

Jim CB R.S.
[Signature]

CCMH FOUNDATION

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

Invoice # 10062020
Invoice date: 10/6/2020
Check Date: 10/13/2020

Pay Period 9/20/2020 thru 10/3/2020

Gross Wages	147,512.29
Accrual	2,000.00
FICA	10,773.09
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,269.89
Administration Fee	4,425.37

Sub-Total 193,085.71

Mileage	826.64
Reimbursements	380.00
New Employee Setup Fee	-
Credit-Air Evac	
Credit-Patient Account	(573.46)
Credit-Dietary	(566.00)
Credit-Scrubs	(370.04)

Total Invoice: 192,782.85

1	Net pay to Fidelity	107,395.14
2	Balance To Legend Bank	85,387.71