

CCMH FOUNDATION

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

Invoice # 05192022 Invoice date: 5/19/2022 Check Date: 5/24/2022

97,783.09

Pay Period 5/1/2022 thru 5/14/2022

| Gross Wages Accrual FICA SUI | 185,576.51 2,000.00 13,645.09 |
|---|---|
| Workmen's Comp Employee Benefits 401(k) contribution Administration Fee | 1,361.54 24,743.54 2,700.62 5,567.30 |
| Sub-Total | 235,594.60 |
| Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Clinic Account Credit-Dietary Credit-Scrubs | 354.40 204.48 - (1.09) (327.50) (45.00) (406.00) (80.65) |
| Total Invoice: | 235,293.24 |
| 1 Net pay to First Capital Bank | 137,510.15 |

Balance To Legend Bank

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