

Item 5

CS Jim [Signature]
[Signature]

R.L.

CCMH FOUNDATION

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

Invoice # 120219
Invoice date: 12/2/2019
Check Date: 12/10/2019

Pay Period 11/17/19 thru 11/30/19

Gross Wages	134,645.96
Accrual	2,000.00
FICA	9,417.37
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,197.34
Administration Fee	4,039.38

Sub-Total 178,405.13

Mileage	547.36
Reimbursements	380.00
Credit-Air Evac	-
Credit-Patient Account	(605.49)
Credit-Dietary	(498.00)
Credit-Scrubs	-

Total Invoice: 178,229.00

1	Net pay to Fidelity	99,157.99
2	Balance To Legend Bank	79,071.01