

CB
DS
R.L.
ME

CCMH FOUNDATION

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

Invoice # 073019
Invoice dat 7/30/2019
Check Date 8/6/2019

Pay Period 7/14/19 thru 7/27/19

Gross Wages	136,345.10
Accrual	2,000.00
FICA	9,950.06
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,346.53
Administration Fee	4,090.35
Sub-Total	180,837.12

Mileage	756.45
Reimbursements	400.00
Credit-Air Evac	-
Credit-Patient Account	(444.22)
Credit-Dietary	(687.00)
Credit-Scrubs	(393.59)

Total Invoice: 180,468.76

1	Net pay to Fidelity	98,521.66
2	Balance To Legend Bank	81,947.10
