



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.

NOVEMBER 2022						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
____ 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 1	____ FROM - ____ TO 2	____ FROM - ____ TO 3

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!**

Attendance sheets must be mailed or dropped in the Childcare Fund mailbox outside of the glass office door. DO NOT FAX OR EMAIL!

WEEKLY BILLING SCHEDULE:

Attendance Sheet Month	Period (From/To)	Weeks
NOVEMBER	10/30/2022 - 12/03/2022	5
DECEMBER	12/04/2022 - 12/31/2022	4
JANUARY	01/01/2023 - 01/28/2023	4
FEBRUARY	01/29/2023 - 02/25/2023	4
MARCH	02/26/2023 - 04/01/2023	5
APRIL	04/02/2023 - 04/29/2023	4
MAY	04/30/2023 - 06/03/2023	5
JUNE	06/04/2023 - 07/01/2023	4
JULY	07/02/2023 - 07/29/2023	4
AUGUST	07/30/2023 - 09/02/2023	5

FOR BOOKKEEPING USE ONLY:

INVOICE DATE: _____

MONTHLY CONTRACTED AMOUNT: \$ _____

GROSS AMOUNT: \$ _____

INVOICE #: _____

WEEKLY CONTRACTED AMOUNT: \$ _____

FICA AMOUNT: \$ _____

NET AMOUNT: \$ _____