

# CCMH FOUNDATION

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

Invoice # 08312016  
Invoice date: 8/31/2016  
Check Date: 8/31/2016

Pay Period 08/14/2016 thru 08/27/2016

Gross Wages	104,766.38
Accrual	2,000.00
FICA	7,564.88
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,077.68
Administration Fee	3,142.99

Sub-Total	137,877.47
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Mileage	760.80
Reimbursements	340.00
Credit-Patient Account	(232.72)
Credit-Dietary	(405.00)
Credit-Scrubs	(75.00)

Total Invoice:	<u>138,265.55</u>
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