

CB
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R.L.

CCMH FOUNDATION

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

Invoice # 021219
Invoice date: 2/12/2019
Check Date: 2/19/2019

Pay Period 1/27/19 thru 2/9/19

Gross Wages	135,282.40
Accrual	2,000.00
FICA	9,880.50
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,379.57
Administration Fee	4,058.47

Sub-Total 179,706.02

Mileage	928.67
Reimbursements	165.00
Credit-Patient Account	(380.49)
Credit-Dietary	(431.00)
Credit-Scrubs	-

Total Invoice: 179,988.20

1	Net pay to Fidelity	99,454.30
2	Balance To Wells Fargo	80,533.90