

CCMH FOUNDATION

Handwritten: Am R.L.
CB
(Signature)

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

Invoice # 010219
Invoice dat 1/2/2019
Check Date 1/8/2019

Pay Period 12/16/18 thru 12/29/18

Gross Wages	129,553.28
Accrual	2,000.00
FICA	9,395.64
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,254.84
Administration Fee	3,886.60
Sub-Total	173,195.44

Mileage	769.53
Reimbursements	832.57
Credit-Patient Account	(446.64)
Credit-Dietary	(418.00)
Credit-Scrubs	(357.29)

Total Invoice:	<u>173,575.61</u>
1 Net pay to Fidelity	95,020.78
2 Balance To Wells Fargo	78,554.83