



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: **09/15/22**

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2022-00002580

ASAP Sanitary Services \$93.00

<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 Original Invoice/Supporting Documents	<input type="checkbox"/> Due Date Deadline Missed
<input type="checkbox"/> Missing "OK to Pay" Initials/Signature	<input checked="" type="checkbox"/> Other

Solution: No original signature on the voucher cover or invoice. Missing public purpose for expenditure of public funds.

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>

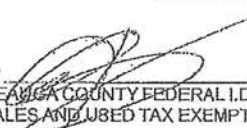
Email: auditor@co.geauga.oh.us

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
\$10,000.00

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 GRENDALL
231 MAIN STREET SUITE 2
CHARDON, OH 44024

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	9/19/2022	93.00
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2022		
1099 AMT.		



PURCHASE ORDER NO. 2022-00001227

GEAUGA CO. BOARD OF COMMISSIONERS:
SESSION _____
RESOLUTION _____
JOURNAL _____
PAGE _____
BUDGET APPROVAL - ENCUMB _____ VOUCHER _____

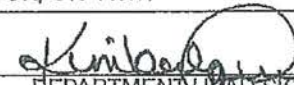
VENDOR I.D. NO. 7144


PURCHASED FROM:

ASAP Sanitary Services

INVOICE TO:

GEAUGA COUNTY
PROBATE / JUVENILE COURT - JUDGE GRENDALL
231 MAIN STREET SUITE 2
CHARDON, OH 44024


DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	1001	Other Expenses - Other Expenses 1001-007-16-901.0701 - Other Other Expense 10,000.00	10,000.0000	\$10,000.00
September 2022					
<div style="text-align: center;">  </div>					
TOTAL DUE					\$10,000.00

**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 SEP 13 PM 2:34

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

JUVENILE COURT
EXPENDITURES

ASAP SANITARY SERVICES LLC

) JUDGE TIMOTHY J. GRENDALL

)

)

) PROPER ADMINISTRATIVE ORDER

) 2022-337

NOT
FOR
VETTING

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 \$93.00 (Ninety Three Dollars and No Cents) from 1001-007-16-901.0701 to ASAP SANITARY SERVICES LLC, at 521 YOUNGSTOWN-WARREN ROAD, NILES, OH 44446, for community service garden, 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 ^{ru} 9/13/2022

TIMOTHY J. GRENDALL, JUDGE

CC: Fiscal Director



SANITARY SERVICES

521 Youngstown - Warren Rd. ✓
Niles Oh 44446 330-989-5111

Invoice

Number: 50720

Date: 01-Sep-2022

P.O. Number:

BILL TO 5873

Geauga Courts e
231 Main St.
Annex 1A
Chardon, OH 44024

JOB SITE 10176

Corner of Chardon Windsor and 608
14333 Chardon Windsor Rd.
CLOSEST ADDRESS
Chardon, OH 44024

Last Payment Date

11-Aug-2022

Job Number:

Accounting ID:

From =>	To	Duration	Unit/Service Type	Quantity	Price/Per	Tax?	Extension
01-Sep-2022	> 30-Sep-2022	30	Standard Portable Toilet Rental Per month, in advance	1	\$93.00	<input type="checkbox"/>	\$93.00 ✓

Job Site Balances	Taxable	Tax Rate	Tax Description	Subtotal NonTaxed:	\$93.00
Current: \$93.00	\$0.00	0	\$0.00 Tax Exempt	Subtotal Taxable:	\$0.00
30-Day: \$0.00				Subtotal Tax:	\$0.00
60-Day: \$0.00	\$0.00		\$0.00 Tax Exempt	Current Invoice Total:	\$93.00
90-Day+: \$0.00					
Total: \$93.00	Terms: Net 15		+/- Chrg or Pymt: \$0.00	Please Pay:	\$93.00 ✓

Thank you, we appreciate your business.

From:

Geauga Courts e
231 Main St.
Annex 1A
Chardon, OH 44024

Please detach and return the bottom portion with payment.

Invoice No.	Date	Current Amount
50720	01-Sep-2022	\$93.00
Please Pay:		\$93.00

OK B.W.
9-7-22

To:

ASAP Sanitary Services, LLC
521 Youngstown Warren Rd.
Niles, OH 44446

To pay by credit card, please fill in the following:

Credit Card Number _____ Date Expires _____ Sec Cd _____

Address _____ Zip Cd _____

Signature _____ Amount to Pay or leave blank _____

☐ Check to enroll in auto-pay