

*Handwritten initials and symbols: a scribble, a circled 'a', 'R.L.', and 'CB'.*

# CCMH FOUNDATION

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

Invoice # 12292021  
Invoice date: 12/29/2021  
Check Date: 1/4/2022

Pay Period 12/12/2021 thru 12/25/2021

Gross Wages	181,152.98
Accrual	2,000.00
FICA	13,220.86
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,765.79
Administration Fee	5,434.59

Sub-Total 230,679.30

Mileage	362.08
Reimbursements	1,319.84
New Employee Setup Fee	-
Credit-Air Evac	-
Credit-Patient Account	(371.36)
Credit-Dietary	(486.00)
Credit-Scrubs	(299.35)

Total Invoice: 231,204.51

1	Net pay to First Capital Bank	133,772.31
2	Balance To Legend Bank	97,432.20