

# CCMH FOUNDATION

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

Invoice # 08162016  
Invoice date: 8/16/2016  
Check Date: 8/17/2016

Pay Period 07/31/2016 thru 08/13/2016

Gross Wages	109,120.88
Accrul	2,000.00
FICA	7,922.83
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,116.59
Administration Fee	3,273.63

Sub-Total 142,759.47

Mileage	550.62
Reimbursements	140.00
Credit-Patient Account	(257.72)
Credit-Dietary	(635.00)
Credit-Scrubs	(75.00)

Total Invoice: 142,482.37