

CCMH FOUNDATION

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

Invoice # 10072022 Invoice date: 10/7/2022 Check Date: 10/11/2022

Pay Period 9/18/2022 thru 10/1/2022

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	167,682.46 2,000.00 12,186.10 - 1,361.54 24,743.54 2,837.90 5,030.47
Sub-Total	215,842.01
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Clinic Account Credit-Dietary Credit-Scrubs	5.20 1,311.52 - (580.00) (25.00) (776.00) (563.54)
Total Invoice:	215,214.19
1 Net pay to First Capital Bank	125,853.30
2 Balance To Legend Bank	89,360.89

