CCMH FOUNDATION

REL. REL. RSK,

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

Invoice # 080117 Invoice date: 8/1/2017 Check Date: 8/3/2017

Pay Period 07/16/2017	thru 07/29/2017
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Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits	130,521.00 2,000.00 23,687.60 - 1,361.54 24,743.54
401(k) contribution Administration Fee	2,183.63 3,915.63
Sub-Total	188,412.94
Mileage	717.08
Reimbursements	585.00
Credit-Patient Account	(332.50)
Credit-Dietary	(295.00)
Credit-Scrubs	(424.17)

Total Invoice: 188,663.35