

# 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 Bonnie Glavic \$24.37

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
Missing Original Invoice/Supporting Documents	Due Date Deadline Missed  X Other
Missing "OK to Pay" Initials/Signature	

Solution: No original signature on the voucher cover or invoice.

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

\$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	3

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

FOR AUDITORS USE ONLY

CHARDON, OH 44024

Then and Now Certificate:	B
Date:	
SHIP TO:	
GEÄUGA COUNTY	
PROBATE / JUVENILE COURT - JUDGE GRENDELL	pr
231 MAIN STREET SUITE 2	

Date:

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	10/31/2022	24.37 🗸
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2022	dr	mrantena.
1099 AMT.		
9	cr.	(POSTED)
		Y /

PURCHASE ORDER NO. 2022-00000149

GEAUGA CO. BOARD OF COMMIS	SIONERS:
SESSION	- 1-10-15 - X/10-15
RESOLUTION	
JOURNAL	
PAGE	
BUDGET APPROVAL - ENCUMB	VOUCHER

VENDOR I.D. NO.	13774	
PURCHASED FROM	Л:	

₹`"	Bonnie Glavic	
	Donnie Clavic	

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

KUNDAL ALASIGNATURE

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
				Town	WED
			September 2022	RECE	-02
				OCT 2	7 2022 2022
				.00.	waty Auditor
				Geauga C	ounty Auditor
			S		
				i.	
I				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

FILEO N COMMON PLEAS COURT

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

2022 OCT 26 AMII: 23

PRUBATE-JUVENILE

) JUDGE TIMOTHY J. GRENDELL
)
) PROPER ADMINISTRATIVE ORDER
) 2022-386

JUVENILE COURT EXPENDITURES GLAVIC, BONNIE

IN RE:

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 \$24.37 (Twenty Four Dollars and Thirty Seven Cents) from 1001-007-02-902 to GLAVIC, BONNIE, 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 & GRENDELL, JUDGE

