

Payroll Invoice

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

June

JP @
2026 *BR CB*

Invoice # 05292026
Invoice date: 5/29/2026
Check Date: 6/2/2026

Pay Period 05/10/2026-05/23/2026

Gross Wages	185,971.34
FICA	13,498.51
Employee Benefits	24,726.44
SUI	143.40
401(k) contribution	3,433.01

Sub-Total 227,772.70

Credit -Air Evac	-
Credit - Patient Account	(398.00)
Credit - Dietary	(558.00)
Credit -Scrubs	-
Credit - Memorial	(7.00)
Credit - Misc	(75.00)
Credit - Fundraiser	-

Total Amount to transfer: 226,734.70

VB
5.29.2024