



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.

DECEMBER 2019						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
____ 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

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!**

ORIGINAL ATTENDANCE SHEET MUST BE MAILED OR WALKED IN. DO NOT FAX!

WEEKLY BILLING SCHEDULE:

<u>Attendance Sheet Month</u>	<u>Period (From/To)</u>	<u>Weeks</u>
DECEMBER	12/01/2019 - 12/28/2019	4
JANUARY	12/29/2019 - 02/01/2020	5
FEBRUARY	02/02/2020 - 02/29/2020	4
MARCH	03/01/2020 - 03/28/2020	4
MAY	05/03/2020 - 05/30/2020	4
JUNE	05/31/2020 - 06/27/2020	4
JULY	06/28/2020 - 08/01/2020	5
AUGUST	08/02/2020 - 08/29/2020	4

FOR BOOKKEEPING USE ONLY:

INVOICE DATE: _____ MONTHLY CONTRACTED AMOUNT: \$ _____ GROSS AMOUNT: \$ _____
 INVOICE #: _____ WEEKLY CONTRACTED AMOUNT: \$ _____ FICA AMOUNT: \$ _____
 NET AMOUNT: \$ _____