

*JS RSK. Jim R2*  
*KEH*

# CCMH FOUNDATION

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

Invoice # 061918  
Invoice date: 6/19/2018  
Check Date: 6/26/2018

Pay Period 6/3/18 thru 6/16/18

Gross Wages	124,554.58
Accrual	2,000.00
FICA	9,143.33
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,121.30
Administration Fee	3,736.64

Sub-Total 167,660.93

Mileage	624.89
Reimbursements	157.20
Credit-Patient Account	(616.64)
Credit-Dietary	(449.00)
Credit-Scrubs	(378.47)

Total Invoice: 166,998.91

1	Net pay to Fidelity	91,352.75
2	Balance To Wells Fargo	75,646.16

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