURSE SERVICE	TOLENTINO, PASC	25.00		401.50	I	
238031	4/12/13	000008	VISITING NURSE SERVICE	TORO VEGA, LUZV	20.00		321.20	I	
238032	4/12/13	800000	VISITING NURSE SERVICE	TORRES, EMELINA	38.00		610.28	I	
238033	4/12/13	800000	VISITING NURSE SERVICE	TORRES, LUZ M	83.00		1,332.98	I	
				OLIGEOMED	226 00	0.00	2 700 16		
				CUSTOMER	236.00	0.00	3,790.16		
				CATEGORY	236.00	0.00	3,790.16		

١	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	46
١	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	/O WALLS (LT
١				5	SALES REGISTER			BILL WEEK ENDING	4/19/13
ı									
١	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
ı									
ı	238034	4/12/13	000008	VISITING NURSE SERVICE	TORRES, MARGOT	40.75		654.45 I	
١									
١						40.55			
ı					CATEGORY	40.75	0.00	654.45	

RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 247	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			S	SALES REGISTE	E R		BILL WEEK ENDING 4/1	9/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SUR	PLUS
020025	4 /10 /12	000000		morn/2	25 00		560 10 T	
238035	4/12/13	000008	VISITING NURSE SERVICE	TOUMA, MATTA	35.00		562.10 I	
				- CAMPICODY	25 00	0.00		
				CATEGORY	35.00	0.00	562.10	

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 248	3
SALES JRN	ı∟ # 0329	LOC 001		REG NY NY			VCP CHOICE LHCSA	
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238036	4/12/13	800000	VISITING NURSE SERVICE	TOVAR DE BOCAN,	21.00		337.26 I	
				CATEGORY	21.00	0.00	337.26	

	04/17/13 · NL # 0329		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 ADU ADULT	249
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238037	4/12/13	800000	VISITING NURSE SERVICE	TRAVLOS, GERASI	17.50		281.05 I	
				CATEGORY	17.50	0.00	281.05	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 VCP CHOICE L	- 25 HCSA	50
	.2 0025	200 001		SALES REGISTER			BILL WEEK EN		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238038 238039	4/12/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE	TSOLISOS, FOTIN	54.50 63.00		875.27	I	
230039	4/12/13	000008	VISITING NURSE SERVICE	TZOUMAS, EFFIE	03.00		1,011.78		
				CUSTOMER	117.50	0.00	1,887.05		
				CATEGORY	117.50	0.00	1,887.05		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 251	1
SALES JRN	IL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			AMH ADULT MENTAL HI	EALTH
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238040	4/12/13	800000	VISITING NURSE SERVICE	UGLIALORO, JOHN	12.00		192.72 I	
				CATEGORY	12.00	0.00	192.72	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 VCP CHOICE L BILL WEEK EN		52 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238041 238042 238043	4/12/13 4/05/13 4/12/13	000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	URBINA, ANA URENA, ARGELIA URENA, ARGELIA	31.00 12.00 30.00		497.86 192.72 481.80	I I I	
				CUSTOMER	73.00	0.00	1,172.38		
				CATEGORY	73.00	0.00	1,172.38		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	153	
SALES JRN	L # 0329	LOC 001		REG NY NY			ADU ADULT		
			2	SALES REGISTER			BILL WEEK ENDING	4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
238044	4/12/13	800000	VISITING NURSE SERVICE	URUCHIMA, VICTO	42.00		674.52 I		
				CATEGORY	42.00	0.00	674.52		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	4
SALES JRN	IL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	E PROGRAM
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238045	4/12/13	800000	VISITING NURSE SERVICE	VALENCIA, BERNA	24.00		385.44 I	
				CATEGORY	24.00	0.00	385.44	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - HOA HOSPICE ADUI	
DALLS UKN	L # 0325	100 001		SALES REGISTER			BILL WEEK ENDING	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	SURPLUS
238046	4/12/13	800000	VISITING NURSE SERVICE	VALENCIA, EMMA	15.00		240.90 I	
				CATEGORY	15.00	0.00	240.90	

ı	RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	56
١	SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CA	RE PROGRAM
				S	SALES REGISTER			BILL WEEK ENDING	4/19/13
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
	238047	4/12/13	800000	VISITING NURSE SERVICE	VALENTI, HELEN	55.25		887.32 I	
ı					CATEGORY	55.25	0.00	887.32	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 -	257
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCS.	A
			S	SALES REGISTER			BILL WEEK ENDIN	G 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS
238048	4/12/13	800000	VISITING NURSE SERVICE	VALENZA, GIUSEP	39.75		638.39 I	
				CATEGORY	39.75	0.00	638.39	

RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 25	8
SALES JRN	L # 0329	LOC 001		REG NY NY			ADU ADULT	
			i	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238049	4/12/13	800000	VISITING NURSE SERVICE	VASQUEZ, DULCE	27.50		441.66 I	
				CATEGORY	27.50	0.00	441.66	

			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			PAGE 1 - LTC NURSING HO BILL WEEK ENDI	MEW/O WALLS (LT
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
238050	4/12/13	000008	VISITING NURSE SERVICE	VASQUEZ, EUSTAG	32.50		521.96	I
				CATEGORY	32.50	0.00	 521.96	

			YSIDE CITYWIDE	DDG NV NV			PAGE 1 - 2	260
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238051	4/12/13	800000	VISITING NURSE SERVICE	VASQUEZ, RAPHAE	17.75		285.07 I	
				CATEGORY	17.75	0.00	285.07	

ı	RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	61	
ı	SALES JRN	L # 0329	LOC 001		REG NY NY			LTC NURSING HOMEW		
				:	SALES REGISTER			BILL WEEK ENDING	4/19/13	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
	238052	4/12/13	000008	VISITING NURSE SERVICE	VAZQUEZ, ESTHER	40.00		642.40 I		
ı					CATEGORY	40.00	0.00	642.40		

RUN DATE SALES JRN		- SUP SUNN LOC 001	TYSIDE CITYWIDE SUNNYSIDE CITYWIDE S	REG NY NY SALES REGISTER			PAGE 1 - 262 ADU ADULT BILL WEEK ENDING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS
238053	4/12/13	800000	VISITING NURSE SERVICE	VAZQUEZ, FELIPE	18.00		289.08 I
				 CATEGORY	18.00	0.00	289.08

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 2 VCP CHOICE LHCSA BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238054 238055 238056	4/12/13 4/12/13 4/12/13	000008 000008 000008	VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE	VELECELA, LUIS	16.00 15.00 20.00		256.96 I 240.90 I 321.20 I	
				CUSTOMER	51.00	0.00	819.06	
				CATEGORY	51.00	0.00	819.06	

RUN DATE (YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 26 ADU ADULT	4
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238057	4/12/13	800000	VISITING NURSE SERVICE	VENTURA, GERMAN	3.00		48.18 I	
				CATEGORY	3.00	0.00	48.18	

