



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.

| JUNE 2020 | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| ____ 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 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:

| Attendance Sheet Month | Period (From/To) | Weeks |
|------------------------|-------------------------|-------|
| 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: \$ _____