

*Jim EB RB*  
*JS*

# CCMH FOUNDATION

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

Invoice # 06022020  
Invoice date: 6/2/2020  
Check Date: 6/9/2020

Pay Period 5/17/2020 thru 5/30/2020

Gross Wages	136,934.46
Accrual	2,000.00
FICA	9,990.58
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,082.69
Administration Fee	4,108.03
<b>Sub-Total</b>	<b>181,220.84</b>

Mileage	576.90
Reimbursements	380.00
Credit-Air Evac	
Credit-Patient Account	(493.98)
Credit-Dietary	(456.00)
Credit-Scrubs	(177.99)

Total Invoice: 181,049.77

1	Net pay to Fidelity	98,655.28
2	Balance To Legend Bank	82,394.49