

Auditor Charles E. Walder

Chief Fiscal Officer

Return Voucher Form

Date: 10/27/22

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2022-00002987 Geauga Credit Union \$244.00

Incorrect Vendor Numbers (s)
Incorrect/No Encumbrance No.
Incorrect Voucher Amount
Incorrect G/L Date
Expense Precede Encumbrance
Remit Copy Missing
Due Date Deadline Missed
X Other

Solution: No original signature on the voucher or invoice. Travel Expense Request is missing the 'approved by' signature.

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 September 20, 2022
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of \$834.00

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

by GEAUGA COUNTY F	FEDERAL	I.D. NO. 34- PTION - PO	, Deputy Auditor 6001208 ILITICAL SUBDIVISION E OF OHIO	SESSION RESOLUTION' JOURNAL PAGE BUDGET APPROVAL VENDOR I.D. NO.	1 10 Per Anthroporthur (1797 - 174 must	
FOR AUDITORS I	USE ONL)	(Date:	PURCHASED FROM:		, , ,
Then and Now (Certficate:			PORCHASED FROM.		
Warrant Red				Geau	ga Credit Uni	on /
	Date:					
SHIP TO:				INVOICE TO:		
GEAUGA COUN	NTY			GEAUGA COUNTY		
			JUDGE GRENDELL	PROBATE / JUVENILI		SE GRENDELL
231 MAIN STRE		TE 2		231 MAIN STREET SU		
CHARDON, OH	44024			CHARDON, OH 44024	1	
				HINDON DEPARTME	INT HEAD SIGN	IATURE
QUANTITY U	JNIT	FUND	DESCRIPTION	Harris Maria	UNIT COST	TOTAL COST
1.0000 E	ach	1001	TRAVEL - 2022 OBACOA Fall Conference 1001-007-02-902 - Travel 834.00		834.0000	\$834.00
		,	100 100 100 000 1100 100 100			
1	- 1		Hotel			
8 8	1		Hotel			
1	- 1					
					TECHI	VED
					OCT 27	2022
					eauga Court	
					eauga County	Auditor

WARRANT NO. VOUCHER DATE VOUCHER AMOUNT

dr

Cr.

TOTAL DUE

\$834.00

244.00

ACCOUNT NO.

10/31/2022

ADJUSTMENT

PURCHASE ORDER NO. 2022-00003412

GEAUGA CO. BOARD OF COMMISSIONERS:

P.O. DATE

1099 AMT.

09/20/2022

IN THE COURT OF COMMON PLEAS COURT

JUVENILE DIVISION

GEAUGA COUNTY, OHIO 2022 OCT 26 AM 11: 24

IN RE:	PROBATE-JUVEHLLE DIVISION) JUDGE TIMOTIFY USGRENDELL
JUVENILE COURT EXPENDITURES GEAUGA CREDIT UNION)) PROPER ADMINISTRATIVE ORDER) 2022-389

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 \$244.00 (Two Hundred Forty Four Dollars and No Cents) from 1001-007-02-902 to GEAUGA CREDIT UNION, at PO BOX 4521, CAROL STREAM, IL 60197, for 2022 OBACOA Fall Conference travel expenses, 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.

IMOTHY & GRENDELL, JUDGE

CC: Fiscal Director



GEAUGA PROBATE JUVE COURT

Account Number: #### #### 8026

NEW BALANCE

Closing Date: 10/18/22 Credit Limit: \$6,000.00 Available Credit: \$2,297.00



Account Inquiries



Customer Service:

(800) 322-8472

To Report a Card Lost or Stolen: (727) 570-4881 LOCAL (866) 604-0381 TOLL-FREE



Please Direct Written Inquiries to: CUSTOMER SERVICE PO BOX 30495 TAMPA, FL 33630



To view or pay your account on-line: www.eZCardinfo.com

Account Sumn	nary	
Previous Balance	\$	0.00
Purchases	+	3,702.99
Cash	+	0.00
Balance Transfer	-	0.00
Credits	-	0.00
Payments		0.00
Insurance	+	0.00
Other Debits	+	0.00
Finance Charges	+	0.00

Payment Information



Total Minimum Payment Due \$112.00 11/12/2022 **Payment Due Date**

Minimum Payment	\$ 112.00
Past Due Amount	\$ 0.00
Over Limit / Fees	\$ 0.00

Mail Payments to: GEAUGA CU - VISA PO BOX 4521 CAROL STREAM IL 60197-4521



MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE, AND EASY WITH EZCARDINFO. ENROLL TODAY!

