

CCMH FOUNDATION

95 CB 0m-h2
9/11
Item 5

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

Invoice # 110519
Invoice dat 11/5/2019
Check Date 11/12/2019

Pay Period 10/20/19 thru 11/02/19

Gross Wages	136,205.55
Accrual	2,000.00
FICA	9,969.26
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,167.64
Administration Fee	4,086.17

Sub-Total 180,533.70

Mileage	736.93
Reimbursements	360.00
Credit-Air Evac	-
Credit-Patient Account	(683.87)
Credit-Dietary	(795.00)
Credit-Scrubs	(284.15)

Total Invoice: 179,867.61

1	Net pay to Fidelity	100,689.70
2	Balance To Legend Bank	79,177.91