

# Payroll Invoice

## May

## 2026

*Handwritten initials and a circled '2' in the top right corner.*

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

Invoice # 05152026  
Invoice date: 5/15/2026  
Check Date: 5/19/2026

Pay Period 04/26/2026-05/09/2026

Gross Wages	208,392.53
FICA	15,486.64
Employee Benefits	24,087.59
SUI	89.44
401(k) contribution	3,552.18

Sub-Total 251,608.38

Credit - Air Evac	-
Credit - Patient Account	(388.00)
Credit - Dietary	(688.00)
Credit - Scrubs	(223.30)
Credit - Memorial	(7.00)
Credit - Misc	(50.00)
Credit - Fundraiser	-

Total Amount to transfer: 250,252.08

*Handwritten signature and date: 5.18.2026*