

# CCMH FOUNDATION

*MM* *02* *CB* *Rick* *JS*

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

Invoice # 02242021  
Invoice date: 2/24/2021  
Check Date: 3/2/2021

Pay Period 2/7/2021 thru 2/20/2021

Gross Wages	147,209.12
Accrual	2,000.00
FICA	10,695.34
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,995.90
Administration Fee	4,416.27

Sub-Total 193,421.71

Mileage	616.73
Reimbursements	380.00
New Employee Setup Fee	-
Credit-Air Evac	-
Credit-Patient Account	(307.69)
Credit-Dietary	(711.00)
Credit-Scrubs	(276.92)

Total Invoice: 193,122.83

1	Net pay to First Capital Bank	104,836.91
2	Balance To Legend Bank	88,285.92