gen Id Item 5 pt

## **CCMH FOUNDATION**

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

Invoice # 052119
Invoice date: 5/21/2019

Check Date: 5/28/2019

## Pay Period 5/5/19 thru 5/18/19

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	139,799.65 2,000.00 10,255.00 - 1,361.54 24,743.54 2,169.53 4,193.99
Sub-Total	184,523.25
Mileage Reimbursements Credit-Air Evac Credit-Patient Account Credit-Dietary Credit-Scrubs	902.39 305.89 - (385.49) (429.00) (28.82)

	Total Invoice:	184,888.22
1	Net pay to Fidelity	103,203.62
2	Balance To Wells Fargo	81,684.60