

CB *[Signature]* R.L.
[Signature]

CCMH FOUNDATION

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

Invoice # 012919
Invoice date: 1/29/2019
Check Date: 2/5/2019

Pay Period 1/13/19 thru 1/26/19

Gross Wages	134,406.74
Accrual	2,000.00
FICA	9,794.74
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,305.55
Administration Fee	4,032.20
Sub-Total	178,644.31

Mileage	939.08
Reimbursements	400.00
Credit-Patient Account	(455.04)
Credit-Dietary	(373.00)
Credit-Scrubs	(179.56)

Total Invoice:	<u>178,975.79</u>
1 Net pay to Fidelity	99,039.39
2 Balance To Wells Fargo	79,936.40