

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: | | | | |
| DI EASE LIST ONLY TH | IE HOURS THAT OUR VO | HOUSE COVERS | Tel: | | Fax: | | |
| FLEASE LIST ONE I TH | E HOOKS THAT OUR VO | OCHER COVERS. | MAY 2022 | | | | |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | |
| FROMTD | FROMTO | 3 Fromto | 4 From To | FROMTO | 6 From to | FROMTO | |
| FROMTO | 9 fromto | FROMTO | FROMTO | FROMTO | FROMTO | FROMTO | |
| 15 Fromto | 16 fromto | 17 fromto | FROMTO | 19 tromto | FROMTO | FROMTO | |
| 72 From to | 23 From To | 24 fromto | 25 fromto | 26 FROMTO | FROMTO | 28 Fromto | |
| 29 From To | 30 Fromto | FROMTO | 1 Fromto | FROMTO | 3 | FROMTO | |
| TWU Member's Signatu | re: | | Pr | ovider's Signature: | | | |
| _ | | | | | | | |
| | NU MEMBER ORIGINA | | s are due the 15th of | | | | |
| | NO WEWBER ORIGINA | Allendance Sheets | sure uue the 15th of t | the Johowing month | iii oui ojjice. <u>NO LAT</u> | <u>LN:</u> | |
| 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 MAY | | | Period (From/To) Weeks 05/01/2022 - 05/28/2022 4 | | | | |
| JUNE | | | /29/2022 - 07/02/2022 | | 5 | | |
| JULY | | | /03/2022 - 07/30/2022 | | 4 | | |
| | AUGUST | 07/ | /31/2022 - 09/03/2022 | | 5 | | |
| | | | | | | | |
| | | | | | | | |
| FOR BOOKKEEPING USE | ONLY: | | | | | | |
| INVOICE DATE: MONTHLY CONTRACTED AMOUNT | | | GROSS AMOUNT: \$ | | | | |
| INVOICE #: WEEKLY CONTRACTED AMOUNT | | | | | FICA AMOUNT: \$ | | |
| | | | | | NET AMOUNT: \$ | | |