## **Payroll Invoice**

## August 2024

Clay County Memorial Hospital

Invoice #

08232024

310 West South Street

Henrietta, Tx 76365

Invoice date:

8/23/2024

Check Date:

8/27/2024

Pay Period

08/04/2024-08/17/2024

**Gross Wages** FICA

**Employee Benefits** 401(k) contribution 193,759.14 14,465.81 23,827.05 3,243.70

Sub-Total

235,295.70

Credit -Air Evac

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

(730.00)(824.00)(275.02)(13.00)

(1,500.00)(880.00)

Total Amount to transfer:

231,073.68

Laura Le Brak