

SOUTH CAROLINA SOCIETY OF MEDICAL ASSISTANTS, INC.

VOUCHER FOR 3/31/2022 TO 3/31/2023

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

Alyssa Shackelford, CMA (AAMA)
102 Ceinwein Court
Goose Creek, SC 29445
Alyssashackelford92@outlook.com