

CCMH FOUNDATION

KEL
jm

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

Invoice # 11222016
Invoice date: 11/22/2016
Check Date: 11/23/2016

Pay Period 11/06/2016 thru 11/19/2016

Gross Wages	109,468.63
Accrual	2,000.00
FICA	7,509.49
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,046.02
Administration Fee	3,284.06

Sub-Total 142,633.74

Mileage	1,330.54
Reimbursements	45.26
Credit-Patient Account	(290.00)
Credit-Dietary	(615.00)
Credit-Scrubs	(112.13)

Total Invoice: 142,992.41