

*Dr. [Signature]* R.L.  
K.E.L. R.S.K.

# CCMH FOUNDATION

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

Invoice # 100918  
Invoice date: 10/9/2018  
Check Date: 10/16/2018

Pay Period 9/23/18 thru 10/6/18

Gross Wages	128,775.98
Accrual	2,000.00
FICA	9,494.54
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,145.32
Administration Fee	3,863.28
Sub-Total	172,384.20

Mileage	725.56
Reimbursements	553.25
Credit-Patient Account	(416.64)
Credit-Dietary	(482.00)
Credit-Scrubs	(341.82)

Total Invoice: 172,422.55

1	Net pay to Fidelity	95,412.67
2	Balance To Wells Fargo	77,009.88