

Payroll Invoice

August

2026

JP *BR*
CB
my

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

Invoice # 08212026
Invoice date: 8/21/2026
Check Date: 8/25/2026

Pay Period

08/02/2026-08/15/2026

Gross Wages	222,518.83
FICA	15,013.36
Employee Benefits	24,202.24
SUI	175.66
401(k) contribution	3,456.78

Sub-Total 265,366.87

Credit -Air Evac	-
Credit - Patient Account	(325.00)
Credit - Dietary	(702.00)
Credit -Scrubs	(129.61)
Credit - Memorial	(7.00)
Credit - Jury Duty	(58.00)
Credit - Fundraiser	-

Total Amount to transfer: 264,145.26

1H
8.21.2026