



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.

MAY 2020						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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 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 FROM - ____ TO ____

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
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: \$ _____