

*Jim CB*  
*MS*

# CCMH FOUNDATION

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

Invoice # 02262020  
Invoice date: 2/26/2020  
Check Date: 3/3/2020

Pay Period 02/9/2020 thru 02/22/2020

Gross Wages	144,091.49
Accrual	2,000.00
FICA	10,490.96
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,347.61
Administration Fee	4,322.74

Sub-Total 189,357.88

Mileage	784.92
Reimbursements	400.00
Credit-Air Evac	
Credit-Patient Account	(685.37)
Credit-Dietary	(697.00)
Credit-Scrubs	(437.03)

Total Invoice: 188,723.40

1	Net pay to Fidelity	102,653.27
2	Balance To Legend Bank	86,070.13