Payroll Invoice

March 2024

Clay County Memorial Hospital 310 West South Street Henrietta, Tx 76365	Invoice # Invoice date: Check Date:	03082024 03/08/2024 3/12/2024
Pay Period	02/18/2024-03/02/2024	
Gross Wages FICA Employee Benefits 401(k) contribution	Sub-Total	204,951.83 15,097.52 20,799.34 2,911.90 243,760.59
Credit -Air Evac Credit - Patient Account Credit - Dietary Credit -Scrubs Credit - Memorial Credit - Misc Credit - Savings Club	•	(75.00) (895.00) (706.00) (207.32) (12.00) (130.00) (190.00)

Total Amount to transfer:



241,545.27