

*J.A. RL*

*KEW RK*

# CCMH FOUNDATION

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

Invoice # 081517  
Invoice date: 8/15/2017  
Check Date: 8/17/2017

Pay Period 07/30/2017 thru 08/12/2017

Gross Wages	128,890.95
Accrual	2,000.00
FICA	9,518.24
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,199.89
Administration Fee	3,866.73

Sub-Total 172,580.89

Mileage	858.93
Reimbursements	100.00
Credit-Patient Account	(367.50)
Credit-Dietary	(435.00)
Credit-Scrubs	(369.53)

Total Invoice: 172,367.79