

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

**VOUCHER FOR 3/18/2018 TO 3/14/2019**

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

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

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

**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)  
111 Brucke Road  
Starr, SC 29684  
[crissytaylor3@gmail.com](mailto:crissytaylor3@gmail.com)