

CCMH FOUNDATION

Handwritten signatures and initials:
J.B. Jim R. CB

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

Invoice # 091019
Invoice date: 9/10/2019
Check Date: 9/17/2019

Pay Period 8/25/19 thru 9/7/19

Gross Wages	140,793.09
Accrual	2,000.00
FICA	10,354.46
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,247.73
Administration Fee	4,223.79
Sub-Total	185,724.15

Mileage	782.40
Reimbursements	400.00
New Employee Setup Fee	925.00
Credit-Air Evac	-
Credit-Patient Account	(687.99)
Credit-Dietary	(641.00)
Credit-Scrubs	(37.50)

Total Invoice: 186,465.06

1	Net pay to Fidelity	102,901.24
2	Balance To Legend Bank	83,563.82