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Payroll Invoice

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

Invoice # 05052023
Invoice date: 5/5/2023
Check Date: 5/9/2023

Pay Period 04/16/2023 thru 04/29/2023

Gross Wages	194,594.46
FICA	14,370.85
Employee Benefits	26,940.01
401(k) contribution	2,578.24

Sub-Total	238,483.56
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Mileage	8.45
Reimbursements	420.00

Credit-Air Evac	-
Credit-Patient Account	(330.00)
Credit-Dietary	(824.00)
Credit-Scrubs	(543.24)

Total Invoice:	<u>237,214.77</u>
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Laura Lee Brock, CPA

05.08.2023