

CCMH FOUNDATION

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

Invoice # 03242023
Invoice date: 3/24/2023
Check Date: 3/28/2023

Pay Period 03/5/2023 thru 03/18/2023

Gross Wages	183,694.89
Accrual	2,000.00
FICA	13,539.04
SUI	-
Workmen's Comp	1,361.54
Employee Benefits	24,743.54
401(k) contribution	2,739.35
Administration Fee	5,510.85
Sub-Total	233,589.21

Mileage	-
Reimbursements	-
New Employee Setup Fee	-
Credit-Air Evac	(472.75)
Credit-Patient Account	(415.48)
Credit-Clinic Account	-
Credit-Dietary	(843.00)
Credit-Scrubs	(50.00)

Total Invoice: 231,807.98

1	Net pay to First Capital Bank	135,622.85
2	Balance To Legend Bank	96,185.13

Laura Lee Brock, CPA
03.24.2023