## **CCMH FOUNDATION**

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

Invoice # 09092022 Invoice date: 9/9/2022 Check Date: 9/13/2022

## Pay Period 8/21/2022 thru 9/3/2022

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	200,816.47 2,000.00 14,726.45 - 1,361.54 24,743.54 2,821.14 6,024.49
Sub-Total	252,493.63
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Clinic Account Credit-Dietary Credit-Scrubs	8.45 1,055.00 - (507.64) (25.00) (936.00)

Total Invoice: 252,088.44

1 Net pay to First Capital Bank 144,881.40
2 Balance To Legend Bank 107,207.04