## **CCMH FOUNDATION**



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

Invoice # 04202021 Invoice date: 4/20/2021 Check Date: 4/27/2021

## Pay Period 4/4/2021 thru 4/17/2021

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	158,554.55 2,000.00 11,525.25 - 1,361.54 24,743.54 3,090.61 4,756.64
Sub-Total	206,032.13
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Dietary Credit-Scrubs	553.03 694.19 - - (188.27) (563.00)

	Total Invoice:	206,528.08
1	Net pay to First Capital Bank	114,696.59
2	Balance To Legend Bank	91,831.49