

# Payroll Invoice

## August 2025

*Handwritten initials and signature:*  
@ BP CB  
MR

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

Invoice # 08222025  
Invoice date: 8/22/2025  
Check Date: 8/26/2025

Pay Period 08/03/2025-08/16/2025

|                     |                 |
|---------------------|-----------------|
| Gross Wages         | 213,886.34      |
| FICA                | 14,344.94       |
| Employee Benefits   | 31,024.33       |
| SUI                 | 472.78          |
| 401(k) contribution | <u>3,676.25</u> |

Sub-Total 263,404.64

|                          |                   |
|--------------------------|-------------------|
| Credit - Air Evac        | -                 |
| Credit - Patient Account | (643.00)          |
| Credit - Dietary         | (564.00)          |
| Credit - Scrubs          | -                 |
| Credit - Memorial        | (8.00)            |
| Credit - Misc            | <u>(1,015.00)</u> |

Total Amount to transfer: 261,174.64

*Handwritten signature:*  
Laura Lee Brack  
8.22.2025