ATTENDANCE SHEET

TWU Local 100-MTA/NYCTA
Childcare Fund

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

Name of TWU Member: _____

TWU Member Pass #: _____

Name of child: _____

Name of School/ Provider: _____

Contact Person: _____

Address: _____

Tel:_____ **Fax:**_____

APRIL 2014						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		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

TWU Member's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____

**** TWU MEMBER please make sure you sign this attendance sheet at the end of this month or billing cycle. This ORIGINAL attendance sheet must be in our office a week after the billing cycle ends. Weekly members, please refer to the Billing Cycle Schedule below. Thank you.***

ORIGINAL ATTENDANCE SHEET MUST BE MAILED OR WALKED IN. DO NOT FAX!

WEEKLY BILLING SCHEDULE:

Attendance Sheet Month	Period (From/To)	Weeks
APRIL	04/06/2014 - 05/03/2014	4
MAY	05/04/2014 - 05/31/2014	4
JUNE	06/01/2014 - 07/05/2014	5
JULY	07/06/2014 - 08/02/2014	4
AUGUST	08/03/2014 - 09/06/2014	5

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FOR BOOKKEEPING USE ONLY:

INVOICE DATE: _____ **MONTHLY CONTRACTED AMOUNT: $**_____ **GROSS AMOUNT: $**_____

INVOICE #: _____ **WEEKLY CONTRACTED AMOUNT: $**_____ **FICA AMOUNT: $**_____

NET AMOUNT: $_____
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