

# Payroll Invoice

## February 2025

*JD CB*  
*@ SP*  
*MR*

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

Invoice # 02072025  
Invoice date: 2/7/2025  
Check Date: 2/11/2025

Pay Period

01/19/2025-02/01/2025

Gross Wages	202,066.52
FICA	14,916.35
Employee Benefits	38,840.61
SUI	2,636.40
401(k) contribution	4,301.80

Sub-Total	262,761.68
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Credit - Air Evac	-
Credit - Patient Account	(833.00)
Credit - Dietary	(772.00)
Credit - Scrubs	-
Credit - Memorial	(9.00)
Credit - Misc	(1,025.00)

Total Amount to transfer:	<u>260,122.68</u>
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*Laura Lee Brack*  
*2-7-2025*

*CB*