



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: _____

JANUARY 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	29 ____ FROM - ____ TO	30 ____ FROM - ____ TO	31 ____ 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>
JANUARY	01/04/2015 - 01/31/2015	4
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

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## FOR BOOKKEEPING USE ONLY:

|                     |                                     |                        |
|---------------------|-------------------------------------|------------------------|
| INVOICE DATE: _____ | MONTHLY CONTRACTED AMOUNT: \$ _____ | GROSS AMOUNT: \$ _____ |
| INVOICE #: _____    | WEEKLY CONTRACTED AMOUNT: \$ _____  | FICA AMOUNT: \$ _____  |
|                     |                                     | NET AMOUNT: \$ _____   |