**CCMH FOUNDATION** 

of funcs lit

Clay County Memorial Hospital	Invoice #	111919
310 West South Street	Invoice date:	11/19/2019
Henrietta, Tx 76365	Check Date:	11/26/2019

## Pay Period 11/03/19 thru 11/16/19

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	134,465.98 2,000.00 9,623.24 - 1,361.54 24,743.54 2,215.51 4,033.98
Sub-Total	178,443.79
Mileage Reimbursements Credit-Air Evac Credit-Patient Account Credit-Dietary Credit-Scrubs	808.88 - - (587.99) (695.00) (135.45)

	Total Invoice:	177,834.23
1	Net pay to Fidelity	99,630.43
2	Balance To Legend Bank	78,203.80