

# CCMH FOUNDATION

*Om S* CB *Rid*  
*Sp*

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

Invoice # 100819  
Invoice date: 10/8/2019  
Check Date: 10/15/2019

Pay Period 9/22/19 thru 10/5/19

Gross Wages	135,479.68
Accrual	2,000.00
FICA	9,918.19
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,223.38
Administration Fee	4,064.39
<b>Sub-Total</b>	<b>179,790.72</b>

Mileage	826.57
Reimbursements	7.00
Credit-Air Evac	-
Credit-Patient Account	(655.49)
Credit-Dietary	(735.00)
Credit-Scrubs	(367.25)

Total Invoice: 178,866.55

1	Net pay to Fidelity	98,110.60
2	Balance To Legend Bank	80,755.95

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