



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: _____

FEBRUARY 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	1 ____ FROM - ____ TO

TWU Member's Signature: _____

Provider's Signature: _____

Date: _____

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:

<u>Attendance Sheet Month</u>	<u>Period (From/To)</u>	<u>Weeks</u>
FEBRUARY	02/02/2014 - 03/01/2014	4
MARCH	03/02/2014 - 04/05/2014	5
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

FOR BOOKKEEPING USE ONLY:

INVOICE DATE: _____

MONTHLY CONTRACTED AMOUNT: \$ _____

GROSS AMOUNT: \$ _____

INVOICE #: _____

WEEKLY CONTRACTED AMOUNT: \$ _____

FICA AMOUNT: \$ _____

NET AMOUNT: \$ _____