

Payroll Invoice

January 2025

JP CB 86
OR

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

Invoice # 01082025
Invoice date: 1/8/2025
Check Date: 1/14/2025

Pay Period

12/22/2024-01/04/2025

Gross Wages	244,409.94
FICA	18,004.45
Employee Benefits	38,120.73
SUI	2,623.84
401(k) contribution	3,870.22
Sub-Total	307,029.18
Credit - Air Evac	-
Credit - Patient Account	(910.91)
Credit - Dietary	(428.00)
Credit - Scrubs	(14.00)
Credit - Memorial	(11.00)
Credit - Misc	(690.00)
Total Amount to transfer:	<u>304,975.27</u>

Laura Le Brock
1-13-2025