

CB DM
JK RS

CCMH FOUNDATION

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

Invoice # 02112020
Invoice date: 2/11/2020
Check Date: 2/18/2020

Pay Period 01/26/2020 thru 02/08/2020

| | |
|---------------------|-------------------|
| Gross Wages | 137,077.74 |
| Accrual | 2,000.00 |
| FICA | 9,972.66 |
| SUI | - |
| Workmen's Comp | 1,361.54 |
| Employee Benefits | 24,743.54 |
| 401(k) contribution | 2,316.47 |
| Administration Fee | 4,112.33 |
| Sub-Total | 181,584.28 |

| | |
|------------------------|------------|
| Mileage | 655.06 |
| Reimbursements | 403.58 |
| Credit-Air Evac | (3,684.00) |
| Credit-Patient Account | (529.11) |
| Credit-Dietary | (819.00) |
| Credit-Scrubs | (457.12) |

Total Invoice: 177,153.69

| | | |
|---|------------------------|-----------|
| 1 | Net pay to Fidelity | 93,981.04 |
| 2 | Balance To Legend Bank | 83,172.65 |