

*R.L. CB*  
*M @ 28*

# CCMH FOUNDATION

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

Invoice # 05182021  
Invoice date: 5/18/2021  
Check Date: 5/25/2021

Pay Period 5/2/2021 thru 5/15/2021

Gross Wages	155,302.00
Accrual	2,000.00
FICA	11,318.53
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	3,016.93
Administration Fee	4,659.06
Sub-Total	202,401.60

Mileage	544.15
Reimbursements	150.00
New Employee Setup Fee	-
Credit-Air Evac	-
Credit-Patient Account	(318.85)
Credit-Dietary	(305.00)
Credit-Scrubs	-

Total Invoice: 202,471.90

1	Net pay to First Capital Bank	112,380.68
2	Balance To Legend Bank	90,091.22

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