

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: | | | | |
| | | | | | | | |
| PLEASE LIST ONLY THE | HOURS THAT OUR VOUCH | ER COVERS. | | | | | |
| | • | | JANUARY 2023 | | | | |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | |
| 1 tromto | FROMTO | Fromto | FROMTO | Fromto | Fromto | 7 Fromto | |
| 8 Fromto | FROMTO | 10 tromto | 11 to | FROMTO | FROMTO | 14 tromto | |
| 15 fromto | 16 tromto | | 18 from to | FROMTD | 20 fromto | 21 fromto | |
| 22 Fromto | FROMTD | 24 fromto | 25 Fromto | 26 Fromto | 27 Fromto | 28 From to | |
| FROMTD | FROMTO | FROMTO | 1 From to | FROMTO | 3 | FROMTO | |
| | | | | | | | |
| TWU Member's Signature: | | | Provider's Signature: | | | | |
| Date: | | | Date: | | | | |
| | * TWU MEMBER <u>ORIG</u> | INAL Attendance She | ets are due the 15th of | the following month i | n our office. NO LATER | r! | |
| | <u></u> | | • • • • • • • • • • • • • • • • • • • | ,. | | <u>-</u> | |
| A ttendance sl | heets must be mailed or | dropped in the Child | care Fund mailbox out | side of the glass office | door. DO NOT FAX O | R EMAIL! | |
| WEEKLY BILLING | SCHEDULE: | | | | | | |
| Attendance Sheet Month | | | Period (From/To) Weeks | | | | |
| | | /01/2023 - 01/28/2023 4 | | | | | |
| | | | /29/2023 - 02/25/2023 4 | | | | |
| | | | /26/2023 - 04/01/2023 5 | | | | |
| | | | ^{(02/2023 - 04/29/2023} 4 | | | | |
| | | | 30/2023 - 06/03/2023 5 | | | | |
| | | | [/] 04/2023 - 07/01/2023 4 | | | | |
| | JULY | 07/ | 02/2023 - 07/29/2023 | | 4 | | |
| | AUGUST | 07/ | 30/2023 - 09/02/2023 | | 5 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| FOR BOOKKEEPING USE | | | | | | | |
| INVOICE DATE: | | Y CONTRACTED AMOUNT: \$ | | | | | |
| INVOICE #: WEEKLY CONTRACTED AMOUNT | | | | | FICA AMOUNT: \$ | | |
| | | | | | NET AMOUNT: \$ | | |