

CCMH FOUNDATION

Don R.L. Jones
RSK.
KEH

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

Invoice # 04252017
Invoice date: 4/25/2017
Check Date: 4/27/2017

Pay Period 04/09/2017 thru 04/22/2017

Gross Wages	125,417.41
Accrual	2,000.00
FICA	9,167.44
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,370.38
Administration Fee	3,762.52

Sub-Total 168,822.83

Mileage	791.79
Reimbursements	151.23
Credit-Patient Account	(412.79)
Credit-Dietary	(440.00)
Credit-Scrubs	-

Total Invoice: 168,913.06