

Am CB R.R.  
JMC

# CCMH FOUNDATION

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

Invoice # 01292020  
Invoice date: 1/29/2020  
Check Date: 2/4/2020

Pay Period 01/12/2020 thru 01/25/2020

Gross Wages	137,450.99
Accrual	2,000.00
FICA	9,979.03
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,414.21
Administration Fee	4,123.53
<b>Sub-Total</b>	<b>182,072.84</b>

Mileage	650.14
Reimbursements	400.00
Credit-Air Evac	-
Credit-Patient Account	(602.69)
Credit-Dietary	(700.00)
Credit-Scrubs	(407.12)

Total Invoice: 181,413.17

1	Net pay to Fidelity	95,972.49
2	Balance To Legend Bank	85,440.68