

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

Solution:

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

No original signature on the voucher cover or invoice.

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

\$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.

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GE/	AUG	à-eó	UNT	YA	JDI"	FOR

by State of the st	, Deputy Auditor
GEAUGA COUNTY FEDERAL	I.D. NO. 34-6001208
SALES AND USED TAX EXEM	IPTION - POLITICAL SUBDIVISION
	STATE OF OHIO
	STATE OF OHIO

FOR AUDITORS USE ONLY	Date:
Then and Now Certificate:	
Warrant Received by:	
Dale:	72

SHIP TO:

GEAUGA COUNTY

PROBATE / JUVENILE COURT - JUDGE GRENDELL

231 MAIN STREET SUITE 2

CHARDON, OH 44024

VOUCHER DATE	VOUCHER AMOUNT
8/22/2022	96.44 🗸
ADJUSTMENT	ACCOUNT NO.
dr	part the time.
Cr.	(POSTED)
	8/22/2022 ADJUSTMENT

PURCHASE ORDER NO. 2022-00000149

SIONERS;
VOUCHER

VENDOR I.D. NO. 12457

PURCHASED FROM:

Jennifer Moore-Mallinos

INVOICE TO: GEAUGA COUNTY

PROBATE / JUVENILE COURT - JUDGE GRENDELL

231 MAIN STREET SUITE 2

CHARDON, OH 44024

DEPARTMENT LEAD SIGNATURE

QUANTITY 1,0000		1001	DESCRIPTION Travel Expenses, Other - Travel - Other 1001-007-02-902 - Travel 5,000.00	5,000.0000	TOTAL COST \$5,000.00
			July 2022		
			RECEIVED	¥	
			AUG 17 2022		
			Geauga County Auditor		
	L,	l		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

IN COMMON PLEAS COURT

2022 AUG 16 PM 3: 39

PROBATE-JUVENILE DIVISION GEAUGA COUNTY, OHIO

	NOI	GEAUGA COUNT
IN RE:	FOR) JUDGE TIMOTHY J. GRENDELL
	VETTING)
JUVENILE COURT)
EXPENDITURES) PROPER ADMINISTRATIVE ORDER
MOORE MALLINOS.	JENNIFER D) 2022-300

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 \$96.44 (Ninety Six Dollars and Forty Four Cents) from 1001-007-02-902 to MOORE MALLINOS, JENNIFER D, at C/O 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. GŘENDELL, JUDGE

CC: Fiscal Director

Print Form

Reset Form

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

PRINT EMPLOYEE NAME __Jennifer Moore-Mallinos

DEPARTMENT Resource Center/Juvenil

DESTINATION MILEAGE MISC. 470 Center St., Chardon J 19.90 J 19.90 470 Center St., Chardon J 19.90 J 19.90 470 Center St., Chardon J 19.90 J 19.90 231 Main St., Center J 3.00 J 19.90 470 Center St., Chardon J 19.90 J 19.90 470 Center St., Chardon J 19.90 J 19.90 231 Main St., Chardon J 19.90 J 19.90 A70 Center St., Chardon J 19.90 J 19.90 Column Totals A 131.40 J 19.90 Total Mileage Amount (A) X.625*** S				ORIGINAL RECEIPTS MUST BE ATTACHED	regulations. I also certify that I have liability insurance as required in ORC 4509.51.	regulations. required in (
DESTINATION MILEAGE MISC. AMOUNT 470 Center St., Chardon J 19.90 3.00 231 Main St., Chardon J 19.90 19.90 470 Center St., Chardon J 19.90 19.90 231 Main St., Center J 3.00 3.00 231 Main St., Center J 3.00 3.00 470 Center St., Chardon J 19.90 19.90 470 Center St., Chardon J 19.90 3.00 470 Center St., Chardon J 19.90 3.00		\$ 82.13	(B) + (C)	Total Reimbursement	expenses incurred were in accordance with state and county	expenses
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PURPOSE OF TRAVEL 470 Center St., Chardon 10.00			19:50	¥		//6/2022
PURPOSE OF TRAVEL DESTINATION MILEAGE			1000	470 Center St., Chardon		
UEG INA ICN		WI CO.	L		PURPOSE	DAIE
		TNI IOMA OSIM	INI EVOL	DESTINATION		J^TC

Employee Signature

Departmerit Head Signature

Bo .625 rate effective 07/01/2022

Revised 07/01/2022 RHL

Mileage/Miscellaneous Reimbursement Voucher Geauga County

Print Form

Reset Form

for ALL that follow IRS Standard Mileage

PRINT EMPLOYEE NAME

Jennifer Moore-Mallinos

DEPARTMENT Resource Center/Juveni

regulations. I also certify that I have liability insurance as required in ORC 4509.51. expenses incurred were in accordance with state and county mileage was actually driven on County Business, and that the I certify that the statements made hereon are true, that the 7/28/2022/ 7/27/2022 DATE Court Duties TRAVELER'S CERTIFICATE 470 Center St., Chardon Chagrin Falls Park ORIGIN PURPOSE OF TRAVE 470 Center St., Chardon 231 Main St., Chardon DESTINATION Total Mileage Amount Total Reimbursement Column Totals ⊳ (A) X .625** MILEAGE (B) + (C) 19.90 22.90 3.00 MISC. AMOUNT W. 14.31

ORIGINAL RECEIPTS MUST BE ATTACHED

Department, Head Signature

C

 \Box

Employee Signature

Revised 07/01/2022 RHL