



ATTENDANCE SHEET

195 Montague Street, 4th Floor
 Brooklyn, NY 11201
 Tel: (718)780-8700 Fax: (718)222-1316
 Email: childcarefund@twulocal100ccf.org
 Website: www.twulocal100ccf.org

Name of TWU Member: _____
 TWU Member Pass #: _____
 Child's Name: _____
 Child's Age: _____

Name of School/ Provider: _____
 Contact Person: _____
 Address: _____
 Tel: _____

NEWBORN TO PRE-K- FULL DAY HOURS KINDERGARTEN AND UP- BEFORE & AFTER SCHOOL OR OVERNIGHT CARE HOURS

AUGUST 2024						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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

TWU Member's Signature: _____

Provider's Signature: _____

Date: _____

Date: _____

TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due *September 15th* in our office. DO NOT FAX OR EMAIL! Attendance sheets must be mailed, walked in, or placed in Childcare Fund mailbox outside of office door (if closed). Attendance sheets can be printed from www.twulocal100ccf.org. * Licensed providers must submit an updated license once their license expires.**

WEEKLY BILLING SCHEDULE:

Attendance Sheet Month
 AUGUST

Period (From/To)
 08/04/2024 - 08/31/2024

Weeks
 4

FOR ACCOUNTING USE ONLY:

INVOICE DATE: _____ MONTHLY CONTRACTED AMOUNT: \$ _____ GROSS AMOUNT: \$ _____

INVOICE #: _____ WEEKLY CONTRACTED AMOUNT: \$ _____ FICA AMOUNT: \$ _____

NET AMOUNT: \$ _____