CCMH FOUNDATION

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

Invoice # 08112021 Invoice date: 8/11/2021

Check Date: 8/17/2021

Pay Period 7/25/2021 thru 8/7/2021

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	162,965.42 2,000.00 11,936.23 - 1,361.54 24,743.54 3,334.97 4,888.96
Sub-Total	211,230.66
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Dietary Credit-Scrubs	687.30 - - - (414.69) (494.00) (735.20)

Total Invoice:	210,274.07
1 Net pay to First Capital Bank 2 Balance To Legend Bank	118,401.73 91,872.34