

Payroll Invoice

September 2024

mm *BY* *CB*
@ *JP*

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

Invoice # 09042024
Invoice date: 9/4/2024
Check Date: 9/10/2024

Pay Period 08/18/2024-08/31/2024

Gross Wages	204,413.70
FICA	15,125.32
Employee Benefits	25,585.67
401(k) contribution	3,264.81
Sub-Total	248,389.50

Credit -Air Evac	-
Credit - Patient Account	(847.50)
Credit - Dietary	(865.00)
Credit -Scrubs	(201.57)
Credit - Memorial	(13.00)
Credit - Misc	(100.00)
Credit - Savings Club	1,580.00
Total Amount to transfer:	<u>247,942.43</u>

Laura Lee Block
9.5.2024