



FLORIDA SOCIETY OF MEDICAL ASSISTANTS

EXPENSE VOUCHER

**E-MAIL THIS FORM AND RECEIPTS
TO FSMA TREASURER**

DATE: _____

FROM: _____

These expenses should be charged to: _____
(Budget item)

I hereby attest these expenses have been incurred by me on behalf of FSMA and request reimbursement for the expenses detailed below:

Please make check payable to: _____

TOTAL: \$ _____