

Name of TWU Member: _

ATTENDANCE SHEET

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

Name of School/ Provider: _____

TWU Member Pass #:			Contact Person:	:		
Name of child:			Address:			
PLEASE LIST ONLY THE I	HOURS THAT OUR VOUC	HER COVERS.	Tel:		Fax:	
			JANUARY 2020			
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29 tromto	30 fromto	31 fromto	FROMTO	 Fromto	3 Fromto	4 TO
 FROMTO	FROMTO	7 to	8 tromto	9 tromto	FROMTO	FROMTO
FROMTO	FROMTO	FROMTO	FROMTD	FROMTO	17 from to	FROMTO
FROMTO	FROMTO	FROMTO	22 Fromto	23 Fromto	24 fromto	25 FROMTO
26 fromto	FROMTO	FROMTO	29 Fromto	30	31 fromto	FROMTO
TWU Member's Signatur	re:		Provider's Signature:			
Date:			Date:			
	* TWU MEMBER ORIG	GINAL Attendance She	ets are due the 15th of	f the following month i	n our office. <u>NO LATER</u>	!
ORIGINAL ATTENDANCE SHEET MUST BE MAILED OR WALKED IN. DO NOT FAX!						
	5					
WEEKLY BILLING	SCHEDULE:					
	Attendance Sheet Mont		Period (From/To)		<u>Weeks</u>	
			29/2019 - 02/01/2020 5			
	FEBRUARY		/02/2020 - 02/29/2020		4	
	MARCH	•	/01/2020 - 03/28/2020		4	
	APRIL		/29/2020 - 05/02/2020		5	
	MAY		/03/2020 - 05/30/2020		4	
	JUNE	•	/31/2020 - 06/27/2020		4	
	JULY AUGUST		/28/2020 - 08/01/2020 /02/2020 - 08/29/2020		5 4	
		·				
FOR BOOKKEEPING USE	ONI V·					
INVOICE DATE:		HLY CONTRACTED AMOUNT: \$		GROSS AMOUNT: \$		
INVOICE #:		Y CONTRACTED AMOUNT: \$			FICA AMOUNT: \$	
					NET AMOUNT. C	