

# CCMH FOUNDATION

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

Invoice # 04072020  
Invoice date: 4/7/2020  
Check Date: 4/14/2020

Pay Period 03/22/2020 thru 04/04/2020

Gross Wages	140,917.48
Accrual	2,000.00
FICA	10,373.96
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,278.97
Administration Fee	4,227.52
Sub-Total	185,903.01

Mileage	735.48
Reimbursements	360.00
Credit-Air Evac	
Credit-Patient Account	(550.28)
Credit-Dietary	(701.00)
Credit-Scrubs	(30.36)

Total Invoice: 185,716.85

1	Net pay to Fidelity	101,949.30
2	Balance To Legend Bank	83,767.55