

CCMH FOUNDATION

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

Invoice # 031318
Invoice date: 3/13/2018
Check Date: 3/20/2018

Pay Period 2/25/18 thru 3/10/2018

| | |
|---------------------|------------|
| Gross Wages | 125,677.57 |
| Accrual | 2,000.00 |
| FICA | 9,216.49 |
| SUI | - |
| Workmen's Comp | 1,361.54 |
| Employee Benefits | 24,743.54 |
| 401(k) contribution | 2,188.18 |
| Administration Fee | 3,770.33 |
| Sub-Total | 168,957.65 |

| | |
|------------------------|----------|
| Mileage | 440.64 |
| Reimbursements | 64.07 |
| Credit-Air Evac | - |
| Credit-Patient Account | (935.79) |
| Credit-Dietary | (381.00) |
| Credit-Scrubs | (537.80) |

Total Invoice: 167,607.77

| | | |
|---|------------------------|-----------|
| 1 | Net pay to Fidelity | 90,875.50 |
| 2 | Balance To Wells Fargo | 76,732.27 |