CCMH FOUNDATION

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

Invoice # 061819 Invoice date: 6/18/2019

Check Date: 6/25/2019

Pay Period 6/2/19 thru 6/15/19

Gross Wages Accrual FICA	136,379.68 2,000.00 9,952.03 -
SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	1,361.54 24,743.54 2,088.45 4,091.39
Sub-Total	180,616.63
Mileage Reimbursements	1,109.73 - -
Credit-Air Evac Credit-Patient Account Credit-Dietary Credit-Scrubs	(473.07) (590.00) -

	Total Invoice:	180,663.29
1	Net pay to Fidelity	100,118.89
2	Balance To Wells Fargo	80,544.40