

*[Handwritten signatures and initials]*  
CB

# CCMH FOUNDATION

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

Invoice # 123119  
Invoice date: 12/31/2019  
Check Date: 1/7/2020

Pay Period 12/15/19 thru 12/28/19

Gross Wages	131,388.02
Accrual	2,000.00
FICA	9,537.37
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,357.02
Administration Fee	3,941.64

Sub-Total 175,329.13

Mileage	530.38
Reimbursements	442.30
Credit-Air Evac	-
Credit-Patient Account	(676.36)
Credit-Dietary	(478.00)
Credit-Scrubs	-

Total Invoice: 175,147.45

1	Net pay to Fidelity	93,245.26
2	Balance To Legend Bank	81,902.19