

Auditor Charles E. Walder

Chief Fiscal Officer

Return Voucher Form

Date: 08/22/22

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2022-2321

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

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. 5705.41D

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

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 MATH	, Deputy Auditor
GEAUGA COUNTY FEDERAL I.D.	NO. 34-6001208
SALES AND USED TAX EXEMPTI	ON - POLITICAL SUBDIVISION
	STATE OF OHIO

FOR AUDITORS USE ONLY .	Date:
Then and Now Certificate:	
Warrant Received by:	~
Date:	4

SHIP TO:

GEAUGA COUNTY

PROBATE / JUVENILE COURT -JUDGE GRENDELL

231 MAIN STREET SUITE 2

CHARDON, OH 44024

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	8/22/2022	39.37 🗸
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2022	dr	Joseph Co. O. Co
1099 AMT.		(POSTED)
	cr	Posten

PURCHASE ORDER NO. 2022-00001245

GEAUGA CO. BOARD OF COMMIS	SSIONERS:
SESSION	
RESOLUTION	
JOURNAL	
PAGE	
BUDGET APPROVAL - ENCUMB	VOUCHER

VENDOR I.D. NO.	5598
	-

PURCHASED FROM:

Susan Ebersbacher

INVOICE TO:

GEAUGA COUNTY

PROBATE / JUVENILE COURT - JUDGE GRENDELL

231 MAIN STREET SUITE 2

CHARDON, OH 44024

DEPARTMENT PLEAD SIGNATURE

Ĥ	QUANTITY	TINU	FUND	DESCRIPTION	UNIT COST	TOTAL COST
ļ	1.0000	Each	2051	Travel Expenses, Other - Travel - Other 2051-007-00-902 - Travel 2,500.00	2,500.0000	\$2,500.00
		ats		July 2022		A
			1) 1)-	RECEIVED		
				AUG 17 2022		
				Geauga County Auditor		

					TOTAL DUE	\$2,500.00

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 COURT JUVENILE DIVISION GEAUGA COUNTY, OHIO FILL D SOURT

PROBATE-JUVENILE DIVISION GEAUGA COUNTY, OHIO

IN RE:

) JUDGE TIMOTHY J. GRENDELL

JUVENILE COURT EXPENDITURES EBERSBACHER, SUSAN) PROPER ADMINISTRATIVE ORDER) 2022-301

Pursuant to R.C. 5705.42, 2303.201(E)(1), 2151.10, 2151.40, and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$39.37 (Thirty Nine Dollars and Thirty Seven Cents) from 2051-007-00-902 to EBERSBACHER, SUSAN, at C/O GEAUGA COUNTY 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. ĠŔENDELL, JUDGI

CC: Fiscal Director

Geauga County

Mileage/Miscellaneous Reimbursement Voucher for ALL that follow IRS Standard Mileage

Print Form

Reset Form

Susan Ebersbacher

PRINT EMPLOYEE NAME

DEPARTMENT CASA

		-			
DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT	
	PURPOSE OF	TRAVEL			
1	470 Center St. Chardon OH	Courthouse Annex Chardon OH	3 00		
1/6/22 🗸	Hearing roundtrip		L C		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	470 Center St. Chardon OH	Courthouse Annex Chardon OH	7 3 00		
//13/22 🗸	Hearing roundtrip		4 0.00		
7/1/7	470 Center St. Chardon OH	Courthouse Annex Chardon OH	3 00		
A77/4-11/	Hearing roundtrip	7	<u>.</u>		
7/15/20	470 Center St. Chardon OH	Courthouse Annex Chardon OH	300		
A77/C11/1	Hearing roundtrip		4		
7/15/37/7	470 Center St. Chardon OH	Courthouse Annex Chardon OH	3 00		
1113122	Hearing roundtrip				
7/10/22	470 Center St. Chardon OH	Courthouse Annex Chardon OH	3 00		
1113122	Hearing roundtrip		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
100/00	470 Center St. Chardon OH	Courthouse Annex Chardon OH	3 00		
1120122	Hearing roundtrip		7		
7/22/22	470 Center St. Chardon OH	Courthouse Annex Chardon OH	3 00		/
1177177	Hearing roundtrip		V 1.00		1
7/22/22	470 Center St. Chardon OH	Courthouse Annex Chardon OH	- 00 =		となって
1122122	Hearing roundtrip		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		C.4.
7/25/20	470 Center St. Chardon OH	Courthouse Annex Chardon OH	3.00		1
1163116	Hearing roundtrip		ĺ		
	TRAVELER'S CERTIFICATE	Column Totals A	30.00		В
I certify that	I certify that the statements made hereon are true, that the mileage was actually driven on County Business, and that the	Total Mileage Amount	(A) X .625**	\$ 18.75	C
expenses in regulations.	expenses incurred were in accordance with state and county regulations. I also certify that I have liability insurance as	Total Reimbursement	(B) + (C)	\$ 18.75	
required in	\circ	ORIGINAL RECEIPTS MUST BE ATTACHED	1)	

Employee Signature

herebrohen eftel aa

Department Head Signature

RS-625-rate effective 07/01/2022

Revised 07/01/2022 RHL

Geauga County

Mileage/Miscellaneous Reimbursement Voucher for ALL that follow IRS Standard Mileage

Susan Ebersbacher

DEPARTMENT CASA

Print Form

Reset Form

I certify that the statements made hereon are true, that the expenses incurred were in accordance with state and county mileage was actually driven on County Business, and that the regulations. I also certify that I have liability insurance as required in ORC 4509.51. 7/27/22 7/27/22 7/27/22 7/27/22 7/29/22 7/28/22 DATE PRINT EMPLOYEE NAME Hearing roundtrip Meeting with CASA one way minus 9 mi commute Hearing roundtrip Hearing roundtrip Meeting with CASA one way Hearing roundtrip TRAVELER'S CERTIFICATE 470 Center St. Chardon OH Chagrin Falls OH ORIGIN OF TRAVE ORIGINAL RECEIPTS MUST BE ATTACHED Courthouse Annex Chardon OH Courthouse Annex Chardon OH Courthouse Annex Chardon OH Courthouse Annex Chardon OH DESTINATION Chagrin Falls OH Chesterland OH Total Mileage Amount Total Reimbursement Column Totals < (A) X .625** < MILEAGE (B) + (C) 19.00 33,00 3.00 3.00 3.00 3.00 MISC. AMOUNT 20.62 20.62 \circ ϖ

Department Head Signature

M HANDELING GOSTATE STREETING 07/01/2022

Revised 07/01/2022 RHL