CB PS

CCMH FOUNDATION

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

Invoice # 06302022 Invoice date: 6/30/2022 Check Date: 7/5/2022

Pay Period 6/11/2022 thru 6/25/2022

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	188,304.79 2,000.00 13,770.81 - 1,361.54 24,743.54 2,706.36 5,649.14
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Clinic Account Credit-Dietary Credit-Scrubs	74.20 1,260.67 - (325.00) (45.00) (730.00) (632.32)

Total Invoice:	238,138.73
 Net pay to First Capital Bank Balance To Legend Bank 	138,418.92 99,719,81