

Payroll Invoice

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

Invoice # 04102023
Invoice date: 4/10/2023
Check Date: 4/11/2023

Pay Period 03/19/2023 thru 04/01/2023

Gross Wages	176,987.00
FICA	12,929.07
Employee Benefits	22,134.46
401(k) contribution	2,528.82

Sub-Total	214,579.35
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Mileage	-
Reimbursements	576.99
Credit-Air Evac	(46.25)
Credit-Patient Account	(626.33)
Credit-Dietary	(869.00)
Credit-Scrubs	(563.41)

Total Invoice:	<u>213,051.35</u>
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