

R.L.
KEL- B.S.K
J.S.

CCMH FOUNDATION

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

Invoice # 01182017
Invoice date 1/18/2017
Check Date 1/19/2017

Pay Period 01/01/2017 thru 01/14/2017

| | |
|---------------------|------------|
| Gross Wages | 111,731.76 |
| Accrual | 2,000.00 |
| FICA | 8,101.61 |
| SUI | - |
| Workmen's Comp | 1,161.54 |
| Employee Benefits | 17,164.00 |
| 401(k) contribution | 2,135.53 |
| Administration Fee | 3,351.95 |

Sub-Total 145,646.39

| | |
|------------------------|----------|
| Mileage | 687.06 |
| Reimbursements | 63.95 |
| Credit-Patient Account | (277.50) |
| Credit-Dietary | (500.00) |
| Credit-Scrubs | (58.75) |

Total Invoice: 145,561.15