

CCMH FOUNDATION

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

Invoice # 11092016
Invoice date: 11/9/2016
Check Date: 11/10/2016

Pay Period 10/23/2016 thru 11/05/2016

Gross Wages	110,236.87
Accrual	2,000.00
FICA	7,942.86
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,019.92
Administration Fee	3,307.11
Sub-Total	143,832.30
Mileage	1,122.09
Reimbursements	349.74
Credit-Patient Account	(195.00)
Credit-Dietary	(515.00)
Credit-Scrubs	(50.00)
Total Invoice:	<u>144,544.13</u>