

CCMH FOUNDATION

Clay County Memorial Hospital
310 West South Street
Henrietta, Tx 76365

Invoice # 07/192016
Invoice date: 07/19/2016
Check Date: 7/20/2016

Pay Period 07/03/2016 thru 07/16/2016

| | |
|------------------------|-------------------|
| Gross Wages | 107,248.99 |
| FICA | 11,612.00 |
| SUI | - |
| Workmen's Comp | 1,161.54 |
| Employee Benefits | 17,164.00 |
| 401(k) contribution | 1,989.18 |
| Administration Fee | 2,681.22 |
| Sub-Total | 141,856.93 |
| Employee Set up | - |
| Mileage | 762.47 |
| Reimbursements | 852.04 |
| Credit-Patient Account | (257.50) |
| Credit-Dietary | (625.00) |
| Total Invoice: | <u>142,588.94</u> |