**CCMH FOUNDATION** 

PSK. EEL.

Clay County Memorial Hospital Invoice # 102317
310 West South Street Invoice date: 10/23/2017
Henrietta, Tx 76365 Check Date: 10/26/2017

## Pay Period 10/8/2017 thru 10/21/2017

Gross Wages Accrual FICA SUI	132,481.39 2,000.00 9,706.57
Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	1,361.54 24,743.54 2,275.85 3,974.44
Sub-Tota	176,543.33
Mileage Reimbursements Credit-Patient Account Credit-Dietary Credit-Scrubs	823.17 974.40 (387.00) (460.00) (50.00)

	Total Invoice:	177,443.90
1	Net pay to Fidelity	96,406.55
2	Balance To Wells Fargo	81,037.35