

Handwritten initials and signatures: "CB", "RZ", a circled signature, and "MK".

# CCMH FOUNDATION

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

Invoice # 07132022  
Invoice date: 7/13/2022  
Check Date: 7/19/2022

Pay Period 6/26/2022 thru 7/9/2022

Gross Wages	191,755.96
Accrual	2,000.00
FICA	14,060.34
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,989.69
Administration Fee	5,752.68
<b>Sub-Total</b>	<b>242,663.75</b>

Mileage	297.70
Reimbursements	580.05
New Employee Setup Fee	-
Credit-Air Evac	-
Credit-Patient Account	(251.95)
Credit-Clinic Account	(26.83)
Credit-Dietary	(683.00)
Credit-Scrubs	(627.30)

**Total Invoice:** 241,952.42

1	Net pay to First Capital Bank	140,782.12
2	Balance To Legend Bank	101,170.30