

CCMH FOUNDATION

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

Invoice # 08022016
Invoice date: 8/2/2016
Check Date: 8/3/2016

Pay Period 07/17/2016 thru 07/30/2016

Gross Wages	115,327.93
FICA	8,236.12
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,054.48
Administration Fee	2,883.20
Sub-Total	146,827.27
Employee Set up	625.00
Mileage	679.64
Reimbursements	340.00
Credit-Patient Account	(245.00)
Credit-Dietary	(665.00)
Total Invoice:	<u>147,561.91</u>