RUN DATE	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	55
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW/	O WALLS (LT
			Ş	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238058	4/12/13	800000	VISITING NURSE SERVICE	VENTURA, ROSA	46.75		750.81 I	
				CATEGORY	46.75	0.00	750.81	

	04/17/13 - NL # 0329		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 2 VCP CHOICE LHCSA	
			\$	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238059	4/12/13	800000	VISITING NURSE SERVICE	VERAS, JUANA	70.25		1,128.22 I	
				CATEGORY	70.25	0.00	1,128.22	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 20 HOA HOSPICE ADULT	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	SALES REGISTER REFERENCE	HOURS	TAX AMT	BILL WEEK ENDING AMOUNT TYP	4/19/13 SURPLUS
238060	4/12/13	000008	VISITING NURSE SERVICE		20.00	IAX AMI	321.20 I	SURPLUS
250000	1/12/13	00000	VIBILING NORDE BERVICE					
				CATEGORY	20.00	0.00	321.20	

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 26	8
SALES JRN	IL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA	
			5	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238061	4/12/13	800000	VISITING NURSE SERVICE	VILLAPOL, ANNA	36.00		578.16 I	
				CATEGORY	36.00	0.00	578.16	

RUN DATE	04/17/13 -	- SUP SUNN	NYSIDE CITYWIDE				PAGE 1 - 2	69
SALES JRN	IL # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			LTC NURSING HOMEW	•
				SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
INVOICE#	DAIL	COSI NO	COSTOMER NAME	KEFEKENCE	HOURS	IAA AMI	AMOUNI IIP	COLLANDS
238062	4/12/13	800000	VISITING NURSE SERVICE	VITO, CARMEN	30.00		481.80 I	
				CATEGORY	30.00	0.00	481.80	

- 1				YSIDE CITYWIDE	DDG NU NU			PAGE 1 -	
	SALES JRN	L # 0329	TOC 001	SUNNYSIDE CITYWIDE	REGNY NY SALES REGISTER			VCP CHOICE LHCSA BILL WEEK ENDING	
	INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYPE	P SURPLUS
	238063	4/12/13	800000	VISITING NURSE SERVICE	VIVACQUA, EMMA	67.25		1,080.04 I	
					CATEGORY	67.25	0.00	1,080.04	

			YSIDE CITYWIDE				PAGE 1 - 271	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			ADU ADULT	
			2	SALES REGISTER			BILL WEEK ENDING 4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP SURPLUS	
238064	3/29/13	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	4.00		64.24 I	
238065	4/12/13	800000	VISITING NURSE SERVICE	VLAHOS, MARIE	20.00		321.20 I	
				CUSTOMER	24.00	0.00	385.44	
				CATECORY		0.00	205 11	
				CUSTOMER CATEGORY	24.00	0.00	385.44	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 2	272	
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			VCP CHOICE LHCSA		
			S	SALES REGISTER			BILL WEEK ENDING	4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS	
238066	4/12/13	000008	VISITING NURSE SERVICE	VOLASTRO, JOHN	3.00		48.18 I		
				CATEGORY	3.00	0.00	48.18		

	TE 04/17/13 JRNL # 0329		YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - ADU ADULT	
INVOIC	E# DATE	CITCH NO	CUSTOMER NAME	SALES REGISTER	HOURS	TAX AMT	BILL WEEK ENDING	, , ,
238067		CUST NO 000008	VISITING NURSE SERVICE	REFERENCE WEIHS, MARGARET	3.00	IAX AMI	AMOUNT TYP	P SURPLUS
230007	1/12/13	000000	VISITING NORSE SERVICE	WEITIS, PARGARET			40.10	
				CATEGORY	3.00	0.00	48.18	

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 - 27 VCP CHOICE LHCSA	4
BALLO OIGV	ш т ОЗДЭ	100 001		SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238068 238069	4/12/13 4/12/13	800000 800000	VISITING NURSE SERVICE VISITING NURSE SERVICE	WEINHAUS, SUSAN YAGHDJIAN, SIRA	36.00 16.00		578.16 I 256.96 I	
				CUSTOMER	52.00	0.00	835.12	
				CATEGORY	52.00	0.00	835.12	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1 - 27	'5
SALES JRN	և # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CCL CONGREGATE CAR	
			\$	SALES REGISTER			BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238070	4/12/13	800000	VISITING NURSE SERVICE	YELLAPAH, DOLLI	12.00		192.72 I	
				CATEGORY	12.00	0.00	192.72	

RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 276 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES JRNL # 0329 GUI GUILDNET SALES REGISTER BILL WEEK ENDING 4/19/13 RAME
REFERENCE
ALI, AMRINISA
ALIA, PEDROO
ALSTON, ZULINE
ALIX, PEDROO
ALIX, PEDROO INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ALI, AMRUNISSA 47.00 ALIX, PEDRO 11.00 ALSTON, ZULINE 48.00 238071 729.44 I 4/12/13 000010 GUILDNET 238072 1,760.00 I 4/12/13 000010 GUILDNET 238073 4/12/13 000010 GUILDNET I 238074 4/12/13 000010 GUILDNET 238075 GUILDNET 4/12/13 000010 238076 GUILDNET 4/12/13 000010 238077 4/12/13 000010 GUILDNET 238078 4/12/13 000010 GUILDNET 238079 4/12/13 000010 GUILDNET 238080 4/12/13 000010 GUILDNET 238081 4/12/13 000010 GUILDNET GUILDNET 238082 4/12/13 000010 238083 4/12/13 000010 GUILDNET 238084 3/22/13 000010 GUILDNET 238085 4/12/13 000010 GUILDNET 238086 4/12/13 000010 GUILDNET 238087 4/12/13 000010 GUILDNET 238088 4/12/13 000010 GUILDNET 238089 4/12/13 000010 GUILDNET 238090 4/12/13 000010 GUILDNET 238091 4/12/13 GUILDNET 000010 238092 GUILDNET 4/12/13 000010 238093 4/12/13 000010 GUILDNET 238094 4/12/13 000010 GUILDNET 238095 4/12/13 000010 GUILDNET Ι 238096 4/12/13 000010 GUILDNET Ι 238097 4/12/13 000010 GUILDNET Т 238098 4/12/13 000010 GUILDNET 238099 4/12/13 000010 GUILDNET 238100 4/12/13 000010 GUILDNET 238101 4/12/13 000010 GUILDNET 238102 4/12/13 000010 GUILDNET 238103 2/22/13 000010 GUILDNET 238104 4/12/13 000010 GUILDNET Т 238105 4/12/13 000010 GUILDNET 238106 4/12/13 000010 GUILDNET Ι 238107 4/12/13 000010 GUILDNET Ι 238108 2/22/13 000010 GUILDNET Ι 238109 3/08/13 000010 GUILDNET 238110 GUILDNET 4/12/13 000010 238111 4/12/13 000010 GUILDNET 238112 4/12/13 000010 GUILDNET 238113 4/12/13 000010 GUILDNET 238114 4/05/13 000010 GUILDNET 238115 4/12/13 GUILDNET 000010 238116 4/12/13 000010 GUILDNET 238117 2/15/13 000010 GUILDNET 238118 3/15/13 000010 GUILDNET 238119 4/12/13

