

Jim D. RL
MCB

CCMH FOUNDATION

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

Invoice # 06302020
Invoice date: 6/30/2020
Check Date: 7/7/2020

Pay Period 6/14/2020 thru 6/27/2020

Gross Wages	144,261.68
Accrual	2,000.00
FICA	10,524.14
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,048.21
Administration Fee	4,327.85
Sub-Total	189,266.96

Mileage	637.20
Reimbursements	915.89
Credit-Air Evac	
Credit-Patient Account	(617.19)
Credit-Dietary	(608.00)
Credit-Scrubs	-

Total Invoice: 189,594.86

1	Net pay to Fidelity	105,006.59
2	Balance To Legend Bank	84,588.27
