

Payroll Invoice

October 2025

BCB
JP
(a)

REVISED

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

Invoice # 10032025
Invoice date: 10/3/2025
Check Date: 10/7/2025

Pay Period

09/14/2025-09/27/2025

Gross Wages	212,534.70
FICA	14,185.41
Employee Benefits	32,742.51
SUI	267.97
401(k) contribution	3,265.10

Sub-Total 262,995.69

Credit - Air Evac	-
Credit - Patient Account	(589.67)
Credit - Dietary	(575.00)
Credit - Scrubs	(373.70)
Credit - Memorial	(8.00)
Credit - Misc	(100.00)

Total Amount to transfer: 261,349.32

Laura Lee Brock
10-6-2025