

Handwritten notes:
MMR @ CB J.S. R.S.

CCMH FOUNDATION

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

Invoice # 05042022
Invoice date: 5/4/2022
Check Date: 5/10/2022

Pay Period 4/17/2022 thru 4/30/2022

Gross Wages	186,460.38
Accrual	2,000.00
FICA	13,643.76
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,651.37
Administration Fee	5,593.81
Sub-Total	236,454.40

Mileage	219.75
Reimbursements	1,108.10
New Employee Setup Fee	-
Credit-Air Evac	(65.97)
Credit-Patient Account	(327.50)
Credit-Clinic Account	(25.00)
Credit-Dietary	(583.00)
Credit-Scrubs	(335.58)

Total Invoice: 236,445.20

1	Net pay to First Capital Bank	138,276.42
2	Balance To Legend Bank	98,168.78

Handwritten mark: 0A