CC: Fiscal Director

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

Print Form

Reset Form

PURPOSE OF TRAVEL  CASA  COURT  COURT  CASA  GCIC  A3.00  TRAVELER'S CERTIFICATE  COURT  CASA  GCIC  COURT  COURT  CASA  GCIC  COURT  CASA  GCIC  COURT  CASA  GCIC  COURT  CASA  GCIC  COURT  COURT  CASA  GCIC  COURT  COURT  CASA  GCIC  COURT  COURT  TOTAL Reimbursement  CRIGINAL RECEIPTS MUST BE ATTACHED  CRICINAL RECEIPTS MUST BE AT	1	PRINT EMPLOYEE NAME Bonnie Glavic	DEPARTMENT	CASA	
COURT CASA GCIC COURT COURT CASA GCIC CO	DATE			MILEAGE	MISC. AMOUNT
COURT  CO		PURPOSE (			
COURT  CASA  COURT  COURT  COURT  COURT  COURT  COURT  CASA  GCIC  3.00  COURT  COURT  CASA  GCIC  3.00  COURT  CASA  GCIC  3.00  COURT  CASA  GCIC  3.00  TRAVELER'S CERTIFICATE  Travelers Scentificate  Travelers Scentificate  Travelers County Business, and that the enses incurred were in accordance with state and county ulations. I also certify that I have liability insurance as ulared in ORC 4509.51.  Casa  Court  Court  Court  Court  Court  Column Totals A  18.00  Total Mileage Amount  (A) X. 625**  \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  Department Head Signature  Department Head Signature  Courting Total Mileage Amount  (B) + (C)  \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  Department Head Signature	ค์/บวา	CASA	GCJC	/3.00	
COURT  COURT  COURT  COURT  COURT  COURT  CASA  GCIC  J 3.00  COURT  TRAVELER'S CERTIFICATE  Traveler's Certificate  Traveler's certify that the statements made hereon are true, that the enses incurred were in accordance with state and county ulations. I also certify that I have liability insurance as ulared in ORC 4509.51.  CENTROLEM Supplication  CENTROLEM Supplication  CENTROLEM Supplication  COURT  COURT  COLUMN Totals A  18.00  Total Mileage Amount  (A) X 625**  \$ 11.25  CRIGNAL RECEIPTS MUST BE ATTACHED  CENTROLEM Supplication  OBIGINAL RECEIPTS MUST BE ATTACHED  Department Head Signature  Court	9/1/22	COURT		7 5.55	
COURT  CASA COURT  COUNT  CASA COURT  COUNT  C	L 12.12.2	CASA	GCJC	/ 3.00	
TRAVELER'S CERTIFICATE  ortify that the statements made hereon are true, that the tage was actually driven on County Business, and that the enses incurred were in accordance with state and county allations. I also certify that I have liability insurance as lirited in ORC 4509.51.  TOTAL Reimbursement  ORIGINAL RECEIPTS MUST-BE ATTACHED  Department Head Signature  ORIGINAL RECEIPTS MUST-BE ATTACHED  ORIGINAL RECEIPTS MUST-B	9/5/22	COURT		7 3.00	
COURT  CASA COURT  CASA COURT  COURT  CASA COURT  COURT  CASA COURT  COURT  COURT  CASA COURT  COURT  COURT  TRAVELER'S CERTIFICATE  ortify that the statements made hereon are true, that the sage was actually driven on County Business, and that the enses incurred were in accordance with state and county lations. I also certify that I have liability insurance as ulred in ORC 4509.51.  Chapter Signature  CASA GCIC  3.00  TRAVELER'S CERTIFICATE  Column Totals A  18.00  Total Mileage Amount (A) X.625**  5 11.25  CBIGINAL RECEIPTS MUST BE ATTACHED  CROSS G25 rate of the Chapter of Reference of Referen		CASA	GCJC	/ 2.00	
COURT  COURT  CASA  GCIC  3.00  TRAVELER'S CERTIFICATE  writify that the statements made hereon are true, that the leage was actually driven on County Business, and that the enses incurred were in accordance with state and county lations. I also certify that I have liability insurance as ulired in ORC 4509.51.  CEndoyee Signifure  COURT	9/12/22	COURT		/ 3.00	
COURT  CASA  COURT  CASA  COURT  CASA  GCIC  3.00  TRAVELER'S CERTIFICATE  Oritify that the statements made hereon are true, that the eage was actually driven on County Business, and that the enses incurred were in accordance with state and county lations. I also certify that I have liability insurance as ulired in ORC 4509.51.  CEndoyee Signifure  COURT  COURT  COURT  COURT  A 3.00  TRAVELER'S CERTIFICATE  Column Totals A 18.00  Total Mileage Amount  (A) X.625**  \$ 11.25  CENDOYEE Signifure  CENDOYEE Signifure  Department Head Signature  CENDOYEE Signifure  Department Head Signature  CENDOYEE Signifure  CENDOYEE Signifure  CENDOYEE Signifure  Department Head Signature  CENDOYEE Signifure  COURT	1	CASA	GCJC	/ 2.00	
TRAVELER'S CERTIFICATE  TIFY that the statements made hereon are true, that the sage was actually driven on County Business, and that the enses incurred were in accordance with state and county ulations. I also certify that I have liability insurance as uired in ORC 4509.51.  TRAVELER'S CERTIFICATE  Column Totals A  18.00  Total Mileage Amount  Total Mileage Amount  Total Reimbursement  ORIGINAL RECEIPTS MUST BE ATTACHED  ORIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate effective or Remised or Remise	9/13/22			/ 3.00	
TRAVELER'S CERTIFICATE  TITY AND A STATE A	/		GCJC		
TRAVELER'S CERTIFICATE  TRAVELER'S CERTIFICATE  Trify that the statements made hereon are true, that the eage was actually driven on County Business, and that the enses incurred were in accordance with state and county ulations. I also certify that I have liability insurance as ulred in ORC 4509.51.  TOTAL Reimbursement  OBIGINAL RECEIPTS MUST-BE ATTACHED  OBIGINAL RECEIPTS MUST-BE ATTACHED  OBIGINAL RECEIPTS MUST-BE ATTACHED  Total Mileage Amount  (A) X. 625**  \$ 11.25  OBIGINAL RECEIPTS MUST-BE ATTACHED  Total Reimbursement  OBIGINAL RECEIPTS MUST-BE ATTACHED  Total Mileage Amount  (B) + (C)  \$ 11.25  OBIGINAL RECEIPTS MUST-BE ATTACHED  Total Mileage Amount  (B) + (C)  Total Reimbursement  OBIGINAL RECEIPTS MUST-BE ATTACHED  Total Mileage Amount  (B) + (C)  Total Reimbursement  OBIGINAL RECEIPTS MUST-BE ATTACHED  Total Mileage Amount  (B) + (C)  Total Reimbursement  OBIGINAL RECEIPTS MUST-BE ATTACHED  Total Mileage Amount  (B) + (C)  Total Reimbursement  OBIGINAL RECEIPTS MUST-BE ATTACHED  Total Reimbursement  Total Reimbur	9/14/22	COURT		/ 3.00	
