## **CCMH FOUNDATION**

DA RSK 82

Clay County Memorial Hospital Invoice # 081618
310 West South Street Invoice date: 8/16/2018
Henrietta, Tx 76365 Check Date: 8/21/2018

## Pay Period 7/29/18 thru 8/11/18

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	133,075.64 2,000.00 9,762.10 - 1,361.54 24,743.54 2,243.25 3,992.27
Sub-Total	177,178.34
Mileage Reimbursements Credit-Patient Account Credit-Dietary Credit-Scrubs	821.81 563.35 (499.40) (386.00)

Total Invoice:	177,678.10
1 Net pay to Fidelity 2 Balance To Wells Fargo	98,462.70 79,215.40