

Item 5

OS, Jm RL  
ML CB

# CCMH FOUNDATION

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

Invoice # 042319  
Invoice dat 4/23/2019  
Check Date 4/30/2019

Pay Period 4/7/19 thru 4/20/19

Gross Wages	132,379.35
Accrual	2,000.00
FICA	9,595.02
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,202.98
Administration Fee	3,971.38
Sub-Total	176,253.81

Mileage	1,150.24
Reimbursements	386.82
Credit-Air Evac	-
Credit-Patient Account	(360.49)
Credit-Dietary	(500.00)
Credit-Scrubs	(467.06)

Total Invoice: 176,463.32

1	Net pay to Fidelity	96,470.64
2	Balance To Wells Fargo	79,992.68

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