

CCMH FOUNDATION

DM *RL*
MC *JJ*
CB

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

Invoice # 09222020
Invoice date: 9/22/2020
Check Date: 9/29/2020

Pay Period 9/6/2020 thru 9/19/2020

Gross Wages	142,263.18
Accrual	2,000.00
FICA	10,395.32
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,318.74
Administration Fee	4,267.90
Sub-Total	187,350.22

Mileage	857.04
Reimbursements	-
New Employee Setup Fee	-
Credit-Air Evac	
Credit-Patient Account	(671.45)
Credit-Dietary	(410.00)
Credit-Scrubs	(405.74)

Total Invoice: 186,720.07

1	Net pay to Fidelity	102,192.45
2	Balance To Legend Bank	84,527.62

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