

R.S.K. R.F. J. KEL-

CCMH FOUNDATION

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

Invoice # 082917
Invoice date: 8/29/2017
Check Date: 8/31/2017

Pay Period 08/13/2017 thru 08/26/2017

Gross Wages	131,347.69
Accrual	2,000.00
FICA	9,641.72
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,321.65
Administration Fee	3,940.43

Sub-Total 175,356.57

Mileage	908.87
Reimbursements	333.09
Credit-Patient Account	(387.50)
Credit-Dietary	(365.00)
Credit-Scrubs	(359.22)

Total Invoice: 175,486.81

Om R.I. J.
RSK KEL.

CCMH FOUNDATION

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

Invoice # 091117
Invoice date: 9/11/2017
Check Date: 9/14/2017

Pay Period 08/27/2017 thru 09/6/2017

Gross Wages	128,757.74
Accrual	2,000.00
FICA	9,447.38
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,301.54
Administration Fee	3,862.73
Sub-Total	172,474.47

Mileage	682.03
Reimbursements	510.00
Credit-Patient Account	(387.50)
Credit-Dietary	(380.00)
Credit-Scrubs	(0.01)

Total Invoice: 172,898.99