

Handwritten initials and signatures: JM, RJ, CB, and a date 8/2.

CCMH FOUNDATION

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

Invoice # 07282020
Invoice dat 7/28/2020
Check Date 8/4/2020

Pay Period 7/12/2020 thru 7/25/2020

Gross Wages	141,648.02
Accrual	2,000.00
FICA	10,376.96
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,287.34
Administration Fee	4,249.44
Sub-Total	186,666.84

Mileage	631.51
Reimbursements	320.00
Credit-Air Evac	
Credit-Patient Account	(617.14)
Credit-Dietary	(496.00)
Credit-Scrubs	-

Total Invoice: 186,505.21

1	Net pay to Fidelity	102,777.60
2	Balance To Legend Bank	83,727.61