

JG Jim CB R.I.
JMK

CCMH FOUNDATION

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

Invoice # 121719
Invoice date: 12/17/2019
Check Date: 12/24/2019

Pay Period 12/1/19 thru 12/14/19

| | |
|---------------------|------------|
| Gross Wages | 136,741.74 |
| Accrual | 2,000.00 |
| FICA | 9,590.52 |
| SUI | - |
| Workmen's Comp | 1,361.54 |
| Employee Benefits | 24,743.54 |
| 401(k) contribution | 2,178.15 |
| Administration Fee | 4,102.25 |

Sub-Total 180,717.74

| | |
|------------------------|----------|
| Mileage | 563.05 |
| Reimbursements | 165.00 |
| Credit-Air Evac | - |
| Credit-Patient Account | (686.64) |
| Credit-Dietary | (697.00) |
| Credit-Scrubs | - |

Total Invoice: 180,062.15

| | | |
|---|------------------------|------------|
| 1 | Net pay to Fidelity | 100,460.05 |
| 2 | Balance To Legend Bank | 79,602.10 |