

Item 528 R2
MM CB gm

CCMH FOUNDATION

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

Invoice # 040919
Invoice date: 4/9/2019
Check Date: 4/16/2019

Pay Period 3/24/19 thru 4/6/19

Gross Wages	132,574.06
Accrual	2,000.00
FICA	9,646.82
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,283.29
Administration Fee	3,977.22
Sub-Total	176,586.47

Mileage	920.96
Reimbursements	134.70
Credit-Air Evac	-
Credit-Patient Account	(386.01)
Credit-Dietary	(488.00)
Credit-Scrubs	(659.21)

Total Invoice: 176,108.91

1	Net pay to Fidelity	95,961.22
2	Balance To Wells Fargo	80,147.69