



Clay County Memorial Hospital 310 West South Street Henrietta, Tx 76365 Invoice # 04072022 Invoice date: 4/7/2022 Check Date: 4/12/2022

Pay Period 3/20/2022 thru 4/2/2022

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	190,240.33 2,000.00 13,914.45 - 1,361.54 24,743.54 2,777.62 5,707.21
Sub-Total	240,744.69
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Clinic Account Credit-Dietary Credit-Scrubs	292.80 978.17 - (65.97) (335.00) (25.00) (630.00) (421.94)

Total Invoice:	240,537.75
1 Net pay to First Capital Bank2 Balance To Legend Bank	136,855.48 103,682.27