

# Payroll Invoice

## January 2024

*mc* *JD* *SP* *LB*

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

Invoice # 01112024  
Invoice date: 1/11/2024  
Check Date: 1/16/2024

Pay Period 12/24/2023-01/06/2024

Gross Wages	188,392.43
FICA	13,856.78
Employee Benefits	20,747.32
401(k) contribution	2,815.55

Sub-Total 225,812.08

Credit - Air Evac	-
Credit - Patient Account	(548.62)
Credit - Dietary	(621.00)
Credit - Scrubs	(49.05)
Credit - Memorial	(12.00)
Credit - Misc	-
Credit - Savings Club	(1,100.00)

Total Amount to transfer: 223,481.41

*Laura Lee Brock*  
1-12-2024