

## **ATTENDANCE SHEET**

195 Montague Street, 4th Floor Brooklyn, NY 11201 Tel: (718) 780-8700 Fax: (718) 222-1316

| Name of TWU Member: _  |                     |                     | Name of School/ Provider: |                     |                     |                      |
|--|---------------------|---------------------|---------------------------|---------------------|---------------------|----------------------|
| TWU Member Pass #:   |                     |                     | Contact Person            | :                   |                     |                      |
| Name of child:   |                     |                     | Address:                  |                     |                     |                      |
| PLEASE LIST ONLY THE   | HOURS THAT OUR VO   | JCHER COVERS.       | Tel:                      |                     | Fax:                |                      |
| APRIL 2022   |                     |                     |                           |                     |                     |                      |
| SUNDAY   | MONDAY              | TUESDAY             | WEDNESDAY                 | THURSDAY            | FRIDAY              | SATURDAY             |
| FROMTO   | FROMTO              | <b>29</b><br>Fromto | <b>30</b><br>td           | FROMTO              | <b>1</b><br>Fromto  | FROMTO               |
| <b>3</b><br>Fromto   | <b>4</b><br>From to | <b></b> FROMTO      | <b>6</b><br>td            | <b>7</b>            | FROMTO              | <b>9</b><br>Fromto   |
| <b>10</b><br>Fromto  | FROMTO              | <b>12</b><br>fromto | FROMTO                    | <b>14</b><br>fromto | <b>15</b><br>Fromto | <b>16</b><br>fromto  |
| FROMTO   | FROMTO              | <b>19</b><br>fromto | <b>20</b><br>Fromto       | <b>21</b><br>fromto | FROMTO              | <b>23</b><br>From to |
| FROMTO   | <b>25</b> From to   | <b>26</b><br>Fromto | <b>27</b><br>From To      | FROMTO              | <b>29</b><br>FROMTD | <b>30</b><br>Fromto  |
| TWU Member's Signature: Provider's Signature:  |                     |                     |                           |                     |                     |                      |
| Date: Date:  |                     |                     |                           |                     |                     |                      |
|  |                     |                     |                           |                     |                     |                      |
| * TWU MEMBER <u>ORIGINAL</u> Attendance Sheets are due the 15th of the following month in our office. <u>NO LATER!</u>           |                     |                     |                           |                     |                     |                      |
| Attendance sheets must be mailed or dropped in the Childcare Fund mailbox outside of the glass office door. DO NOT FAX OR EMAIL! |                     |                     |                           |                     |                     |                      |
| WEEKLY BILLING SCHEDULE:  Attendance Sheet Month Period (From/To) Weeks  |                     |                     |                           |                     |                     |                      |
| APRIL 04   |                     |                     | /03/2022 - 04/30/2022     |                     | 4                   |                      |
|  |                     |                     | /01/2022 - 05/28/2022     |                     |                     |                      |
| JULY 07  |                     |                     | /03/2022 - 07/30/2022     |                     | 4                   |                      |
| AUGUST 07  |                     |                     | /31/2022 - 09/03/2022 5   |                     |                     |                      |
|  |                     |                     |                           |                     |                     |                      |
|  |                     |                     |                           |                     |                     |                      |
| FOR BOOKKEEPING USE ONLY:  |                     |                     |                           |                     |                     |                      |
| INVOICE DATE: MONTHLY CONTRACTED AMOUNT: \$  |                     |                     |                           |                     | GROSS AMOUNT: \$    |                      |
| INVOICE #: WEEKLY CONTRACTED AMOUNT: \$_   |                     |                     |                           |                     | FICA AMOUNT: \$     |                      |
|  |                     |                     |                           |                     |                     |                      |