

CCMH FOUNDATION

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

Invoice # 10062021
Invoice date: 10/6/2021
Check Date: 10/12/2021

Pay Period 9/19/2021 thru 10/2/2021

Gross Wages	184,667.82
Accrual	2,000.00
FICA	12,890.19
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,756.47
Administration Fee	5,540.03
Sub-Total	233,959.59

Mileage	415.44
Reimbursements	654.38
New Employee Setup Fee	-
Credit-Air Evac	-
Credit-Patient Account	(255.03)
Credit-Dietary	(644.00)
Credit-Scrubs	(31.25)

Total Invoice: 234,099.13

1	Net pay to First Capital Bank	136,875.32
2	Balance To Legend Bank	97,223.81

03