

Jim [Signature]
Jim CB

CCMH FOUNDATION

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

Invoice # 08112020
Invoice date: 8/11/2020
Check Date: 8/18/2020

Pay Period 7/26/2020 thru 8/8/2020

Gross Wages	141,155.01
Accrual	2,000.00
FICA	10,354.38
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,259.00
Administration Fee	4,234.65

Sub-Total 186,108.12

Mileage	604.88
Reimbursements	41.61
Credit-Air Evac	
Credit-Patient Account	(627.69)
Credit-Dietary	(505.00)
Credit-Scrubs	-

Total Invoice: 185,621.92

1	Net pay to Fidelity	101,700.46
2	Balance To Legend Bank	83,921.46