

CCMH FOUNDATION

Handwritten notes:
H. E. H. Jm R.L.
B.S.K.

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

Invoice # 092518
Invoice date: 9/25/2018
Check Date: 10/2/2018

Pay Period 9/9/18 thru 9/22/18

Gross Wages	127,556.35
Accrual	2,000.00
FICA	9,413.99
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,161.15
Administration Fee	3,826.69

Sub-Total 171,063.26

Mileage	734.06
Reimbursements	460.00
Credit-Patient Account	(471.99)
Credit-Dietary	(401.00)
Credit-Scrubs	(341.84)

Total Invoice: 171,042.49

1	Net pay to Fidelity	94,804.16
2	Balance To Wells Fargo	76,238.33