

## **Payroll Invoice**

## January 2025

| Clay County Memorial Hospital | REVISED   | Invoice #         | 01232025   |
|-------------------------------|-----------|-------------------|------------|
| 310 West South Street         |           | Invoice date:     | 1/23/2025  |
| Henrietta, Tx 76365           |           | Check Date:       | 1/28/2025  |
| Pay Period                    | 01/05     | 5/2025-01/18/2025 |            |
| Gross Wages                   |           |                   | 209,012.65 |
| FICA                          |           |                   | 15,301.52  |
| Employee Benefits             |           |                   | 42,601.57  |
| SUI                           |           |                   | 3,213.00   |
| 401(k) contribution           |           |                   | 4,051.54   |
|                               | Sub-Total |                   | 274,180.28 |
| Credit -Air Evac              |           |                   |            |
| Credit - Patient Account      |           |                   | (820.38)   |
| Credit - Dietary              |           |                   | (597.00)   |
| Credit -Scrubs                |           |                   | -          |
| Credit - Memorial             |           |                   | (9.00)     |
| Credit - Misc                 |           |                   | (975.00)   |
|                               |           |                   |            |

Total Amount to transfer:

271,778.90

Laura Le Bhack 1-24-2025