TRAVELER'S CERTIFICATE  Trify that the statements made hereon are true, that the eage was actually driven on County Business, and that the enses incurred were in accordance with state and county ulations. I also certify that I have liability insurance as ulred in ORC 4509.51.  Total Mileage Amount Total Reimbursement (B) + (C)  S 11.25  ORIGINAL RECEIPTS MUST BE ATTACHED  Total Reimbursement (B) + (C)  S 11.25  ORIGINAL RECEIPTS MUST BE ATTACHED  The partment Head Signature  Total Mileage Amount (B) + (C)  Total Reimbursement (B) + (C)  Total Reimbursement (B) + (C)  S 11.25  ORIGINAL RECEIPTS MUST BE ATTACHED  The partment Head Signature  The pa	/	<u> </u>	GCJC		
TRAVELER'S CERTIFICATE  Intify that the statements made hereon are true, that the large was actually driven on County Business, and that the enses incurred were in accordance with state and county ulations. I also certify that I have liability insurance as ulired in ORC 4509.51.  Column Totals A 18.00  Total Mileage Amount (A) X .625** \$ 11.25  ORIGINAL RECEIPTS MUST BE ATTACHED  ORIGINAL RECEIPTS MUST BE ATTACHED  ORIGINAL RECEIPTS MUST BE ATTACHED  Department Head Signature  Department Head Signature  Department Head Signature	9/15/22			/ 3.00	
TRAVELER'S CERTIFICATE  Partify that the statements made hereon are true, that the page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as curred in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  Total Mileage Amount (A) X .625** \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate offective  Revised 0					
TRAVELER'S CERTIFICATE  Partify that the statements made hereon are true, that the page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as curred in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  Total Mileage Amount (A) X .625** \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate offective  Revised 0					
TRAVELER'S CERTIFICATE  Partify that the statements made hereon are true, that the page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as curred in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  Total Mileage Amount (A) X .625** \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate offective  Revised 0					
TRAVELER'S CERTIFICATE  Partify that the statements made hereon are true, that the page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as curred in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  Total Mileage Amount (A) X .625** \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate offective  Revised 0					
TRAVELER'S CERTIFICATE  Partify that the statements made hereon are true, that the page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as curred in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  Total Mileage Amount (A) X .625** \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate offective  Revised 0	MANDON DO TO THE REAL PROPERTY.				
TRAVELER'S CERTIFICATE  Partify that the statements made hereon are true, that the page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as curred in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  Total Mileage Amount (A) X .625** \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate offective  Revised 0					
TRAVELER'S CERTIFICATE  Partify that the statements made hereon are true, that the page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as curred in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  Total Mileage Amount (A) X .625** \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate offective  Revised 0					
TRAVELER'S CERTIFICATE  Partify that the statements made hereon are true, that the page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as curred in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  Total Mileage Amount (A) X .625** \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate offective  Revised 0					
TRAVELER'S CERTIFICATE  Partify that the statements made hereon are true, that the page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as curred in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  Total Mileage Amount (A) X .625** \$ 11.25  OBIGINAL RECEIPTS MUST BE ATTACHED  TRS. 625 rate offective  Revised 0					
artify that the statements made hereon are true, that the stage was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as uired in ORC 4509.51.  ORIGINAL RECEIPTS MUST BE ATTACHED  Department Head Signature  Total Mileage Amount  (A) X .625**  \$ 11.25  ORIGINAL RECEIPTS MUST BE ATTACHED  Department Head Signature	,	TRAVELER'S CERTIFICATE	Column Totals A	18.00	
page was actually driven on County Business, and that the enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as uired in ORC 4509.51.  OBIGINAL RECEIPTS MUST BE ATTACHED  OBJUST BE ATTACHED  IRS 925 rate offed to Department Head Signature  Revised 0	cortify the		Tatal Mileage Amount	/A) V C2E**	¢ 11 25
enses incurred were in accordance with state and county plations. I also certify that I have liability insurance as uired in ORC 4509.51.  ORIGINAL RECEIPTS MUST BE ATTACHED  ORIGINAL RECEIPTS MUST BE ATTACHED  Department Head Signature  ORIGINAL RECEIPTS MUST BE ATTACHED  ORIGINAL	nileage wa	as actually driven on County Business, and that the	Total Mileage Amount	(A) A .025	3 11.ZJ -
ORIGINAL RECEIPTS MUST BE ATTACHED  ORIGINAL RECEIPTS MUST BE ATTACHED  ORIGINAL RECEIPTS MUST BE ATTACHED  IRS 925 rate offed Work  Revised 0	xpenses i	incurred were in accordance with state and county	→ Total Reimbursement	(B) + (C)	\$ 11.25
Ebroloyee Signeture  10/18/22   Manual Manua			ORIGINAL RECEIPTS MUST BE ATTACHED	. /	,
Employee Signature Date Department Head Signature Revised 0	equileu iii	OKC 4503.51.		10 H	n 0000 m
Employee Signature Date Department Head Signature Revised 0	4	10/18/821	I I A A U. Ch C I MI MU	and To in	3 .625 rate effective 07/01
		Employee Signature Date		for the second	Revised 07/01/
				A = I	
			/	V //	21/
\$24.51				/ 1	\$14.0°

