## **Payroll Invoice**

July 2025

P CB

Clay County Memorial Hospital			
310 West South Street			

Henrietta, Tx 76365

Invoice #

07112025

Invoice date:

7/11/2025

Check Date:

7/15/2025

Pav	Period

## 06/22/2025-07/05/2025

Gross Wages	216,472.19
FICA	14,886.49
Employee Benefits	34,022.25
SUI	296.85
401(k) contribution	3,859.87
Sub-Tota	1 269,537.65

(737.65)
(585.00)
(372.19)
(8.00)
(100.00)

Total Amount to transfer:

267,734.81