Account Activity Since Your Last Statement

Trans Date	Post Date	MCC Code	Reference Number	Description	Amount
09/19	09/21	3695	24755422263152630312282	EMBASSY SUITES CAPSCERTS	\$ 139.83- [19.0] textoberepused
09/23	09/25	3640	24943002267722246784089	HYATT REGENCY COLUMBUS 8885872877 OH OWN CASA COM	3,063.84
09/23	09/29	3640	24943002271722242701263	HYATT REGENCY COLUMBUS 8885872877 OH Ohio CASA Conf	255.32
10/14	10/16	3652	24692162288105344961736	EMBASSY SUITES COLUMBU COLUMBUS OH ON ACOR	244.00

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

GEAUGA CU PO BOX 839 BURTON OH 44021 - 0839



Account Number #### #### #### 8026

Check box to indicate name/address change on back of this coupon

AMOUNT OF PAYMENT ENCLOSED

Closing Date 10/18/22

New Balance \$3,702.99

Total Minimum Payment Due \$112.00

Payment Due Date

11/12/2022

MAKE CHECK PAYABLE TO:

GEAUGA PROBATE JUVE COURT 231 MAIN ST. 2ND FLOOR CHARDON OH 44024



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GEAUGA CU - VISA PO BOX 4521 CAROL STREAM IL 60197 - 4521



EMBASSY SUITES HOTEL - COLUMBUS 2700 CORPORATE EXCHANGE DRIVE

> COLUMBUS, OH 43231 United States of America

TELEPHONE 614-890-8600 • FAX 614-890-8626

Reservations

www.embassysuites.com or 1 800 EMBASSY

Ralph, John

231 MAIN ST 2ND FLOOR

CHARDON OH 44024

UNITED STATES OF AMERICA

Room No: Arrival Date: 218/TD/BN

10/12/2022 1:30:00 PM

Departure Date:

10/14/2022 11:51:00 AM

Adult/Child:

1/0

Cashier ID:

LCRAMER5

Room Rate:

Folio No/Che

122.00

AL:

HH#

VAT#

975216 A

Confirmation Number: 53633160

EMBASSY SUITES HOTEL - COLUMBUS 10/14/2022 11:50:00 AM

DATE /	REF NO	DESCRIPTION	CHARGES
10/12/2022	3919845	GUEST ROOM EXEMPT	\$122.00
10/13/2022	3920318	GUEST ROOM EXEMPT	\$122.00
10/1/4/2022	3920585	VS *8026	(\$244.00)
1		**BALANCE**	\$0.00

EXPENSE REPORT SUMMARY

10/12/2022

10/13/2022

STAY TOTAL

ROOM AND TAX DAILY TOTAL

\$122.00 \$122.00 \$122.00 \$122.00 \$244.00 \$244.00

CREDIT CARD DETAIL

APPR CODE

002375

MERCHANT ID

8480100

CARD NUMBER

VS *8026

EXP DATE

05/24

TRANSACTION ID

3920585

TRANS TYPE

Sale

Travel Expense Request

Auditor's Number:

Date: September 20, 2022	Departme	ent:Ju	venile			
Convention, Meeting, Etc.: 2022 OBACOA Fall Conference						
Location: Columbus, OH	Reason: con	ference				
Dates of Travel: October 12	-14, 2022	Dates of Event:	October 13-14, 2022			
Employees Attending: John A. Ralpi	ı		(List Names)			
2	vel					
Estimated Expenses:						
Hotel \$244.00 / Food \$100.00 /	being sul		affirm that this expense request is and provisions of the County Travel Policy.			
Mileage \$200.00	1	15/2022				
Registration \$250.00	Date	Date AUDITOR'S CERTIFICATE OF FUNDS (ORC 5705.41D)				
Other\$40.00						
I hereby certify that the money required to meet the foregoing contract, agreement or obligation, in the sum of \$						
The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on 10 100 20 20 20 20 20 20 20 20 20 20 20 20 2						
Actual Expenses:		Original receipts must	be attached to this statement. Any			
Hotel \$244.00 Departs		extraordinary expense mus hereby certify the actual e	t be explained on this form. expenses to be correct:			
Food		Signature:	Woulf and			
Mileage Departs	nre Time am / pm	Title:Court	Administrator			
Registration Return		Approved by:				
Other Return			Partial Payment			
Total \$ 244.00 Return	am / pm		Final Payment			

Revised 08/20/08

Original and 2 copies required