000010 GUILDNET

RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE PAGE 2 - 277SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 4/19/13 RAME

GARCIA, MARIA A 48.50

GOMEZ, YOLANDA

G REFERENCE HOURS TAX AMT INVOICE# DATE CUST NO CUSTOMER NAME AMOUNT TYP SURPLUS GARCIA, MARIA A 48.50 238120 752.72 I 4/12/13 000010 GUILDNET 238121 201.76 I 4/12/13 000010 GUILDNET 238122 4/12/13 000010 GUILDNET I 238123 2/15/13 000010 GUILDNET 238124 GUILDNET 4/12/13 000010 238125 GUILDNET 4/12/13 000010 238126 GUILDNET 4/12/13 000010 238127 GUILDNET 4/12/13 000010 238128 4/12/13 000010 GUILDNET 238129 4/12/13 000010 GUILDNET 238130 4/12/13 000010 GUILDNET GUILDNET 238131 4/12/13 000010 238132 4/12/13 000010 GUILDNET 238133 4/12/13 000010 GUILDNET 238134 4/12/13 000010 GUILDNET 238135 4/12/13 000010 GUILDNET 238136 4/12/13 000010 GUILDNET 238137 4/12/13 000010 GUILDNET 238138 4/12/13 000010 GUILDNET 238139 2/22/13 000010 GUILDNET 238140 4/12/13 GUILDNET 000010 238141 GUILDNET 4/12/13 000010 238142 GUILDNET 4/12/13 000010 238143 4/12/13 000010 GUILDNET 238144 4/12/13 000010 GUILDNET 238145 4/12/13 000010 GUILDNET 238146 2/22/13 000010 GUILDNET 238147 3/08/13 000010 GUILDNET 238148 4/12/13 000010 GUILDNET 238149 4/12/13 000010 GUILDNET 238150 4/12/13 000010 GUILDNET 238151 4/12/13 000010 GUILDNET 238152 4/12/13 000010 GUILDNET 238153 4/12/13 000010 GUILDNET 238154 4/12/13 000010 GUILDNET 238155 2/22/13 000010 GUILDNET 238156 4/12/13 000010 GUILDNET 238157 4/12/13 000010 GUILDNET 238158 4/12/13 000010 GUILDNET 238159 000010 GUILDNET 4/12/13 238160 4/12/13 000010 GUILDNET 238161 000010 GUILDNET 4/12/13 GUILDNET 238162 4/12/13 000010 238163 4/12/13 000010 GUILDNET 238164 4/12/13 000010 GUILDNET 238165 4/12/13 000010 GUILDNET 238166 4/12/13 000010 GUILDNET 238167 4/12/13 000010 GUILDNET 4/12/13 000010 GUILDNET 238168

RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE PAGE 3 - 278 SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET YWIDE REGNY NY SALES REGISTER BILL WEEK ENDING 4/19/13 REFERENCE HOURS TAX AMT INVOICE# DATE CUST NO CUSTOMER NAME AMOUNT TYP SURPLUS 238169 248.32 I 4/12/13 000010 238170 496.64 I 4/12/13 000010 238171 4/12/13 000010 238172 4/12/13 000010 238173 4/05/13 000010 238174 4/12/13 000010 238175 4/12/13 000010 238176 4/12/13 000010 238177 4/12/13 000010 238178 4/12/13 000010 238179 4/12/13 000010 238180 4/12/13 000010 238181 4/12/13 000010 238182 4/12/13 000010 238183 4/12/13 000010 238184 4/12/13 000010 238185 4/12/13 000010 238186 4/12/13 000010 238187 4/12/13 000010 238188 2/15/13 000010 GUILDNET 238189 3/01/13 000010 GUILDNET 238190 000010 GUILDNET 4/12/13 238191 000010 GUILDNET 4/12/13 238192 4/12/13 000010 GUILDNET 238193 4/12/13 000010 GUILDNET 238194 4/12/13 000010 238195 4/12/13 000010 238196 3/29/13 000010 238197 4/12/13 000010 238198 4/12/13 000010 238199 4/05/13 000010 238200 4/12/13 000010 238201 4/12/13 000010 238202 4/12/13 000010 238203 4/12/13 000010 238204 4/12/13 000010 238205 4/12/13 000010 238206 4/12/13 000010 GUILDNET 238207 000010 GUILDNET 4/12/13 238208 000010 GUILDNET 4/12/13 238209 4/12/13 000010 GUILDNET 238210 000010 GUILDNET 2/22/13 238211 000010 GUILDNET 3/08/13 238212 4/12/13 000010 238213 4/12/13 000010 238214 2/15/13 000010 238215 3/01/13 000010 238216 4/12/13 000010 GUILDNET 4/12/13 000010 GUILDNET 238217

RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE PAGE 4 - 279SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET YMIDE REGNY NY
SALES REGISTER BILL WEEK ENDING 4/19/13 REFERENCE HOURS TAX AMT AMOUNT TYP INVOICE# DATE CUST NO CUSTOMER NAME SURPLUS 238218 4/12/13 000010 238219 4/12/13 000010 238220 4/12/13 000010 238221 4/12/13 000010 238222 4/12/13 000010 238223 4/12/13 000010 238224 4/12/13 000010 238225 4/12/13 000010 238226 4/12/13 000010 238227 4/12/13 000010 238228 4/12/13 000010 238229 4/12/13 000010 238230 4/12/13 000010 238231 4/12/13 000010 238232 4/12/13 000010 238233 4/12/13 000010 238234 4/12/13 000010 238235 4/12/13 000010 238236 4/12/13 000010 238237 4/12/13 000010 238238 3/22/13 000010 238239 4/12/13 000010 238240 4/12/13 000010 238241 4/05/13 000010 238242 4/12/13 000010 GUILDNET 238243 4/12/13 000010 238244 4/12/13 000010 238245 4/12/13 000010 238246 4/12/13 000010 238247 4/12/13 000010 238248 4/12/13 000010 238249 4/12/13 000010 238250 4/12/13 000010 238251 4/12/13 000010 238252 4/12/13 000010 238253 2/15/13 000010 238254 3/01/13 000010 238255 4/12/13 000010 238256 4/12/13 000010 GUILDNET 238257 000010 GUILDNET 4/12/13 238258 4/12/13 000010 GUILDNET 238259 000010 GUILDNET 4/12/13 238260 000010 GUILDNET 4/12/13 238261 3/29/13 000010 238262 4/12/13 000010 238263 4/12/13 000010 238264 4/12/13 000010 238265 4/12/13 000010 GUILDNET 4/12/13 000010 GUILDNET 238266

