

CB *[Signature]* *[Signature]* R.J.

CCMH FOUNDATION

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

Invoice # 031219
Invoice date: 3/12/2019
Check Date: 3/19/2019

Pay Period 2/24/19 thru 3/9/19

Gross Wages	136,326.55
Accrual	2,000.00
FICA	9,962.74
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,307.08
Administration Fee	4,089.80

Sub-Total 180,791.25

Mileage	910.77
Reimbursements	164.10
Credit-Air Evac	(189.00)
Credit-Patient Account	(435.49)
Credit-Dietary	(313.00)
Credit-Scrubs	(29.25)

Total Invoice: 180,899.38

1	Net pay to Fidelity	99,990.83
2	Balance To Wells Fargo	80,908.55

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