

Paycheck Protection

from foundation we will not transfer

CCMH FOUNDATION

PS
GM
dm RL
CB

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

Invoice # 05052020
Invoice date: 5/5/2020
Check Date: 5/12/2020

Pay Period 04/19/2020 thru 05/2/2020

Gross Wages	140,368.42
Accrual	2,000.00
FICA	10,286.18
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,068.58
Administration Fee	4,211.05
Sub-Total	185,039.31

Mileage	612.36
Reimbursements	340.00
Credit-Air Evac	
Credit-Patient Account	(505.19)
Credit-Dietary	(677.00)
Credit-Scrubs	(345.55)

Total Invoice: 184,463.93

1	Net pay to Fidelity	100,725.96
2	Balance To Legend Bank	83,737.97