



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: _____

JUNE 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	4 FROM - TO	5 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:

Attendance Sheet Month	Period (From/To)	Weeks
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: \$ \_\_\_\_\_