

# CCMH FOUNDATION

on A.S. [Signature]  
RK, FEL

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

Invoice # 03282017  
Invoice date: 3/28/2017  
Check Date: 3/30/2017

Pay Period 03/11/2017 thru 03/25/2017

Gross Wages	117,099.03
Accrual	2,000.00
FICA	8,509.39
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,280.53
Administration Fee	3,512.97

Sub-Total 159,507.00

Mileage	751.27
Reimbursements	651.79
Credit-Patient Account	(397.50)
Credit-Dietary	(455.00)
Credit-Scrubs	(36.60)

Total Invoice: 160,020.96