CCMH FOUNDATION

28. R.L. gr.

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

Invoice # 121817 Invoice dat 12/18/2017 Check Date 12/21/2017

79,519.59

Pay Period 12/03/2017 thru 12/16/2017

FICA 9,41 SUI Workmen's Comp 1,36 Employee Benefits 24,74	00.00 17.73 - 51.54 13.54 15.10
FICA 9,41 SUI Workmen's Comp 1,36 Employee Benefits 24,74	.7.73 - 61.54 13.54 15.10
SUI Workmen's Comp 1,36 Employee Benefits 24,74	- 51.54 13.54 15.10
Workmen's Comp 1,36 Employee Benefits 24,74	3.54 5.10
Employee Benefits 24,74	3.54 5.10
• •	5.10
401/k) contribution	
401(k) CONTINUATION 2,24	
Administration Fee 3,97	0.75
Sub-Total 176,09	6.85
Mileage 66	50.31
Reimbursements	-
Credit-Patient Account (58	30.73)
·	55.00)
·	71.11)
·	·
Total Invoice: 175,34	10.32
1 Net pay to Fidelity 95,82	00.72

Balance To Wells Fargo

2

n	ユ
O	1)