

LC

CCMH FOUNDATION

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

Invoice # 12062016
Invoice date 12/6/2016
Check Date 12/08/2016

Pay Period 11/20/2016 thru 12/03/2016

Gross Wages	110,057.08
Accrual	2,000.00
FICA	7,600.62
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,004.35
Administration Fee	3,301.71
Sub-Total	143,289.30

Mileage	906.35
Reimbursements	340.00
Credit-Patient Account	(270.00)
Credit-Dietary	(525.00)
Credit-Scrubs	(480.88)

Total Invoice: 143,259.77

