

# CCMH FOUNDATION

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

Invoice # 02142017  
Invoice date 2/14/2017  
Check Date 2/16/2017

Pay Period 01/29/2017 thru 02/11/2017

Gross Wages	113,801.06
Accrual	2,000.00
FICA	8,225.33
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,280.78
Administration Fee	3,414.03

Sub-Total 148,046.74

Mileage	816.22
Reimbursements	320.00
Credit-Patient Account	(302.50)
Credit-Dietary	(465.00)
Credit-Scrubs	(36.60)
reimburse Air Handler repair	2,350.00

Total Invoice: 150,728.86