



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 2015						
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

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	02/01/2015 - 02/28/2015	4
MARCH	03/01/2015 - 04/04/2015	5
APRIL	04/05/2015 - 05/02/2015	4
MAY	05/03/2015 - 05/30/2015	4
JUNE	05/31/2015 - 07/04/2015	5
JULY	07/05/2015 - 08/01/2015	4
AUGUST	08/02/2015 - 09/05/2015	5

~~~~~

## FOR BOOKKEEPING USE ONLY:

INVOICE DATE: \_\_\_\_\_

MONTHLY CONTRACTED AMOUNT: \$ \_\_\_\_\_

GROSS AMOUNT: \$ \_\_\_\_\_

INVOICE #: \_\_\_\_\_

WEEKLY CONTRACTED AMOUNT: \$ \_\_\_\_\_

FICA AMOUNT: \$ \_\_\_\_\_

NET AMOUNT: \$ \_\_\_\_\_