CB NI

## **CCMH FOUNDATION**

Clay County Memorial Hospital 310 West South Street Henrietta, Tx 76365 Invoice # 02232022 Invoice date: 2/23/2022 Check Date: 3/1/2022

141,256.69

102,174.30

## Pay Period 2/6/2022 thru 2/19/2022

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee  Sub-Total	193,606.77 2,000.00 14,229.29 - 1,361.54 24,743.54 2,893.15 5,808.20
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Dietary Credit-Scrubs	98.85 927.31 - (1,383.00) (338.86) (490.00) (25.80)
Total Invoice:	243,430.99

Net pay to First Capital Bank

Balance To Legend Bank