

CCMH FOUNDATION

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

Invoice # 01042017
Invoice date 1/4/2017
Check Date 1/5/2017

Pay Period 12/18/2016 thru 12/31/2016

Gross Wages	110,640.52
Accrual	2,000.00
FICA	7,988.04
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,046.20
Administration Fee	3,319.22
Sub-Total	144,319.52

Mileage	667.21
Reimbursements	442.83
Credit-Patient Account	(240.00)
Credit-Dietary	(500.00)
Credit-Scrubs	(130.86)

Total Invoice: 144,558.70