

CCMH FOUNDATION

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

Invoice # 09272016
Invoice date: 9/27/2016
Check Date: 9/28/2016

Pay Period 09/11/2016 thru 09/24/2016

Gross Wages	109,953.25
Accrual	2,000.00
FICA	7,914.16
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,089.19
Administration Fee	3,298.60

Sub-Total 143,580.74

Mileage	996.69
Reimbursements	490.73
Credit-Patient Account	(201.94)
Credit-Dietary	(465.00)
Credit-Scrubs	(54.20)

Total Invoice: 144,347.02