

CRP  
R.R.

*me* (RP)  
*JA*

# CCMH FOUNDATION

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

Invoice # 12022021  
Invoice date: 12/2/2021  
Check Date: 12/7/2021

Pay Period 11/14/2021 thru 11/27/2021

Gross Wages	161,234.33
Accrual	2,000.00
FICA	11,118.42
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,595.22
Administration Fee	4,837.03

Sub-Total 207,890.08

Mileage	328.59
Reimbursements	1,010.33
New Employee Setup Fee	-
Credit-Air Evac	-
Credit-Patient Account	(331.36)
Credit-Dietary	(352.00)
Credit-Scrubs	(399.45)

Total Invoice: 208,146.19

1	Net pay to First Capital Bank	120,124.62
2	Balance To Legend Bank	88,021.57