RUN DATE (SALES JRNI		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY S A L E S	NY R E G I S T E	R		PAGE 5 GUI GUILDNET BILL WEEK EN		30 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	RE	FERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238267 238268 238269	4/12/13 4/12/13 4/12/13	000010 000010 000010	GUILDNET GUILDNET GUILDNET	ZAR	AGOZA, ISABE E, GLORIA IAETA, FANNY	40.00 55.00 64.00		620.80 853.60 993.28	I I I	
					CUSTOMER	6,180.50	0.00	108,711.38		
					CATEGORY	6,180.50	0.00	108,711.38		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1	– 28	31
SALES OWN	ш # 0325	100 001	SOUNTSIDE CITIWIDE	SALES REGISTER	3		BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238270	4/12/13	000122	HEALTH FIRST	BEGUM, MANWARA	28.00		472.64	I	
238271	4/12/13	000122	HEALTH FIRST	BHAIRO, KOWSILI	56.00		945.28	I	
238272	4/12/13	000122	HEALTH FIRST	BLANCO, CARMELI	20.00		337.60	I	
238273	3/22/13	000122	HEALTH FIRST	BOCHENEC, JOLAN	84.00		1,417.92	I	
238274	4/12/13	000122	HEALTH FIRST	BOWERS *, DIANE	50.00		844.00	I	
238275	4/12/13	000122	HEALTH FIRST	CARMONA, LUZ	40.00		675.20	I	
238276	4/12/13	000122	HEALTH FIRST	CARRILLO, MARIA	25.00		422.00	I	
238277	4/12/13	000122	HEALTH FIRST	CARRION, MARIA	48.00		810.24	I	
238278	4/05/13	000122	HEALTH FIRST	CEBALLOS, ANA	46.00		776.48	I	
238279	4/12/13	000122	HEALTH FIRST	CORTES DE GALIN	30.00		506.40	I	
238280	4/12/13	000122	HEALTH FIRST	ESPAILLAT, AMPA	38.00		641.44	I	
238281	4/12/13	000122	HEALTH FIRST	ESTEVES, JOSE	36.00		607.68	I	
238282	4/12/13	000122	HEALTH FIRST	FERRERA, FRANCI	67.00		1,130.96	I	
238283	4/12/13	000122	HEALTH FIRST	FONTANES, PEDRO	49.00		827.12	I	
238284	4/12/13	000122	HEALTH FIRST	FRANCISCO, RICH	56.00		945.28	I	
238285 238286	4/12/13 4/12/13	000122	HEALTH FIRST	FRIAS, BARBARA	12.00		202.56	I	
238286	4/12/13	000122	HEALTH FIRST	ISKANDER, JACOU	40.00		945.28	I I	
238288	4/12/13	000122	HEALIH FIRSI	KAUK, HARBANS	48.00		81U.24 67E 20	I	
238289	4/12/13 4/12/13	000122	UPALIU LIKOI	LARA, IUMASA	94 00		1 417 02	I	
238290	4/12/13	000122	UPALIU LIKOI	IAZALA, GLADIS	12 00		202 56	I	
238291	4/05/13	000122	DEVILD EIDOD	MACADENIA CAHAD	96 00		1 620 40	I	
238292	4/12/13	000122	HEALIH FIRSI	OPTI7 TILLA	36.00		607.68	I	
238293	4/12/13	000122	HEALIN FIRST	DALAZZOLO FLOD	24 00		405 12	I	
238294	4/12/13	000122	HEALTH FIRST	PALAZZOLO, FLOR	60 00		1 012 80	I	
238295	4/12/13	000122	HEALTH FIRST	REINOSO EMELIA	70.00		1 181 60	I	
238296	4/12/13	000122	HEALTH FIRST	RIVERA CHRISTO	21 00		354 48	Ī	
238297	4/12/13	000122	HEALTH FIRST	RIVERA, EDDIE	12.00		202.56	Ī	
238298	4/12/13	000122	HEALTH FIRST	RODRIGUEZ. MARG	20.00		337.60	Ī	
238299	4/12/13	000122	HEALTH FIRST	SALAZAR, LUZ MA	55.00		928.40	Ī	
238300	4/12/13	000122	HEALTH FIRST	SALHUANA, YOLAN	40.00		675.20	Ī	
238301	4/12/13	000122	HEALTH FIRST	SCHOONMAKER, JE	61.00		1,029.68	Ī	
238302	4/12/13	000122	HEALTH FIRST	SPIVEY, PATRICI	25.00		422.00	Ī	
238303	4/12/13	000122	HEALTH FIRST	ST ROMAINE, CLA	68.00		1,147.84	I	
238304	4/12/13	000122	HEALTH FIRST	SURIEL, GERTRUD	32.00		540.16	I	
238305	4/12/13	000122	HEALTH FIRST	SURIEL, GERTRUD	12.00		202.56	I	
238306	4/05/13	000122	HEALTH FIRST	THORNTON, SHIRL	63.00		1,063.44	I	
238307	4/12/13	000122	HEALTH FIRST	VALENCIA, ESTHE	6.00		101.28	I	
238308	4/12/13	000122	HEALTH FIRST	VASQUEZ, OLGA	20.00		337.60	I	
238309	4/12/13	000122	HEALTH FIRST	VEGA, GLORIA	40.00		675.20	Ι	
				REG NY NY S A L E S R E G I S T E F REFERENCE BEGUM, MANWARA BHAIRO, KOWSILI BLANCO, CARMELI BOCHENEC, JOLAN BOWERS *, DIANE CARMONA, LUZ CARRILLO, MARIA CARRION, MARIA CEBALLOS, ANA CORTES DE GALIN ESPAILLAT, AMPA ESTEVES, JOSE FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH FRIAS, BARBARA ISKANDER, JACOU KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR ORTIZ, TULA PALAZZOLO, FLOR PALAZZOLO, FLOR REINOSO, EMELIA RIVERA, CHRISTO RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG SALAZAR, LUZ MA SALHUANA, YOLAN SCHOONMAKER, JE SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD SURIEL, GERTRUD THORNTON, SHIRL VALENCIA, ESTHE VASQUEZ, OLGA CUSTOMER	1,686.00	0.00	28,459.68		
				CATEGORY	1,686.00	0.00	28,459.68		

RUN DATE SALES JRN	04/17/13 - IL # 0329	- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG I	NY NY			PAGE 1 NHP NEIGHBORN	- 28 HOOD I	82 HEALTH
				SALE	S REGISTER			BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238310	4/12/13	000120	NEIGHBORHOOD HEALTH F NEIGHBORHOOD HEALTH F	PROVIDERS	AHMED, UMARA	56.00		945.28	I	
238311	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	AKHTER, SELINA	45.00		759.60	I	
238312	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	CHUKWUJIORAH, T	50.00		844.00	I	
238313	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	DEKMAK, GRISEL	83.00		1,401.04	I	
238314	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	DIAZ 1, CARMEN	28.00		472.64	I	
238315	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	FERNANDEZ, MARI	8.00		135.04	I	
238316	3/29/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	FLORES, MARITZA	10.00		168.80	I	
238317	4/05/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	FLORES, MARITZA	80.00		1,350.40	I	
238318	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	JONES, CYNTHIA	21.00		354.48	I	
238319	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	KHAN, FARUQUE	83.00		1,401.04	I	
238320	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	KROLL, KATHERIN	19.00		320.72	I	
238321	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	KROLL, KATHERIN	21.00		354.48	I	
238322	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	MORALES HERNAD	42.00		708.96	I	
238323	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	MOSKOWITZ, RONA	30.00		506.40	I	
238324	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	OCASIO, VIRGINI	30.00		506.40	I	
238325	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	RODRIGUEZ -2, M	30.00		506.40	I	
238326	4/05/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	RODRIGUEZ, JESS	40.00		675.20	I	
238327	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	SHEPPARD, ERMA	60.00		1,012.80	I	
238328	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	WELLS, WYNORIA	20.00		337.60	I	
238329	4/12/13	000120	NEIGHBORHOOD HEALTH F	PROVIDERS	WILSON, SHERYL	38.00 		641.44	Ι	
					CUSTOMER	794.00	0.00	13,402.72		
							0.00	13,402.72		

