

Item 5

JM CB R.L  
ML

# CCMH FOUNDATION

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

Invoice # 050819  
Invoice date: 5/8/2019  
Check Date: 5/14/2019

Pay Period 4/21/19 thru 5/4/19

Gross Wages	143,238.97
Accrual	2,000.00
FICA	10,412.74
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,255.20
Administration Fee	4,297.17
Sub-Total	188,309.16

Mileage	987.95
Reimbursements	1,127.21
Credit-Air Evac	-
Credit-Patient Account	(475.49)
Credit-Dietary	(643.00)
Credit-Scrubs	(469.83)

Total Invoice: 188,836.00

1	Net pay to Fidelity	105,506.16
2	Balance To Wells Fargo	83,329.84