

CCMH FOUNDATION

Handwritten initials and marks: CB, RZ, LF

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

Invoice # 01132021
Invoice date: 1/13/2021
Check Date: 1/19/2021

Pay Period 12/27/2020 thru 1/9/2021

Gross Wages	156,647.10
Accrual	2,000.00
FICA	11,465.67
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	3,099.93
Administration Fee	4,699.41

Sub-Total 204,017.19

Mileage	706.72
Reimbursements	165.00
New Employee Setup Fee	-
Credit-Air Evac	
Credit-Patient Account	(452.69)
Credit-Dietary	(485.00)
Credit-Scrubs	-

Total Invoice: 203,951.22

1	Net pay to First Capital Bank	113,436.52
2	Balance To Legend Bank	90,514.70