

INVOICE #: _

ATTENDANCE SHEET

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

FICA AMOUNT: \$__ NET AMOUNT: \$__

Name of TWU Member: Name of School/ Provider:						
			Contact Person:			
Name of child:			Address:			
PLEASE LIST ONLY THE	HOURS THAT OUR VOL	JCHER COVERS.	Tel:		Fax:	
NOVEMBER 2019						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROMTO	FROMTO	29 Fromto	FROMTO	31 Fromto	1 Fromto	FROMTO
FROMTO	FROMTO	 FROMTO	FROMTO	7	FROMTO	9 From to
10 Fromto	FROMTO	12 fromto	FROMTO	14 fromto	FROMTO	16 to
FROMTO	18 FROMTO	19 from to	20 From To	21 Fromto	FROMTO	23 Fromto
FROMTO	25 FROMTO	26 tromto	FROMTO	28 fromto	29 FROMTO	30 Fromto
* TWU MEMBER ORIGINAL Attendance Sheets are due the 15th of the following month in our office. NO LATER!						
	ORIGI	NAL ATTENDANCE SH	EET MUST BE <u>MAILED C</u>	<u>OR WALKED IN</u> . DO N	IOT FAX!	
WEEKLY BILLING S			Period (From/To)		Weeks	
Attendance Sheet Month NOVEMBER 11,			/03/2019 - 11/30/2019 4			
			/01/2019 - 12/28/2019 4 /29/2019 - 02/01/2020 5			
·			/02/2020 - 02/29/2020 4			
MARCH 03/			/01/2020 - 03/28/2020		4	
			/03/2020 - 05/30/2020 /31/2020 - 06/27/2020		4 4	
			/28/2020 - 08/01/2020		5	
AUGUST 08/			/02/2020 - 08/29/2020		4	
FOR BOOKKEEPING USE ONLY:						
NIVAICE DATE: MONTHLY CONTRACTED AMOUNT: \$					CDOSS AMOUNT, É	

WEEKLY CONTRACTED AMOUNT: \$__