

Item 5

CB Jim L. R. JMC

# CCMH FOUNDATION

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

Invoice # 102219  
Invoice dat 10/22/2019  
Check Date 10/29/2019

Pay Period 10/6/19 thru 10/19/19

Gross Wages	139,927.82
Accrual	2,000.00
FICA	10,236.83
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,286.28
Administration Fee	4,197.83
Sub-Total	184,753.84

Mileage	758.62
Reimbursements	539.95
Credit-Air Evac	-
Credit-Patient Account	(626.67)
Credit-Dietary	(812.00)
Credit-Scrubs	(292.50)

Total Invoice: 184,321.24

1	Net pay to Fidelity	102,069.77
2	Balance To Legend Bank	82,251.47

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