

Handwritten initials and signature: CB, [Signature]

# Payroll Invoice

## February 2024

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

Invoice # 02232024 B  
Invoice date: 2/23/2024  
Check Date: 2/27/2024

Pay Period 02/04/2024-02/17/2024

Gross Wages	18,000.00
FICA	1,377.00
Employee Benefits	-
401(k) contribution	-
<b>Sub-Total</b>	<b>19,377.00</b>

- Credit - Air Evac
- Credit - Patient Account
- Credit - Dietary
- Credit - Scrubs
- Credit - Memorial
- Credit - Misc
- Credit - Savings Club

Total Amount to transfer: 19,377.00

*Laura Lee Brock*  
*2-26-2024*