

# CCMH FOUNDATION

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

Invoice # 09132016  
Invoice date: 9/13/2016  
Check Date: 9/14/2016

Pay Period 08/28/2016 thru 09/10/2016

Gross Wages	107,799.71
Accrual	2,000.00
FICA	7,790.99
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,065.64
Administration Fee	3,233.99

Sub-Total	141,215.87
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Mileage	844.47
Reimbursements	390.67
Credit-Patient Account	(211.09)
Credit-Dietary	(530.00)
Credit-Scrubs	(120.60)

Total Invoice:	<u>141,589.32</u>
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