



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: **5/31/2023**

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch #2023-1270

Susan Ebersbacher \$28.95

<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

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
\$2,500.00

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

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

FOR AUDITORS USE ONLY	Date: _____
Then and Now Certificate: _____	
Warrant Received by: _____	
Date: _____	

SHIP TO:

GEAUGA COUNTY
PROBATE / JUVENILE COURT -JUDGE GRENDALL
231 MAIN STREET SUITE 2
CHARDON, OH 44024

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	05/31/2023	\$ 28.95 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2023	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2023-00001357 ✓

GEAUGA CO. BOARD OF COMMISSIONERS: SESSION RESOLUTION JOURNAL PAGE BUDGET APPROVAL - ENCUMB _____ VOUCHER _____
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VENDOR I.D. NO. 5598

PURCHASED FROM:

Susan Ebersbacher

INVOICE TO:

GEAUGA COUNTY
PROBATE / JUVENILE COURT -JUDGE GRENDALL
231 MAIN STREET SUITE 2
CHARDON, OH 44024


DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	2051	Travel Expenses, Other - Travel 2051-007-00-902 - Travel 2,500.00 April 2023	2,500.0000	\$2,500.00
TOTAL DUE					\$2,500.00

RECEIVED

MAY 30 2023

Geauga County Auditor

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
JUVENILE DIVISION
GEAUGA COUNTY, OHIO

FILED
COMMON PLEAS COURT
2023 MAY 24 PM 3:48

PROBATE-JUVENILE
DIVISION
TIMOTHY J. GRENDALL
GEAUGA COUNTY, OHIO

IN RE:

JUVENILE COURT
EXPENDITURES
EBERSBACHER, SUSAN

) JUDGE TIMOTHY J. GRENDALL
)
)
) PROPER ADMINISTRATIVE ORDER
) 2023-202

Pursuant to R.C. 5705.42, 2303.201(E)(1), 2151.10, 2151.40, and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$28.95 (Twenty Eight Dollars and Ninety Five Cents) from 2051-007-00-902 payable to EBERSBACHER, SUSAN, for 45017, 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

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

Print Form

Reset Form

PRINT EMPLOYEE NAME Susan Ebersbacher DEPARTMENT CASA

DATE	ORIGIN	PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
4/3/23	470 Center St. Chardon OH	Hearings roundtrip	Courthouse Annex Chardon OH	3.00	
4/4/23	470 Center St. Chardon OH	Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
4/5/23	470 Center St. Chardon OH	Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
4/6/23	470 Center St. Chardon OH	Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
4/6/23	470 Center St. Chardon OH	Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
4/11/23	470 Center St. Chardon OH	Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
4/13/23	470 Center St. Chardon OH	Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
4/18/23	470 Center St. Chardon OH	Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
4/21/23	470 Center St. Chardon OH	Meeting - one way	Woodiebrook Plaza, Chardon, OH	3.20	
4/26/23	470 Center St. Chardon OH	Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
Column Totals				30.20	

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

Susan Ebersbacher 5/16/23 Date
Employee Signature
MEL Shumway Department Head Signature
** IRS .655 rate effective 01/01/2023
Revised 01/05/2023 RHL

Print Form

Reset Form

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Column Totals	A	B
Total Mileage Amount	(A) X .655**	\$ 9.17
Total Reimbursement	(B) + (C)	\$ 9.17

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.

Mr. R. L. Spurr

Revised 01/05/2023 RHL

Department Head Signature

Employee Signature

Date _____