## **CCMH FOUNDATION**



Clay County Memorial Hospital 310 West South Street Henrietta, Tx 76365 Invoice # 12302022 Invoice date: 12/30/2022 Check Date: 1/3/2023

## Pay Period 12/11/2022 thru 12/24/2022

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	181,530.96 2,000.00 13,339.89 - 1,361.54 24,743.54 2,636.96 5,445.93
Sub-Total	231,058.82
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Clinic Account Credit-Dietary Credit-Scrubs	7.80 1,103.85 - (532.50) - (811.00) (360.95)

	Total Invoice:	230,466.02_
1	Net pay to First Capital Bank	133,485.74
2	Balance To Legend Bank	96,980.28

