

DR.
KEL.

CCMH FOUNDATION

Clay County Memorial Hospital	Invoice #	02282017
310 West South Street	Invoice date:	2/28/2017
Henrietta, Tx 76365	Check Date:	3/2/2017

Pay Period 02/12/2017 thru 02/25/2017

Gross Wages	118,375.65
Accrual	2,000.00
FICA	8,631.71
SUI	-
Workmen's Comp	1,161.54
Employee Benefits	17,164.00
401(k) contribution	2,328.39
Administration Fee	3,551.27

Sub-Total	153,212.56
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Mileage	954.52
Reimbursements	113.50
Credit-Patient Account	(350.00)
Credit-Dietary	(365.00)
Credit-Scrubs	(36.60)

Total Invoice:	<u>153,528.98</u>
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