CCMH FOUNDATION

A.S. CB

Clay County Memorial Hospital 310 West South Street Henrietta, Tx 76365 Invoice # 09232022 Invoice date: 9/23/2022 Check Date: 9/27/2022

Pay Period 9/4/2022 thru 9/17/2022

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	207,769.56 2,000.00 15,337.19 1,361.54 24,743.54 2,821.79 6,233.09
Sub-Total	260,266.71
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Clinic Account Credit-Dietary Credit-Scrubs	352.58 1,400.00 - (460.00) (25.00) (698.00) (647.60)
Total Invoice:	260,188.69

KONES EN ANTEN NEW YEAR	Circle Control of the Control	2015 1050012 FB
Netipay IU	riisucapital balik	
	THE CONTRACTOR	
BalancerTo	Legend Bank.	151,590.31 108,598.38