RUN DATE			YSIDE CITYWIDE				PAGE 1	- 28	33
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			FID NY CATHOI	- ,	
				SALES REGISTER			BILL WEEK ENI	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
220220	4/10/10	000126	NVC CARROLTC /ETDELTC	DAMICMA TOOR	40.00		006 63	-	
238330	4/12/13	000126	NYS CATHOLIC/FIDELIS	BATISTA, JOSE	49.00		826.63	T	
238331	4/05/13	000126	NYS CATHOLIC/FIDELIS	BROWN, CARMEN	11.00		185.57	I	
238332	4/12/13	000126	NYS CATHOLIC/FIDELIS	GARCIA, CLEMENT	7.00		118.09	I	
238333	4/12/13	000126	NYS CATHOLIC/FIDELIS	GIL, ALICIA M	14.00		236.18	I	
238334	4/12/13	000126	NYS CATHOLIC/FIDELIS	LITMAN, GAIL	18.00		303.66	I	
238335	4/12/13	000126	NYS CATHOLIC/FIDELIS	ORTIZ, EDUARDO	28.00		472.36	I	
238336	4/12/13	000126	NYS CATHOLIC/FIDELIS	PANOS, DESPINA	54.00		910.98	Ī	
238337	4/12/13	000126	NYS CATHOLIC/FIDELIS	SALABERRY, ANA	24.00		404.88	Ī	
238338	4/12/13	000126	NYS CATHOLIC/FIDELIS	SAMOJEDNY, MICH	9.00		151.83	I	
238339	4/12/13	000126	NYS CATHOLIC/FIDELIS	SZE, BECKY	41.00		691.67	T	
230333	1,12,13	000120	1110 0111110210,1122210	522, 52611					
				CUSTOMER	255.00	0.00	4,301.85		
				CATEGORY	255.00	0.00	4,301.85		

RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 284									
SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE			SUNNYSIDE CITYWIDE	REG NY NY			UHC UNITED HEALTH		
				SALES REGISTER	2		BILL WEEK ENDIN	IG 4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TY	P SURPLUS	
238340	4/12/13	000128	UNITED HEALTH CARE	CALDERON, MIGDA	70.00		1,201.20 I	- -	
238341	4/12/13	000128	UNITED HEALTH CARE	KHAN, FAZAL	84.00		1,441.44	-	
238342	4/12/13	000128	UNITED HEALTH CARE	MILLAN, ARMIDA	53.00		909.48	- -	
238343	4/05/13	000128	UNITED HEALTH CARE	SAFOS, PATRA	107.00		1,836.12 I	• •	
				CUSTOMER	314.00	0.00	5,388.24		
				CATEGORY	314.00	0.00	5,388.24		

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	35
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			EHP EMBLEM H	EALTH	
				SALES REGISTER			BILL WEEK ENI	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238344	4/12/13	000114	EMBLEM HEALTH	BERNARD, SOPHIE	30.00		506.40	I	
238345	4/12/13	000114	EMBLEM HEALTH	COPE, WILLIE	84.00		1,417.92	I	
238346	4/12/13	000114	EMBLEM HEALTH	COPELAND, ELISE	56.00		798.00	I	
238347	4/12/13	000114	EMBLEM HEALTH	DE JESUS, TIBUR	71.00		1,011.75	I	
238348	4/12/13	000114	EMBLEM HEALTH	GAFFNEY, FREDER	16.00		270.08	I	
238349	4/12/13	000114	EMBLEM HEALTH	IANNAZZO, ANGEL	62.00		1,046.56	I	
238350	4/12/13	000114	EMBLEM HEALTH	JACKSON, FRANCE	49.00		827.12	I	
238351	4/12/13	000114	EMBLEM HEALTH	KEATON, CATHERI	84.00		1,417.92	I	
238352	4/12/13	000114	EMBLEM HEALTH	LANGELOH, HOWAR	36.00		607.68	I	
238353	4/12/13	000114	EMBLEM HEALTH	REYNOLDS, HARRI	12.00		202.56	I	
238354	4/12/13	000114	EMBLEM HEALTH	WESTFIELD, BREN	56.00		945.28	I	
238355	4/12/13	000114	EMBLEM HEALTH	YIANNITSIS, LEO	20.00		337.60	I	
	, , , -								
				CUSTOMER	576.00	0.00	9,388.87		
							,		
				CATEGORY	576.00	0.00	9,388.87		

RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER						PAGE 1 HIP HEALTH IN BILL WEEK END		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
238356 238357 238358 238359 238360	4/12/13 4/12/13 4/12/13 4/12/13 4/12/13	000136 000136 000136 000136 000136	HEALTH INSURANCE PLAN OF NY	Y CIPRIAN, JACQUE Y LOYOLA, MARIA Y SHAH, HANSIKABE	24.00 20.00 40.00 5.00 16.00		405.12 337.60 675.20 84.40 270.08	I I I I
				CUSTOMER	105.00	0.00	1,772.40	
				CATEGORY	105.00	0.00	1,772.40	

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 28	37
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			MPH METROPLUS HEALTH		
				SALES REGISTER	2		BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238361	4/12/13	000130	METROPLUS HEALTH	ARIAS, NORA	68.00		1,166.20	I	
238362	4/12/13	000130	METROPLUS HEALTH	CORDERO, ROSEND	60.00		1,029.00	I	
238363	4/12/13	000130	METROPLUS HEALTH	DOBBINS, SANDRA	168.00		2,881.20	I	
238364	4/12/13	000130	METROPLUS HEALTH	GALAS, TERESA	35.00		600.25	I	
238365	4/12/13	000130	METROPLUS HEALTH	MURDOCK, GERTRU	38.00		651.70	I	
238366	4/12/13	000130	METROPLUS HEALTH	OSORIO, ELVIA	21.00		360.15	I	
238367	4/12/13	000130	METROPLUS HEALTH	PERSAD, USHA	68.00		1,166.20	I	
238368	4/12/13	000130	METROPLUS HEALTH	RAMPERSAID, ALI	24.00		411.60	I	
238369	4/12/13	000130	METROPLUS HEALTH	RYALS, CHARLES	40.00		686.00	I	
238370	4/12/13	000130	METROPLUS HEALTH	SANTORO, MATTHE	30.00		514.50	I	
238371	4/12/13	000130	METROPLUS HEALTH	SHUMON, NUK-FNU	8.00		137.20	I	
238372	4/12/13	000130	METROPLUS HEALTH	VALLE, BLASINA	32.00		548.80	I	
	-,,								
				CUSTOMER	592.00	0.00	10,152.80		
				CODIONER	3,2.00	0.00	10,152.00		
				CATEGORY	592.00	0.00	10,152.80		
I				CITEGORI	3,2.00	0.00	10,132.00		

