

CCMH FOUNDATION

J.B. Jim CB R2
MM

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

Invoice # 060419
Invoice date: 6/4/2019
Check Date: 6/11/2019

Pay Period 5/19/19 thru 6/1/19

Gross Wages	136,671.33
Accrual	2,000.00
FICA	9,955.15
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,064.58
Administration Fee	4,100.14

Sub-Total 180,896.28

Mileage	918.96
Reimbursements	400.00
Credit-Air Evac	-
Credit-Patient Account	(423.15)
Credit-Dietary	(480.00)
Credit-Scrubs	(0.01)

Total Invoice: 181,312.08

1	Net pay to Fidelity	100,582.60
2	Balance To Wells Fargo	80,729.48