

CCMH FOUNDATION

R.L. J.S.
R.S.K.
om
KEL

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

Invoice # 070317
Invoice date: 7/3/2017
Check Date: 7/6/2017

Pay Period 06/18/2017 thru 07/01/2017

Gross Wages	123,964.61
Accrual	2,000.00
FICA	9,050.89
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,194.34
Administration Fee	3,718.94
Sub-Total	167,033.86

Mileage	774.17
Reimbursements	590.00
Credit-Patient Account	(400.00)
Credit-Dietary	(295.00)
Credit-Scrubs	(469.14)
Amerisource Bergen	338.12

Total Invoice:

167,572.01

167,233.89 amount of transfer with correction

WAS paid on last payroll