

RL. Jim  
RSK KEL

# CCMH FOUNDATION

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

Invoice # 010218  
Invoice dat 1/2/2018  
Check Date 1/4/2018

Pay Period 12/17/2017 thru 12/31/2017

Gross Wages	129,059.17
Accrual	2,000.00
FICA	9,450.17
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,154.56
Administration Fee	3,871.78

Sub-Total 172,640.76

Mileage	1,149.65
Reimbursements	-
Credit-Patient Account	(540.73)
Credit-Dietary	(325.00)
Credit-Scrubs	(381.91)

Total Invoice: 172,542.77

1	Net pay to Fidelity	91,793.14
2	Balance To Wells Fargo	80,749.63