## **CCMH FOUNDATION**

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

Invoice #

11162021

Invoice date: 11/16/2021

Check Date: 11/23/2021

## Pay Period 10/31/2021 thru 11/13/2021

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Gross Wages	165,286.64
Accrual	2,000.00
FICA	11,805.29
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,647.46
Administration Fee	4,958.60
Sub-Total	212,803.07
Mileage	312.78
Reimbursements	312.76
New Employee Setup Fee	_
Credit-Air Evac	_
Credit-Patient Account	(341.47)
Credit-Dietary	(472.00)
Credit-Scrubs	(458.10)
	(100.20)
Total Invoice:	211,844.28

1 Ne	et pay to First Cap	oital Bank	123,814.16
2 Ba	lance To Legend	Bank	88,030.12