

# CCMH FOUNDATION

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

Invoice # 071817  
Invoice date: 7/18/2017  
Check Date: 7/20/2017

Pay Period 07/02/2017 thru 07/15/2017

Back Pay (original invoice 061717 was not calculated correctly)	25,377.49
Back Pay	27,571.20
Gross Wages	124,745.98
Accrual	2,000.00
FICA	11,254.13
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,270.29
Administration Fee	3,742.38

Sub-Total 223,066.55

Mileage	683.44
Reimbursements	200.00
Credit-Patient Account	(300.00)
Credit-Dietary	(360.00)
Credit-Scrubs	(519.57)

Total Invoice: 222,770.42