

Auditor Charles E. Walder

Chief Fiscal Officer

Return Voucher Form

Date: 2/10/2023

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch #2023-0359 - Stephanie Voss \$122.29

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	
Missing "OK to Pay" Initials/Signature	X Other	
Solution: No original signature on voucher cover o	r 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

\$2,050.00
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**

CHARLES E. 1 GEAUGA COUNT		GEAUGA CO. BOARD SESSION RESOLUTION JOURNAL	OF COMMISSIONERS:
by GEAUGA COUNTY FEDERAL I.D. NO. 34- SALES AND USED TAX EXEMPTION - PO	LITICAL SUBDIVISION	PAGE	- ENCUMBVOUCHER
SIAI	E OF OHIO	VENDOR I.D. NO.	28451
FOR AUDITORS USE ONLY Then and Now Certficate:	Date:	PURCHASED FROM:	
Warrant Received by:	l l	Ste	ephanie Voss
SHIP TO: GEAUGA COUNTY		INVOICE TO: GEAUGA COUNTY	
PROBATE / JUVENILE COURT -	JUDGE GRENDELL		COURT -JUDGE GRENDELL
231 MAIN STREET SUITE 2		231 MAIN STREET SU	
CHARDON, OH 44024		CHARDON, OH 44024	
		- Kinbell DEPARTME	NILHEAD SIGNATURE
QUANTITY UNIT FUND	DESCRIPTION	24.6省位于10月里方面	UNIT COST TOTAL COST
1.0000 Each 2005	Travel Expenses, Other - Travel 2005-007-55-902 - Travel 2,050.00		2,050.0000 \$2,050.00
	Jan 20	23	
			RECEIVED
			FEB 0 9 2023
			Geauga County Auditor

WARRANT NO. VOUCHER DATE VOUCHER AMOUNT

cr.

TOTAL DUE

\$2,050.00

\$ 122.29

ACCOUNT NO.

2/13/2023

ADJUSTMENT

PURCHASE ORDER NO. 2023-00001351

P.O. DATE

1099 AMT.

01/03/2023

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 COURT JUVENILE DIVISION GEAUGA COUNTY, OHIO

2023 FEB -8 PM 12: 03

IN RE:

) JUDGE TIMOTHY J. GRENDELL

JUVENILE COURT **EXPENDITURES** VOSS, STEPHANIE

) PROPER ADMINISTRATIVE ORDER) 2023-92

Pursuant to R.C. 5139.34(C)(3), 2151.10, 2151.40, and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$122.29 (One Hundred Twenty Two Dollars and Twenty Nine Cents) from 2005-007-55-902 payable to VOSS, STEPHANIE, for employee mileage reimbursement, which the Juvenile 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.

CC: Fiscal Director

Geauga County

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

Stephanie Voss

PRINT EMPLOYEE NAME

DEPARTMENT Juvenile Probation

Reset Form

Print Form

expenses incurred were in accordance with state and county I certify that the statements made hereon are true, that the regulations. I also certify that I have liability insurance as mileage was actually driven on County Business, and that the required in ORC 4509.51 1/5/23 1/6/23 1/4/23 1/3/23 1/9/23 1/17/23 1/11/23 1/18/23 1/18/23 1/13/23 DATE home appt to home minus commute (17.2) home appt to home minus commute (17.2) home appts to home(s. russell) minus commute (17.2) Home-appetso-GYC to home minus commute (17.2) home appt and return home appts to home minus commute (17.2) home appt and return home appt and return home appt and return home appt to home minus commute (17.2) TRAVELER'S CERTIFICATE 231 main st chardon ORIGIN PURPOSE OF TRAVE 19 jd 53 windsor/21 jd 194 middle field/22 jd 48 burton/s.ru ORIGINAL RECEIPTS MUST BE ATTACHED 21 jd 194 middle field/22 jd 157 thompson/s.russell 22jd157 thompson/s. russell 22jd75 bainbridge/s. russell 22jd140 chardon/s. russell 22JU82 chardon/s.russell 22JD132 chardon 22JD132 chardon 22JD132 chardon DESTINATION 19jd53 windsor Total Mileage Amount Total Reimbursement Column Totals (A) X-625** MILEAGE (B) + (C) 155.40 41.70 30.00 32.30 28.30 2.80 2.80 4.60 7.30 2.80 2.80 MISC. AMOUNT \$ 97.12 \$101.79 \$ 97.12 0 ϖ

Employee Signature

Department Head Signature

Revised 07/01/2022 RHL

Geauga County

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

Print Form

Reset Form

DATE PRINT EMPLOYEE NAME ____stephanie voss ORIGIN DESTINATION DEPARTMENT juvenile probation MILEAGE MISC. AMOUNT

Į S	PURPOSE OF TRAVEL	F TRAVEL			
	231 main st chardon	22jd140 chardon/s. russell	, 7.80 0.81		
1/20/23	agency appt to home minus commute (17.2)		V.00		
	231 main st chardon	21 jd 193 s. russell/s.russell	7 2 20		
1/24/23	home appt to home minus commute (17.2)		< .:->		
1/20/23	231 main st chardon	22 ju 82 burton/21 jd 194 middlefield/19 jd 53 chardon/s. ruff	V 24.10		
62/06/1	school appt to home appt to agency to home minus commute (17.2)	rte (17.2)	l		
1/21/23	231 main st chardon	21 jd 193 s. russell/s.russell	2.20		
-/	home appt to home minus commute (17.2)		-		
·			na wasaya wa kidiba		
				opcopylatelist Cal	
	TRAVELER'S CERTIFICATE	Column Totals A	31.30	<u> </u>	-
I certify that	I certify that the statements made hereon are true, that the	Total Mileage Amount	(A) X-625#	\$ 19.56 c	••
expenses in regulations	expenses incurred were in accordance with state and county regulations. I also certify that I have liability insurance as	Total Reimbursement	(B) + (C)	\$ 19.56	-820.50
required in	DRC 4509.51.	ORIGINAL RECEIPTS MUST BE ATTACHED			
	7/3/23	700 1 1 1 1 1 1 2 2 0 1 1 1 1 1 1 1 1 1 1	A REPORT OF THE PROPERTY OF TH	628 rate effective 07/01/2	2022
		The second of th	ć		1 1 2 2

Employee Signature

Date

Department Head Signature

Revised 07/01/2022 RHL