

JA CB gm  
ML R.L.

# CCMH FOUNDATION

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

Invoice # 022619  
Invoice date: 2/26/2019  
Check Date: 3/5/2019

Pay Period 2/10/19 thru 2/23/19

Gross Wages	133,536.58
Accrual	2,000.00
FICA	9,725.12
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,260.31
Administration Fee	4,006.10

Sub-Total 177,633.19

Mileage	1,039.09
Reimbursements	400.00
Credit-Air Evac	(3,162.00)
Credit-Patient Account	(445.49)
Credit-Dietary	(368.00)
Credit-Scrubs	(29.25)

Total Invoice: 175,067.54

1	Net pay to Fidelity	95,102.02
2	Balance To Wells Fargo	79,965.52