

# CCMH FOUNDATION

R.L.      J.B. sm  
D.S.K.      K.E.H.

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

Invoice #      05202017  
Invoice date: 5/23/2017  
Check Date: 5/25/2017

Pay Period 05/07/2017 thru 05/20/2017

Gross Wages	124,501.71
Accrual	2,000.00
FICA	9,136.03
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,257.03
Administration Fee	3,735.05
Sub-Total	167,734.90
Mileage	620.41
Reimbursements	102.86
Credit-Patient Account	(352.33)
Credit-Dietary	(425.00)
Credit-Scrubs	(671.07)
Total Invoice:	<u>167,009.77</u>

# CCMH FOUNDATION

R.L.  
K.F.H.  
R.S.K.

J.S.  
on

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

Invoice # 06032017  
Invoice date: 6/6/2017  
Check Date: 6/8/2017

Pay Period 05/21/2017 thru 06/03/2017

Gross Wages	123,607.07
Accrual	2,000.00
FICA	9,036.37
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,222.15
Administration Fee	3,708.21
Sub-Total	166,678.88
Mileage	750.85
Reimbursements	447.40
Credit-Patient Account	(397.50)
Credit-Dietary	(390.00)
Credit-Scrubs	(686.62)
Total Invoice:	<u>166,403.01</u>