RUN DATE	04/17/13 - IL # 0329	- SUP SUNN	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG	NY NY			PAGE 1	- 28 OF NY	88
511225 014	0025	200 001	5011115155 011111155	SALE	S REGISTE	R		BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238373	4/12/13	000124	WELCARE OF NEW YORK,	INC.	ALONSO, ANA	35.00		602.00	I	
238374	4/12/13	000124	WELCARE OF NEW YORK,	INC.	BATILO, MARTA	42.00		722.40	I	
238375	4/12/13	000124	WELCARE OF NEW YORK,	INC.	BISRAM, ROOPKAL	20.00		344.00	I	
238376	4/12/13	000124	WELCARE OF NEW YORK,	INC.	CEBALLOS, FRANC	51.00		877.20	I	
238377	4/12/13	000124	WELCARE OF NEW YORK,	INC.	CRUZ, LUIS	56.00		963.20	I	
238378	4/05/13	000124	WELCARE OF NEW YORK,	INC.	FRANCISCO, BRIG	35.00		602.00	I	
238379	4/12/13	000124	WELCARE OF NEW YORK,	INC.	FRANCISCO, BRIG	20.00		344.00	I	
238380	4/12/13	000124	WELCARE OF NEW YORK,	INC.	GODINOT, CARMEN	30.00		516.00	I	
238381	4/12/13	000124	WELCARE OF NEW YORK,	INC.	GOMEZ, RANNIE	28.00		481.60	I	
238382	4/12/13	000124	WELCARE OF NEW YORK,	INC.	HAYNES, LAMONT	30.00		516.00	I	
238383	4/12/13	000124	WELCARE OF NEW YORK,	INC.	HUDGINS, LOUZET	10.00		172.00	I	
238384	4/12/13	000124	WELCARE OF NEW YORK,	INC.	LOPEZ, ISABEL	35.00		602.00	I	
238385	4/12/13	000124	WELCARE OF NEW YORK,	INC.	LOPEZ, MANUEL	84.00		1,444.80	I	
238386	4/12/13	000124	WELCARE OF NEW YORK.	INC.	LOPEZ, VITALIA	72.00		1,238,40	I	
238387	4/12/13	000124	WELCARE OF NEW YORK.	INC.	MARTINEZ, MARIA	36.00		619.20	Ī	
238388	4/12/13	000124	WELCARE OF NEW YORK.	INC.	MEDINA, MARTHA	18.00		309.60	Ī	
238389	3/29/13	000124	WELCARE OF NEW YORK.	INC	MOHAMED. DENTSE	64.00		1.100.80	T	
238390	4/12/13	000124	WELCARE OF NEW YORK.	INC.	MORALES, FRANCI	30.00		516.00	Ī	
238391	4/12/13	000124	WELCARE OF NEW YORK.	INC.	MIIRPHY RIIBY	4.00		68.80	T	
238392	4/12/13	000124	WELCARE OF NEW YORK.	INC.	NAVARRO, ANTONI	45.00		774.00	Ī	
238393	4/12/13	000124	WELCARE OF NEW YORK.	INC	ORTIZ. DOLORES	10.00		172.00	T	
238394	4/12/13	000124	WELCARE OF NEW YORK.	INC	ORTIZ. JOSE	8.00		137.60	T	
238395	4/12/13	000124	WELCARE OF NEW YORK.	INC	PATRICK, IMAGEN	32.00		550.40	T	
238396	4/12/13	000124	WELCARE OF NEW YORK.	INC	PERALTA RODRIGO	20.00		344.00	T	
238397	4/12/13	000124	WELCARE OF NEW YORK.	INC	PERALTA INEZ	20.00		344.00	T	
238398	4/12/13	000124	WELCARE OF NEW YORK.	INC	PEREZ. JULITO	15.00		258.00	T	
238399	4/12/13	000124	WELCARE OF NEW YORK.	INC.	RAMIREZ. ALIDA	63.00		1.083.60	Ī	
238400	4/12/13	000124	WELCARE OF NEW YORK.	INC.	REGLA, MARIA F	48.00		825.60	Ī	
238401	4/12/13	000124	WELCARE OF NEW YORK.	INC.	REYES, TERESA	56.00		963.20	Ī	
238402	4/12/13	000124	WELCARE OF NEW YORK.	INC	RODRIGUEZ, FRAN	36.00		619.20	T	
238403	4/12/13	000121	WELCARE OF NEW YORK	INC.	SANCHEZ, BETANT	40.00		688.00	Ī	
238404	4/12/13	000121	WELCARE OF NEW YORK	INC.	SANTOS MARQUEZ	12.00		206.40	Ī	
238405	4/12/13	000121	WELCARE OF NEW YORK	INC.	SERRANO, CARMEN	28.00		481.60	Ī	
238406	4/12/13	000121	WELCARE OF NEW YORK	INC.	SILVEIRA, BERTA	8.00		137.60	Ī	
238407	4/12/13	000121	WELCARE OF NEW YORK	INC.	SOTO, RAFAEL B	63.00		1.083.60	Ī	
238408	4/12/13	000121	WELCARE OF NEW YORK.	INC.	VAZOUEZ 1, ROSA	40.00		688.00	Ī	
238409	4/12/13	000121	WELCARE OF NEW YORK	INC.	VENTURA, CLARA	12.00		206.40	I	
238410	4/05/13	000121	WELCARE OF NEW YORK,	INC.	YOUNG, MARY	56.00		963.20	Ī	
			WELCARE OF NEW YORK,		CUSTOMER	1,312.00	0.00	22,566.40		

CATEGORY 1,312.00 0.00 22,566.40

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY			PAGE 1 AMG AMERIGROU		39
SALES UKN	ш # 0329	LOC 001	SUNNISIDE CITIWIDE	SALES REGISTER			BILL WEEK END		4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238411	4/12/13	000132	AMERIGROUP	FRASIEUR, GARY	20.00		337.60	I	
238412	4/05/13	000132	AMERIGROUP	PRUITT, JOHNNY	7.00		118.16	I	
238413	4/05/13	000132	AMERIGROUP	WALTERS, BYRON	40.00		675.20	I	
238414	4/12/13	000132	AMERIGROUP	YOUNG, KALEILE	23.00		388.24	I	
				CUSTOMER	90.00	0.00	1,519.20		
				CATEGORY	90.00	0.00	1,519.20		

