



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: _____

Tel: _____

Fax: _____

PLEASE LIST ONLY THE HOURS THAT OUR VOUCHER COVERS.

AUGUST 2020						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
____ FROM - ____ TO 26	____ FROM - ____ TO 27	____ FROM - ____ TO 28	____ FROM - ____ TO 29	____ FROM - ____ TO 30	____ FROM - ____ TO 31	____ FROM - ____ TO 1
____ FROM - ____ TO 2	____ FROM - ____ TO 3	____ FROM - ____ TO 4	____ FROM - ____ TO 5	____ FROM - ____ TO 6	____ FROM - ____ TO 7	____ FROM - ____ TO 8
____ FROM - ____ TO 9	____ FROM - ____ TO 10	____ FROM - ____ TO 11	____ FROM - ____ TO 12	____ FROM - ____ TO 13	____ FROM - ____ TO 14	____ FROM - ____ TO 15
____ FROM - ____ TO 16	____ FROM - ____ TO 17	____ FROM - ____ TO 18	____ FROM - ____ TO 19	____ FROM - ____ TO 20	____ FROM - ____ TO 21	____ FROM - ____ TO 22
____ FROM - ____ TO 23	____ FROM - ____ TO 24	____ FROM - ____ TO 25	____ FROM - ____ TO 26	____ FROM - ____ TO 27	____ FROM - ____ TO 28	____ FROM - ____ TO 29
____ FROM - ____ TO 30	____ FROM - ____ TO 31	____ FROM - ____ TO 1	____ FROM - ____ TO 2	____ FROM - ____ TO 3	____ FROM - ____ TO 4	____ FROM - ____ TO 5

TWU Member's Signature: _____

Provider's Signature: _____

Date: _____

Date: _____

*** TWU MEMBER ORIGINAL Attendance Sheets are due the 15th of the following month in our office. NO LATER!**

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
 AUGUST

Period (From/To)
 08/02/2020 - 08/29/2020

Weeks
 4

FOR ACCOUNTING USE ONLY:

INVOICE DATE: _____

MONTHLY CONTRACTED AMOUNT: \$ _____

GROSS AMOUNT: \$ _____

INVOICE #: _____

WEEKLY CONTRACTED AMOUNT: \$ _____

FICA AMOUNT: \$ _____

NET AMOUNT: \$ _____