

Payroll Invoice

September

2026

mm RR JP CB
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Clay County Memorial Hospital
310 West South Street
Henrietta, Tx 76365

Invoice # 09172026
Invoice date: 9/17/2026
Check Date: 9/22/2026

Pay Period

08/30/2026-09/12/2026

Gross Wages	225,318.83
FICA	15,447.46
Employee Benefits	26,351.75
SUI	418.15
401(k) contribution	<u>3,703.17</u>
Sub-Total	271,239.36
Credit -Air Evac	-
Credit - Patient Account	(434.97)
Credit - Dietary	(498.00)
Credit -Scrubs	(56.05)
Credit - Memorial	<u>(7.00)</u>
Total Amount to transfer:	<u><u>270,243.34</u></u>

1HB
9.17.2024
w/ Budget
Amendment