



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: **08/1/22**

To: Elected Official, Department head, or Accounting Staff of **Juvenile Court**

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2022-2156

<input type="checkbox"/> Dept. Head Signature Missing on Cover	<input type="checkbox"/> Incorrect Vendor Numbers (s)
<input type="checkbox"/> Incorrect Account Number	<input type="checkbox"/> Incorrect/No Encumbrance No.
<input type="checkbox"/> Incorrect Remit Address	<input type="checkbox"/> Incorrect Voucher Amount
<input type="checkbox"/> Insufficient Cash Balance Available	<input type="checkbox"/> Incorrect G/L Date
<input type="checkbox"/> Batch not Approved in New World	<input type="checkbox"/> Expense Precede Encumbrance
<input type="checkbox"/> Insufficient Balance Available on PO	<input type="checkbox"/> Remit Copy Missing
<input type="checkbox"/> Missing copy of invoice	<input type="checkbox"/> Due Date Deadline Missed
	<input checked="" type="checkbox"/> Other

Solution: No case or business purpose noted for travel to High School.

Courthouse Annex, 231 Main Street, Suite 1A, Chardon, OH 44024-1293

Direct Line: (440) 279-1600

FAX: Fiscal Office (440) 279-2184 * Real Estate/Appraisal (440) 286-4359


Web site: <http://www.auditor.co.geauga.oh.us>

Email: auditor@co.geauga.oh.us

AUDITORS CERTIFICATION OF FUNDS
O.R.C. 6706.41D

Geauga County, Chardon, Ohio January 3, 2022
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of \$5,000.00 has been lawfully approved, authorized or directed for such purpose and is in the Treasury or in the process of collection to the credit of the fund listed next to the item below, free from any previous encumbrances.

CHARLES E. WALDER
GEAUGA COUNTY AUDITOR

by  Deputy Auditor
GEAUGA COUNTY FEDERAL I.D. NO. 34-6001208
SALES AND USED TAX EXEMPTION - POLITICAL SUBDIVISION
STATE OF OHIO

FOR AUDITORS USE ONLY	Date: _____
Then and Now Certificate: _____	
Warrant Received by: _____	
Date: _____	

SHIP TO:
GEAUGA COUNTY
PROBATE / JUVENILE COURT - JUDGE GRENDELL
231 MAIN STREET SUITE 2
CHARDON, OH 44024

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	8/1/2022	17.31 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2022		
1099 AMT.	dr	
	cr	

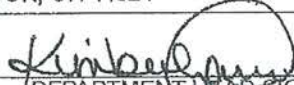


PURCHASE ORDER NO. 2022-00000149

GEAUGA CO. BOARD OF COMMISSIONERS: SESSION RESOLUTION JOURNAL PAGE BUDGET APPROVAL - ENCUMB _____ VOUCHER _____
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VENDOR I.D. NO. 13856
PURCHASED FROM:
Abigail Geesling

INVOICE TO:
GEAUGA COUNTY
PROBATE / JUVENILE COURT - JUDGE GRENDELL
231 MAIN STREET SUITE 2
CHARDON, OH 44024


DEPARTMENT LEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	1001	Travel Expenses, Other - Travel - Other 1001-007-02-902 - Travel 5,000.00	5,000.0000	\$5,000.00
			May-June 2022		
			RECEIVED JUL 27 2022 Geauga County Auditor		
			TOTAL DUE		\$5,000.00

**Presented by Court as a
courtesy only,
NOT statutorily required**
See State ex rel. Grendell v. Walder,
Slip Opinion No. 2022-Ohio-204

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
GEAUGA COUNTY, OHIO

FILED
IN COMMON PLEAS COURT

2022 JUL 27 PM 1:34

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

JUVENILE COURT
EXPENDITURES
GEESLING, ABIGAIL

**NOT
FOR
VETTING**

) JUDGE TIMOTHY J. GRENDALL

)

)

) **PROPER ADMINISTRATIVE ORDER**

) **2022-260**

Pursuant to R.C. 2151.10, 2151.40, and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$17.31 (Seventeen Dollars and Thirty One Cents) from 1001-007-02-902 to GEESLING, ABIGAIL, at C/O GEAUGA PROBATE JUVENILE COURT, CHARDON, OH 44024, for employee mileage reimbursement, which the Juvenile Court has determined to be an expenditure for a proper public purpose.

Pursuant to R.C. 319.16(D), "if the auditor questions the validity of [this] expenditure... the auditor shall notify the court that presented the documents, shall issue the warrant under protest, and shall notify the auditor of state of the protest."

As an elected official and member of the judicial branch of county government, the Judge of the Geauga County Probate/Juvenile Court is authorized to fix the amount due to court vendors who perform services for the court. Therefore, pursuant to R.C. 307.55(A), this payment is to be processed "Live".

Kindly provide this Court with the original check which it will mail to the vendor.

IT IS SO ORDERED.


TIMOTHY J. GRENDALL, JUDGE

CC: Fiscal Director

**Geauga County
Mileage/Miscellaneous Reimbursement Voucher
for ALL that follow IRS Standard Mileage**

PRINT EMPLOYEE NAME Abigail Geesling ✓ DEPARTMENT Juv/Probate Court (Interim)

DATE	ORIGIN	PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
5-11-22	CASA	Round Trip to attend a hearing twice in one day	Geauga County Juv/Probate Court	6.40	
5-12-22	CASA	Round Trip to attend a hearing	Geauga County Juv/Probate Court	3.20	
5-16-22	CASA	Round Trip to attend a hearing	Geauga County Juv/Probate Court	3.20	
5-23-22	CASA	Round Trip to attend a hearing	Geauga County Juv/Probate Court	3.20	
5-25-22	CASA	Round trip to attend a hearing	Geauga County Juv/Probate Court	3.20	
5-31-22	CASA	Round Trip to attend a hearing	Geauga County Juv/Probate Court	3.20	
6-2-22	My House (Huntsburg)	Round trip (minus commute)	New Berkshire High School	1.20	
6-7-22	My House (Huntsburg)	Round trip (minus commute)	New Berkshire High School	1.20	
6-9-22	My House (Huntsburg)	Round trip (minus commute)	New Berkshire High School	1.20	
6-14-22	My House (Huntsburg)	Round trip (minus commute)	New Berkshire High School	1.20	
Column Totals				A	
				B	
				C	
					\$ 15.91
					\$ 15.91

B
C
\$17.31
V/L

TRAVELER'S CERTIFICATE

I certify that the statements made hereon are true, that the mileage was actually driven on County Business, and that the expenses incurred were in accordance with state and county regulations. I also certify that I have liability insurance as required in ORC 4509.51.

Abigail Geesling 7-20-22
Employee Signature | Date

Kimberly Quinn
Department Head Signature

ORIGINAL RECEIPTS MUST BE ATTACHED

Total Mileage Amount (A) X .585**
Total Reimbursement (B) + (C)

