

# CCMH FOUNDATION

Rh. [Signature] R.L. [Signature]  
~~[Signature]~~ KEL.

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

Invoice # 100917  
Invoice dat 10/9/2017  
Check Date 10/12/2017

Pay Period 09/24/2017 thru 10/07/2017

Gross Wages	134,110.18
Accrual	2,000.00
FICA	9,820.84
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,364.01
Administration Fee	4,023.31

Sub-Total 178,423.42

Mileage	980.19
Reimbursements	959.70
Credit-Patient Account	(442.50)
Credit-Dietary	(470.00)
Credit-Scrubs	(50.00)

Total Invoice: 179,400.81

1	Net pay to Fidelity	96,402.73
2	Balance To Wells Fargo	82,998.08