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

Print Form

Reset Form

PRINT EMPLOYEE NAME Bonnie Glavic

DEPARTMENT CASA

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT	
DATE	PURPOSE O	F TRAVEL			
5/19/22	CASA	GCJC (Geauga County Juvenile Court)	/3.00		
7/19/22	Court		/ 2.00		
120/22	CASA	GCJC (Geauga County Juvenile Court)	/3.00		
9120122	Court				2
9/21/22	CASA	Hyatt Regency Columbus	170.00	/	1
7 - 17	CASA Conference/ 350 N. High St. Columbus, OH. 43215 (left	t from CASA office)	/		5
9/23/22	Hyatt Regency Columbus	CASA	170.00	/	Ì
,, LJ, LL	CASA Conference/ 350 N. High St. Columbus, OH. 43215 (re	turned to CASA office)	-4		م
9/26/22	CASA	GCJC (Geauga County Juvenile Court)	<b>/</b> 3.00		ر ا
	Court				ľ
<i>§</i> /27/22	CASA	GCJC (Geauga County Juvenile Court)	<i>j</i> ś.00		ĺ
,, ,, ,, ,,	Court				
/ 9/28/22	CASA	GCJC (Geauga County Juvenile Court)	13.00		
91 201 22	Court		<i>y</i>		
9/29/22	CASA	GCJC (Geauga County Juvenile Court)	<i>j</i> 3.00		
125122	Court		75,00		
9/30/22	CASA	GCJC (Geauga County Juvenile Court)	/3.00		
9/30/22	Court		7		
	TRAVELER'S CERTIFICATE	Column Totals A	361.00		В
certify that the statements made hereon are true, that the		Total Mileage Amount	(A) X .625**	\$ 225.62	С
ileage wa	s actually driven on County Business, and that the	Total Mileage Amount	(1) X .020	Ψ ZZJ.0Z	Ĭ
	ncurred were in accordance with state and county  I also certify that I have liability insurance as	Total Reimbursement	(B) + (C)	<del>\$ 2</del> 25.62	
	ORC)4509.51.	ORIGINAL RECEIPTS MUST BE ATTACHED			•
	10/10/10	De Shener all	: 60	mul	
(	10/5/20	ML SMMZ XU		.625 rate effective 07/0	
_	Employee Signature Date	Department Head Signature	-	Revised 07/0	1/202