

CCMH FOUNDATION

Handwritten initials and signature:
A. J.
CB

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

Invoice # 11032020
Invoice date: 11/3/2020
Check Date: 11/10/2020

Pay Period 10/18/2020 thru 10/31/2020

Gross Wages	150,397.80
Accrual	2,000.00
FICA	11,034.13
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,332.14
Administration Fee	4,511.93
Sub-Total	196,381.08

Mileage	673.42
Reimbursements	380.00
New Employee Setup Fee	-
Credit-Air Evac	
Credit-Patient Account	(538.55)
Credit-Dietary	(566.00)
Credit-Scrubs	(50.00)

Total Invoice: 196,279.95

1	Net pay to Fidelity	109,614.17
2	Balance To Legend Bank	86,665.78