

Payroll Invoice

March

2026

Handwritten initials: JB, CB

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

Invoice # 03202026
Invoice date: 3/20/2026
Check Date: 3/24/2026

Pay Period 03/01/2026-03/14/2026

Gross Wages	194,811.11
FICA	14,456.16
Employee Benefits	24,697.86
SUI	1,420.61
401(k) contribution	3,398.43

Sub-Total 238,784.17

Credit - Air Evac	-
Credit - Patient Account	(473.00)
Credit - Dietary	(793.00)
Credit - Scrubs	-
Credit - Memorial	(7.00)
Credit - Misc	(140.00)
Credit - Fundraiser	-

Total Amount to transfer: 237,371.17

Handwritten signature: Laura Lee Black
Handwritten date: 3-20-2026