



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: **8/3/23**

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch #2023-1847 University Hospital Systems \$78.00

<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. Services are dated 5/4/2022 through 12/15/2022 but G/L date is 01/03/2023. _____

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
\$25,000.00

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**

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
	08/07/2023	\$ 78.00 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2023		
1099 AMT.	dr.	
	cr.	

PURCHASE ORDER NO. 2023-00001343

GEAUGA CO. BOARD OF COMMISSIONERS: SESSION _____ RESOLUTION _____ JOURNAL _____ PAGE _____ BUDGET APPROVAL - ENCUMB _____ VOUCHER _____
--

VENDOR I.D. NO. 10549

PURCHASED FROM: _____

University Hospital Systems

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

Kimberly Ann
DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	1001	Other Expenses - Other 1001-007-02-901 - Other 25,000.00	25,000.0000	\$25,000.00
			New Hire Drug Screens 52701 & 44239		
<p>RECEIVED AUG 02 2023 Geauga County Auditor</p>					
TOTAL DUE					\$25,000.00

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
JUVENILE DIVISION
2023 AUG -1 PM 2:43
GEAUGA COUNTY, OHIO

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

**NOT
FOR
VETTING**

IN RE:

JUVENILE COURT
EXPENDITURES
UNIVERSITY HOSPITALS HEALTH
SYSTEM INC

) JUDGE TIMOTHY J. GRENDALL
)
)
) **PROPER ADMINISTRATIVE ORDER**
) 2023-280

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 \$78.00 (Seventy Eight Dollars and No Cents) from 1001-007-02-901 payable to UNIVERSITY HOSPITALS HEALTH SYSTEM INC, for new hire drug screening, 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



UH Occupational Health
 P.O. Box 771944 ✓
 Detroit, MI 48277-1944

Invoice
 June 01, 2022

Bill to: Seth A. Miller
 Geauga Co. Juvenile Court
 231 Main Street
 Suite 200
 Chardon, OH 44024

For: Geauga Co. Juvenile Court

Invoice # ~~44239~~

Location	Date	Description	Qty	Charge	Receipt	Adjust	Balance
CHARDON	05/04/2022	9 Panel drug screen	1.00	39.00	39.00		-
				XXX-XX-	Balance Due:		0.00
CHARDON	05/11/2022	9 Panel drug screen	1.00	39.00	39.00		-
CHARDON	05/18/2022	9 Panel drug screen	1.00	39.00			39.00
				h XXX-XX	Balance Due:		39.00
CHARDON	05/13/2022	9 Panel drug screen	1.00	39.00	39.00		-
				XX-XX-	Balance Due:		0.00

Invoice # 44239 Balance Due:

39.00
me

FOR CREDIT CARD PAYMENTS, PLEASE EMAIL
 OCCHEALTHBILLING@UHHOSPITALS.ORG. FOR ALL OTHER INQUIRIES,
 PLEASE CONTACT ERIN HEARN AT (440) 701-7641 OR EMAIL
 ERIN.HEARN@UHHOSPITALS.ORG



Cut and return with payment

Please remit 39.00 to UH Occupational Health
 Payment is due 30 days from date of invoice. P.O. Box 771944
 Please place invoice number 44239 on check Detroit, MI 48277-1944



UH Occupational Health
 P.O. Box 771944
 Detroit, MI 48277-1944

Invoice
 December 30, 2022

Bill to: Seth A. Miller
 Geauga Co. Juvenile Court
 231 Main Street
 Suite 200
 Chardon, OH 44024

For: Geauga Co. Juvenile Court

Invoice # ~~52701~~

<u>Location</u>	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
CHARDON	12/15/2022	9 Panel drug screen	1.00	39.00			39.00
				XXX-XX	Balance Due:		<u>39.00</u>
					Invoice # 52701 Balance Due:		<u>39.00</u>

FOR CREDIT CARD PAYMENTS, PLEASE EMAIL
 OCCHEALTHBILLING@UHHOSPITALS.ORG. FOR ALL OTHER INQUIRIES,
 PLEASE CONTACT ERIN HEARN AT (440) 701-7641 OR EMAIL
 ERIN.HEARN@UHHOSPITALS.ORG

Cut and return with payment



Payment is due 30 days from date of invoice.
 Please place invoice number 52701 on check

Please remit 39.00 to

UH Occupational Health
 P.O. Box 771944
 Detroit, MI 48277-1944