Me (15 ks

## **CCMH FOUNDATION**

Clay County Memorial Hospital Invoice # 082719
310 West South Street Invoice date: 8/27/2019
Henrietta, Tx 76365 Check Date: 9/3/2019

## Pay Period 8/11/19 thru 8/24/19

Gross Wages Accrual FICA SUI	137,598.29 2,000.00 10,071.01
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,214.38
Administration Fee	4,127.95
Sub-Total	182,116.71
Mileage	806.19
Reimbursements	400.00
Credit-Air Evac	-
Credit-Patient Account	(593.88)
Credit-Patient Account Credit-Dietary	(593.88) (750.00)

	Total Invoice:	181,663.89
1	Net pay to Fidelity	100,299.80
2	Balance To Legend Bank	81,364.09