

**SOUTH CAROLINA SOCIETY OF MEDICAL ASSISTANTS, INC.**

**VOUCHER FOR 3/18/2019 TO 3/18/2020**

**Date of Purchase/Expenditure** \_\_\_\_\_

**Name of Purchaser/Committee:** \_\_\_\_\_

**Item of Purchase/Expenditure:** \_\_\_\_\_

**Submit Voucher & Receipts within 30 days of Purchase**

**Amount spent:** \_\_\_\_\_

**Committee Account Number** \_\_\_\_\_

**Reason for Purchase**

\_\_\_\_\_  
\_\_\_\_\_

**Pay to the order of: (print name and address and attach paid receipt or original invoice if paying to vendor)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of reimbursement/payment:** \_\_\_\_\_

**Check number** \_\_\_\_\_

**Signature of State Treasurer**

Crissy Taylor, CMA (AAMA)  
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