CCMH FOUNDATION

KEL R.L.

Clay County Memorial Hospital	Invoice #	04112017
310 West South Street	Invoice date:	4/11/2017
Henrietta, Tx 76365	Check Date:	4/13/2017

Pay Period 03/26/2017 thru 04/08/2017

Gross Wages		121,480.75
Accrual		2,000.00
FICA		8,834.07
SUI		•
Workmen's Comp		1,361.54
Employee Benefits		24,743.54
401(k) contribution		2,222.02
Administration Fee		3,644.42
	Sub-Total	164,286.34
Mileage	Sub-Total	164,286.34 1,122.06
Mileage Reimbursements	Sub-Total	
•		1,122.06
Reimbursements		1,122.06 373.29
Reimbursements Credit-Patient Account		1,122.06 373.29 (505.00)

Total Invoice: 164,881.69