

CB

# Payroll Invoice

## April 2025

REVISED

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

Invoice # 4/7/2025  
Invoice date: 4/7/2025  
Check Date: 4/8/2025

Pay Period

03/16/2025-03/29/2025

|                     |            |
|---------------------|------------|
| Gross Wages         | 202,667.85 |
| FICA                | 14,669.20  |
| Employee Benefits   | 35,806.11  |
| SUI                 | 826.31     |
| 401(k) contribution | 4,252.75   |

Sub-Total 258,222.22

|                          |          |
|--------------------------|----------|
| Credit -Air Evac         | -        |
| Credit - Patient Account | (868.00) |
| Credit - Dietary         | (659.00) |
| Credit -Scrubs           | (422.93) |
| Credit - Memorial        | (10.00)  |
| Credit - Misc            | (125.00) |

Total Amount to transfer: 256,137.29

Laura Lee Brock  
4/7/2025  
SS JP  
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# Payroll Invoice

## April 2025

### overtime

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

Invoice # 4/7/2025  
Invoice date: 4/7/2025  
Check Date: 4/8/2025

Pay Period

03/16/2025-03/29/2025

|                     |          |
|---------------------|----------|
| Gross Wages         | 3,445.31 |
| FICA                | 263.56   |
| Employee Benefits   | -        |
| SUI                 | 6.89     |
| 401(k) contribution | 49.05    |

Sub-Total 3,764.81

|                          |   |
|--------------------------|---|
| Credit -Air Evac         | - |
| Credit - Patient Account | - |
| Credit - Dietary         | - |
| Credit -Scrubs           | - |
| Credit - Memorial        | - |
| Credit - Misc            | - |

Total Amount to transfer: 3,764.81

*Laura Lee Brock* R @  
4-7-2025 MR JP