

# CCMH FOUNDATION

*Handwritten signature and initials: CB R.I.*

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

Invoice # 03252020  
Invoice date: 3/25/2020  
Check Date: 3/31/2020

Pay Period 03/08/2020 thru 03/21/2020

Gross Wages	139,735.28
Accrual	2,000.00
FICA	10,232.23
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,248.84
Administration Fee	4,192.06
Sub-Total	184,513.49

Mileage	626.23
Reimbursements	-
Credit-Air Evac	
Credit-Patient Account	(498.67)
Credit-Dietary	(626.00)
Credit-Scrubs	(30.38)

Total Invoice: 183,984.67

1	Net pay to Fidelity	100,098.32
2	Balance To Legend Bank	83,886.35