



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

<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 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

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

FILED
IN COMMON PLEAS COURT

2023 FEB -8 PM 12:03

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

) JUDGE TIMOTHY J. GRENDALL

)

JUVENILE COURT

)

EXPENDITURES

) PROPER ADMINISTRATIVE ORDER

VOSS , STEPHANIE

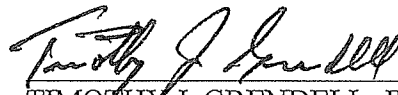
) 2023-92

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.



TIMOTHY J. GRENDALL, JUDGE

CC: Fiscal Director

**Gauga County
Mileage/Miscellaneous Reimbursement Voucher
for ALL that follow IRS Standard Mileage**

Print Form
Reset Form

PRINT EMPLOYEE NAME Stephanie Voss DEPARTMENT Juvenile Probation

DATE	ORIGIN	PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
1/3/23	231 main st chardon	home appt and return	22JD132 chardon	2.80	
1/4/23	231 main st chardon	home appts to home/s. russell) minus commute (17.2)	19jd53windsor/21jd194middlefield/22jd48burton/s.russell	32.30	
1/5/23	231 main st chardon	home appt to home minus commute (17.2)	22jd157 thompson/s. russell	28.30	
1/6/23	231 main st chardon	home appt to home minus commute (17.2)	22jd140 chardon/s. russell	2.80	
1/9/23	231 main st chardon	home appt and return	22JD132 chardon	2.80	
1/11/23	231 main st chardon	home appt to home minus commute (17.2)	22JU82 chardon/s.russell	7.30	
1/13/23	231 main st chardon	home appt to home minus commute (17.2)	22jd75 bainbridge/s. russell	4.60	
1/17/23	231 main st chardon	home appt and return	22JD132 chardon	2.80	
1/18/23	231 main st chardon	home appt and return	19jd53 windsor	30.00	
1/18/23	231 main st chardon	home appts to home minus commute (17.2)	21jd194middlefield/22jd157thompson/s.russell	41.70	
Column Totals A				155.40	

TRAVELER'S CERTIFICATE

I certify that the statements made hereon are true, that the mileage was actually driven on County Business, and that the expenses incurred were in accordance with state and county regulations. I also certify that I have liability insurance as required in ORC 4509.51.

ORIGINAL RECEIPTS MUST BE ATTACHED

Total Mileage Amount (A) ~~625~~ **155.40**
 Total Reimbursement (B) + (C) ~~101.79~~ **97.12**

Handwritten: \$122.29

Employee Signature [Signature] Date 2/3/23
 Department Head Signature [Signature] Date 2/3/23

