

CCMH FOUNDATION

RS *RSK.* *R.L.*
REL.

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

Invoice # 082818
Invoice date: 8/28/2018
Check Date: 9/4/2018

Pay Period 8/12/18 thru 8/25/18

Gross Wages	132,000.45
Accrual	2,000.00
FICA	9,712.76
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,154.20
Administration Fee	3,960.01

Sub-Total 175,932.50

Mileage	534.31
Reimbursements	380.00
Credit-Patient Account	(499.40)
Credit-Dietary	(520.00)
Credit-Scrubs	(65.93)

Total Invoice: 175,761.48

1	Net pay to Fidelity	97,417.41
2	Balance To Wells Fargo	78,344.07
