



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.

JANUARY 2021						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
____ 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	____ FROM - ____ TO 6

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:

Attendance Sheet Month	Period (From/To)	Weeks
JANUARY	01/03/2021 - 01/30/2021	4
FEBRUARY	01/31/2021 - 02/27/2021	4
MARCH	02/28/2021 - 04/03/2021	5
APRIL	04/04/2021 - 05/01/2021	4
MAY	05/02/2020 - 05/29/2021	4
JUNE	05/30/2021 - 07/03/2021	5
JULY	07/04/2021 - 07/31/2021	4
AUGUST	08/01/2021 - 08/28/2021	4

FOR BOOKKEEPING USE ONLY:

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