

## **CCMH FOUNDATION**

Clay County Memorial Hospital	Invoice #	06022021
310 West South Street	Invoice date:	6/2/2021
Henrietta, Tx 76365	Check Date:	6/8/2021

## Pay Period 5/16/2021 thru 5/29/2021

Gross Wages	153,621.72	
Accrual	2,000.00	
FICA	11,198.04	
SUI	_	
Workmen's Comp	1,361.54	
Employee Benefits	24,743.54	
401(k) contribution	3,000.41	
Administration Fee	4,608.65	
Sub-Total	200,533.90	
Mileage	499.64	
Reimbursements	380.00	
New Employee Setup Fee	-	
Credit-Air Evac		
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Credit-Patient Account	)(243.84)	
Credit-Patient Account Credit-Dietary	7 (243.84) (476.00)	

Total Invoice:	200,693.70
<ol> <li>Net pay to First Capital Bank</li> <li>Balance To Legend Bank</li> </ol>	110,491.50 90,202.20