			YSIDE CITYWIDE	DDG NV NV			-	- 290	
SALES JRN	L # ∪3∠9	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			AM2 AMERIGROU BILL WEEK END		/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP S	URPLUS
238415	4/12/13	000204	AMERIGROUP 2	AKHTAR, CATHRIN	35.00		525.00	I	
238416	4/12/13	000204	AMERIGROUP 2	COLCHAMIRO, EST	39.00		585.00	I	
238417	4/12/13	000204	AMERIGROUP 2	CRUZ, SALVADOR	12.00		180.00	I	
238418	4/12/13	000204	AMERIGROUP 2	DENNISON, KELVI	4.00		60.00	I	
238419	4/12/13	000204	AMERIGROUP 2	ESPINAL, MARIA	36.00		540.00	I	
238420	4/12/13	000204	AMERIGROUP 2	FERNANDEZ, NORK	42.00		630.00	I	
238421	4/12/13	000204	AMERIGROUP 2	HARDING, EDNA	20.00		300.00	I	
238422	4/05/13	000204	AMERIGROUP 2	MARTINEZ, TOMAS	40.00		600.00	I	
238423	4/12/13	000204	AMERIGROUP 2	RIVERA, CARMEN	25.00		375.00	I	
				CUSTOMER	253.00	0.00	3,795.00		
				CATEGORY	253.00	0.00	3,795.00		

RUN DATE SALES JRN		- SUP SUNN LOC 001	YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 HCP HEALTHCAI BILL WEEK EN		
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238424 238425 238426 238427 238428	4/12/13 4/12/13 3/08/13 3/15/13 4/12/13	000148 000148 000148 000148 000148	HEALTH CARE PARTNERS HEALTH CARE PARTNERS HEALTH CARE PARTNERS HEALTH CARE PARTNERS	GOMES, AGUSTINA SCOTT, AKHNATON TOWLES, ADA TOWLES, ADA ZAMBRANO, ZOILA	63.00 36.00 4.00 14.00 16.00		1,063.44 607.68 67.52 236.32 270.08	I I I I	
				CUSTOMER	133.00	0.00	2,245.04		
				CATEGORY	133.00	0.00	2,245.04		

RUN DATE 0	04/17/13 -	SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	2
SALES JRNL	# 0329	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			ICS INDEPENDE	ENCE C	ARE SYSTEMS
			SALE	S REGISTER	1		BILL WEEK END	DING	4/19/13
TMTOTOTH	DATE	OTTOM NO	CHICHOMED NAME	DEFEDENCE	HOUDG	max amm	AMOUNT	mv.	GIIDDI HG
INVOICE#	DAIL	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238429	4/12/13	000172	INDEPENDENCE CARE SYSTEMS	AGOSTINI, MONSE	30.00		492.00	I	
238430	4/12/13	000172	INDEPENDENCE CARE SYSTEMS	BERRY, ANGELINA	28.00		459.20	I	
238431	4/12/13	000172	INDEPENDENCE CARE SYSTEMS	JONES, VALERIE	20.00		328.00	I	
238432	4/12/13	000172	INDEPENDENCE CARE SYSTEMS	MUSHAYEV, BORIS	20.00		328.00	I	
238433	4/12/13	000172	INDEPENDENCE CARE SYSTEMS	RODRIGUEZ, SILV	48.00		787.20	I	
				CUSTOMER	146.00	0.00	2,394.40		
				CATEGORY	146.00	0.00	2,394.40		
				CHILOGHI	110.00	0.00	2,351.10		

RUN DATE 04/17/ SALES JRNL # 03			REG NY	NY				- 293 DICE SELECTHEALTH
BILLES STAVE II 03	27 100 001	SOMMISTED CITIVIDE	SALES	REGISTE	R		BILL WEEK EN	
INVOICE# DATE	CUST NO	CUSTOMER NAME	:	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
238434 4/12/ 238435 4/12/		VNSNY CHOICE SELECT VNSNY CHOICE SELECT		ARASSAVIDES, A	27.00		463.32 102.96	I T
230435 4/12/	13 000170	VNSNI CHOICE SELECT	ULALIU K	EYES, LORGIO	6.00		102.90	
				CUSTOMER	33.00	0.00	566.28	
				CATEGORY	33.00	0.00	566.28	

RUN DATE	04/17/13	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 29	4
SALES JRN	NL # 0329	LOC 001	SUNNYSIDE CITYWIDE REG	NY NY			PAR PRIVATE		
			SALE	S REGISTER			BILL WEEK ENI	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238436	4/12/13	000002	SUNNYSIDE COMMUNITY SERVICES	BENZ, ROBERT	3.25		47.13	I	
238437	4/12/13	000002	SUNNYSIDE COMMUNITY SERVICES	CAIALA, SALLY	4.00		58.00	Ī	
238438	4/12/13	000002	SUNNYSIDE COMMUNITY SERVICES	JONES-MORGAN, V	3.75		54.38	I	
				·					
				CUSTOMER	11.00	0.00	159.51		
238439	4/12/13	000040	DUISIN, CHRISTINE	DUISIN, XENIA	24.00		378.00	I	
								_	
238440	4/12/13	000049	DOMINICAN SISTERS FAM HLTH	DIOP, SERIGNE	28.00		406.00	I	
020441	4 /10 /10	000070	MODERNOES LOUISE	MCDEDMORE LOUI	0 00		104.00	-	
238441	4/12/13	000078	MCDERMOTT, LOUISE	MCDERMOTT, LOUI	8.00		124.00	1	
				CATEGORY	71.00	0.00	1,067.51		
1									

RUN DATE	04/17/13 -	- SUP SUNN	YSIDE CITYWIDE				PAGE 1	- 295
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY			CAS CHILDREN'	S AID SOCIETY
			S	ALES REGISTER			BILL WEEK END	ING 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP SURPLUS
238442	4/12/13	000088	CHILDREN'S AID SOCIETY	DUNNE, MYEISHA	25.00		387.50	I
238443	4/12/13	000088	CHILDREN'S AID SOCIETY	SALAS, HELENA	28.00		434.00	I
				CUSTOMER	53.00	0.00	821.50	
				CATEGORY	53.00	0.00	821.50	

RUN DATE SALES JRN			YSIDE CITYWIDE SUNNYSIDE CITYWIDE	REG NY NY SALES REGISTER			PAGE 1 - 296 PAR PRIVATE BILL WEEK ENDING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238444	4/12/13	000098	MILDRED PANSE	PANSE, 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	REGNY NY SALES REGISTER			PAGE 1 - 2 ELD ELDERSERVEHEA BILL WEEK ENDING	97 LTH 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT TYP	SURPLUS
238445 238446 238447	4/12/13 3/29/13 4/12/13	000101 000101 000101	ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH	BEAN, ELMIRA MEYSTER, LYUBOV MEYSTER, LYUBOV	25.00 5.00 25.00		356.25 I 71.25 I 356.25 I	
				CUSTOMER	55.00	0.00	783.75	
				CATEGORY	55.00	0.00	783.75	

SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 238448 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT BONES, ANA 4.00 \$4.60 I 238449 4/05/13 000150 COMPREHENSIVE CARE MANAGEMENT BONES, ANA 4.00 \$56.40 I 238450 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT BONES, ANA 8.00 \$112.80 I 238451 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT CARO, CLARA 70.00 987.00 I 238452 4/05/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 6.00 84.60 I 238453 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 8.00 112.80 I 238454 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 8.00 112.80 I 238454 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT MELAMED, ESTER 8.00 112.80 I
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 238448 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT APONTE, ANA 6.00 84.60 I 238449 4/05/13 000150 COMPREHENSIVE CARE MANAGEMENT BONES, ANA 4.00 56.40 I 238450 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT BONES, ANA 8.00 112.80 I 238451 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT CARO, CLARA 70.00 987.00 I 238452 4/05/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 6.00 84.60 I 238453 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 8.00 112.80 I 238454 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT MELAMED, ESTER 8.00 112.80 I
INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 238448 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT APONTE, ANA 6.00 84.60 I 238449 4/05/13 000150 COMPREHENSIVE CARE MANAGEMENT BONES, ANA 4.00 56.40 I 238450 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT BONES, ANA 8.00 112.80 I 238451 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT CARO, CLARA 70.00 987.00 I 238452 4/05/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 6.00 84.60 I 238453 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 8.00 112.80 I 238454 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT MELAMED, ESTER 8.00 112.80 I
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238450 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT CARO, CLARA 8.00 112.80 I 238451 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT CARO, CLARA 70.00 987.00 I 238452 4/05/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 6.00 84.60 I 238453 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 8.00 112.80 I 238454 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT MELAMED, ESTER 8.00 112.80 I
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238453 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT GARCIA, MARIA 8.00 112.80 I 238454 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT MELAMED, ESTER 8.00 112.80 I
238454 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT MELAMED, ESTER 8.00 112.80 I
238454 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT MELAMED, ESTER 8.00 112.80 I
238455 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT POOLE, JENNIFER 8.25 116.33 I
238456 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT PULLIAM, WILLIE 23.75 334.88 I
238457 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT ROSARIO, CELEST 30.00 423.00 I
238458 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT RUDA, EDWIN 13.00 183.30 I
238459 4/12/13 000150 COMPREHENSIVE CARE MANAGEMENT RUSSELL, BERNIC 24.00 338.40 I
CUSTOMER 209.00 0.00 2,946.91
CATEGORY 209.00 0.00 2,946.91

			YSIDE CITYWIDE					- 29	99
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE	REG NY NY	_		PAR PRIVATE	D T110	4 /10 /10
				SALES REGISTE	K		BILL WEEK EN	DING	4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS
238460	3/29/13	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	12.00		186.00	I	
238461	4/12/13	000155	ROSEMARY JIBAJA	JIBAJA, ROSEMAR	168.00		2,676.00	I	
				CUSTOMER	180.00	0.00	2,862.00		
238462	4/12/13	000179	DOROTHY TABICKMAN	TABICKMAN, DORT	20.00		310.00	I	
				 CATEGORY	200.00	0.00	3,172.00		

			YSIDE CITYWIDE						300
SALES JRN	և # 0329	LOC 001	SUNNYSIDE CITYWIDE	_				нин ини номе с	
				SALES	REGISTE	R		BILL WEEK ENDI	NG 4/19/13
INVOICE#	DATE	CUST NO	CUSTOMER NAME		REFERENCE	HOURS	TAX AMT	AMOUNT T	YP SURPLUS
238463	4/12/13	000192	HHH LONG TERM HOME I	HLTH CARE	TOVAR, ELENA	40.00		600.00	I
					 CATEGORY	40.00	0.00	600.00	

								PAGE 1 - 301		
SALES JRN	L # 0329	LOC 001	SUNNYSIDE CITYWIDE REG S A L E		R		PAR PRIVATE BILL WEEK EN	DING	4/19/13	
INVOICE#	DATE	CUST NO	CUSTOMER NAME	REFERENCE	HOURS	TAX AMT	AMOUNT	TYP	SURPLUS	
238464	4/12/13	000205	BILL NANIS	NANIS, KOSTAS	84.00		1,338.00	I		
238465	4/12/13	002215	KEITH SALMON	LAWRANCE, LILLA	20.00		322.00	I		
238466	4/12/13	003108	NIGRO, CATHERINE	NIGRO, CATHERIN	20.00		310.00	I		
238467	4/12/13	004784	CAMILLERI, JOSEPH	CAMILLERI, JOSE	25.00		337.50	I		
238468	4/12/13	009498	LOUIS LE NOACH	LENOACH, LOUIS	9.00		148.50	I		
238469	4/12/13	009752	PETER CAPORASO	CAPORASO, VINCE	24.00		408.00	I		
238470	4/12/13	010269	ANGELINA MARASA	MARASA, ANGELIN	9.00		139.50	I		
238471	4/12/13	010529	STEPHEN WEISS	WEISS, STELLA	6.00		102.00	I		
238472	4/12/13	010530	DANA SITILDES	ANSELMI, PETER	24.00		378.00	I		
238473 238474	4/05/13 4/12/13	011016 011016	MICHAEL SIANO	SIANO, ANDREW SIANO, ANDREW	6.00 30.00		81.00 405.00	I I		
2304/4	4/12/13	011016	MICHAEL SIANO	_						
				CUSTOMER	36.00	0.00	486.00			
238475	4/12/13	011060	ROBIN WARREN CHARLES	WARREN, CYNTHIA	131.50		2,095.25	I		
238476	4/12/13	011394	HELGA JENSEN	JENSEN, HELGA	40.00		635.00	I		
238477	4/12/13	011630	JAMES BENZ	CAGAN, RUMANDO	8.00		124.00	I		
238478	4/12/13	011642	ROSA FLORES	FLORES, ROSA	30.00		465.00	I		
238479 238480	3/15/13 4/12/13	012326 012326	LORRAINE BIANCO-HOPKINS LORRAINE BIANCO-HOPKINS	BIANCO HOPKINS, BIANCO HOPKINS,	4.00 12.00		62.00 186.00	I I		
250100	1/12/15	012520	BORGAINE BIANCO HOLKING	_						
				CUSTOMER	16.00	0.00	248.00			
238481	4/12/13	012565	AMY L. WELTMAN	LUSKIND, FRANCE	7.00		1,338.00	I		
238482	4/12/13	012725	CATHERINE BARLIS	BARLIS, CATHERI	10.00		170.00	I		
238483	4/12/13	012929	JENNA SPERO	SPERO, NICHOLAS	15.75		250.13	I		
				– CATEGORY		0.00	9,294.88			
					28,975.50 		484,877.18			
				COMPANY	28,975.50		484,877.18			

RUN DATE 04/17/13 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 302

SALES JRNL # 0329 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 4/19/13

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

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