

Jim M. R.L.  
R.S.K. A.E.H.

# CCMH FOUNDATION

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

Invoice # 092517  
Invoice dat 9/25/2017  
Check Date 9/28/2017

Pay Period 09/10/2017 thru 09/23/2017

Gross Wages	129,427.01
Accrual	2,000.00
FICA	9,476.89
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,251.16
Administration Fee	3,882.81
Sub-Total	173,142.95

Mileage	893.51
Reimbursements	573.06
New Employee Set up Fee	750.00
Credit-Patient Account	(382.50)
Credit-Dietary	(555.00)
Credit-Scrubs	(666.92)

Total Invoice: 173,755.10

1	Net pay to Fidelity	91,663.95
2	Balance To Wells Fargo	82,091.15