Prescribed by State Board of Accounts

School Form No. 523 (revised 2024)

ACCOUNTS PAYABLE VOUCHER

GARY COMMUNITY SCHOOL CORPORATION, GARY, IN

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee

Purchase Order No. _____

Terms _____

Date Due _____

Invoice Date	Invoice No.	Description	Total
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		TOTAL	$ -

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____

Mo. Day Yr. Signature Title

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6

Mo. Day Yr. Treasuer

Voucher No. _____ Warrant No. _____

Account Number	Account Name	Amount
		$0.00
	TOTAL	**$0.00**

_____

PAYEE

_____

_____

_____

We have examined the invoice(s) or bill(s) attached and are approving such invoice(s), bill(s) in the amount of

$_____

APPROVED _____

Mo. Day Yr.

_____

_____

BOARD OF SCHOOL TRUSTEES