

# Auditor Charles E. Walder

Chief Fiscal Officer

## **Return Voucher Form**

Date: 02/10/2023

To:	Elected Official, Department head, or Acc	counting Staff of Probate Court
From:	Auditor's Office Fiscal Department	
SUBJE	CT: Batch # 2023-0000360	John A Ralph \$577.71
i <del>a</del>	Dept. Head Signature Missing on Cover	Incorrect Vendor Numbers (s)
	_ Incorrect Account Number	Incorrect/No Encumbrance No.

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 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, 2023 I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of

\$2,000.00
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.

GEAUGA COUNTY AUDITOR	GEAUGA CO. BOARD OF COMMISSIONERS: SESSION_
by	RESOLUTION JOURNAL PAGE BUDGET APPROVAL - ENCUMBVOUCHER
	VENDOR I.D. NO. 46716
FOR AUDITORS USE ONLY Date:	PURCHASED FROM:
Then and Now Certficate:  Warrant Received by:  Date:	John A. Ralph
SHIP TO:	INVOICE TO:
GEAUGA COUNTY	GEAUGA COUNTY
PROBATE / JUVENILE COURT -JUDGE GRENDELL	PROBATE / JUVENILE COURT -JUDGE GRENDELL
231 MAIN STREET SUITE 2	231 MAIN STREET SUITE 2
CHARDON, OH 44024	CHARDON, OH 44024
	DEPARTMENT HEAD SIGNATURE

WARRANT NO. VOUCHER DATE VOUCHER AMOUNT

dr.

Cr.

\$ 577.71

ACCOUNT NO.

2/13/2023

**ADJUSTMENT** 

PURCHASE ORDER NO. 2023-00001368

P.O. DATE

1099 AMT.

01/03/2023

QUANTITY UN 1.0000 Each	DESCRIPTION Travel Expenses, Other - Travel 1001-008-00-902 - Travel 2,000.00	UNIT COST 2,000.0000	TOTAL COST \$2,000.00
	Feb 2023		
	RE(FE)	GEN/ED 0 9 2023 County Auditor	
		TOTAL DUE	\$2,000.00

Presented by Court as a courtesy only, NOT statutorily required

See State ex rel. Grendell v. Walder, Slip Opinion No. 2022-Ohio-204

FILED IN COMMON PLEAS COURT

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

2023 FEB -8 PM 12: 04

PRUBATE-JUVENILE DIVISION GEAUGA COUNTY, OHIO

PROBATE COURT EXPENDITURES RALPH, JOHN A.	NOT FOR VETTING	) ) PROPER ADMINISTRATIVE ORDER ) 2023-62
IN RE:		) JUDGE TIMOTHY J. GRENDELL

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$577.71 (Five Hundred Seventy Seven Dollars and Seventy One Cents) from 1001-008-00-902 payable to RALPH, JOHN A., for employee mileage reimbursement, which the Probate Court has determined to be an expenditure for a proper public purpose. Kindly provide this Court with the original check which it will mail to the vendor.

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".

IT IS SO ORDERED.

TIMOTHY J. PRENDELL, PUDGE

CC: Fiscal Director

# Geauga County

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

Print Form

Reset Form

PRINT EMPLOYEE NAME

HOLDER. A STOLL

DEPARTMENT PROBOTE/JUVENTLE

	. ORIGIN PESTINATION		
	PURPOSE OF TRAVEL	MILEAGE	MISC, AMOUNT
2/1/23	, OH. /	2887	
			,
		·	)
			,
	TRAVELER'S CERTIFICATE  Column Totals A	288	
t the s act	certify that the statements made hereon are true, that the mileage Amount Total Mileage Amount	(A) X (A)	#

Total Reimbursement

ORIGINAL RECEIPTS MUST BE ATTACHED

regulations. I also certify that I have liability insurance as

required in ORC 4509.51.

expenses incurred were in accordance with state and county

Department/Head Signature

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aployee Signature

\*\* IRS .625 rate effective 07/01/2022

Revised 07/01/2022 RHL