

# Payroll Invoice

## April

## 2026

*me* *Q* *JP* *C13*

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

Invoice # 04032026  
Invoice date: 4/3/2026  
Check Date: 4/7/2026

Pay Period 03/15/2026-03/28/2026

Gross Wages	207,040.69
FICA	14,967.72
Employee Benefits	24,301.37
SUI	1,276.14
401(k) contribution	3,796.60
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Sub-Total	251,382.52
Credit -Air Evac	-
Credit - Patient Account	(473.00)
Credit - Dietary	(769.00)
Credit -Scrubs	(387.77)
Credit - Memorial	(7.00)
Credit - Misc	(240.00)
Credit - Fundraiser	-
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Total Amount to transfer:	<u>249,505.75</u>

*Laura Lee Brock*  
*4.6.2026*