

Washington State Society of Medical Assistants

PAYMENT VOUCHER

Date of Voucher _____

Committee/Position charged with expense _____

Amount of expense \$ _____

Amount donated (if any) \$ _____

Amount submitted for payment \$ _____

Check made payable to: _____

Purchase/expense description and comments _____

Signature of Committee Chairperson

PLEASE ATTACH DOCUMENTATION/RECEIPTS TO THIS VOUCHER

FOR TREASURER'S USE

Within Budget Limit Yes No
Approved by Board Yes No Date _____

Treasurer's Comments _____

Date Paid

Check Number

Treasurer's Signature