

*Handwritten initials/signature in the top right corner.*

# CCMH FOUNDATION

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

Invoice # 09092020  
Invoice dat 9/9/2020  
Check Date 9/15/2020

Pay Period 8/23/2020 thru 9/5/2020

Gross Wages	141,515.96
Accrual	2,000.00
FICA	10,371.98
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,276.11
Administration Fee	4,245.48

Sub-Total 186,514.61

Mileage	837.19
Reimbursements	-
New Employee Setup Fee	875.00
Credit-Air Evac	
Credit-Patient Account	(707.69)
Credit-Dietary	(471.00)
Credit-Scrubs	(584.09)

Total Invoice: 186,464.02

1	Net pay to Fidelity	102,417.02
2	Balance To Legend Bank	84,047.00