

CB
RP

Payroll Invoice

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

Invoice # 05182023
Invoice date: 5/18/2023
Check Date: 5/23/2023

Pay Period 04/30/2023 thru 05/13/2023

Gross Wages	186,633.97
FICA	13,725.72
Employee Benefits	26,940.01
401(k) contribution	2,576.49

Sub-Total 229,876.19

Mileage	-
Reimbursements	836.00

Credit-Air Evac	-
Credit-Patient Account	(335.00)
Credit-Dietary	(684.00)
Credit-Scrubs	(459.26)

Total Invoice: 229,233.93

Laura Lee Brock, CPA

05.22.2023

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