

DM CB
R.R.

CCMH FOUNDATION

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

Invoice # 05192020
Invoice date: 5/5/2020
Check Date: 5/26/2020

Pay Period 5/3/2020 thru 5/16/2020

Gross Wages	138,175.35
Accrual	2,000.00
FICA	10,138.39
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,106.15
Administration Fee	4,145.26

Sub-Total 182,670.23

Mileage	591.29
Reimbursements	100.32
Credit-Air Evac	
Credit-Patient Account	(505.19)
Credit-Dietary	(512.00)
Credit-Scrubs	(295.92)

Total Invoice: 182,048.73

1	Net pay to Fidelity	99,747.62
2	Balance To Legend Bank	82,301.11