

Auditor Charles E. Walder

Chief Fiscal Officer

Return Voucher Form

Date: 11/14/23

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch #2023-2768 Geauga Credit Union \$1221.12

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	Due Date Deadline Missed
Documents	X Other
Missing "OK to Pay" Initials/Signature	
No original signature. Missing substantiati	ng documentation for credit card charges

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 August 29, 2023 I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of \$5,650.00

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

, Deputy Auditor

GEAUGA COUNTY FEDERAL I.D. NO. 34-6001208 SALES AND USED TAX EXEMPTION - POLITICAL SUBDIVISION STATE OF OHIO	PAGE BUDGET APPROVAL - ENCUMBVOUCHER				
FOR AUDITORS USE ONLY Then and Now Certficate:	VENDOR I.D. NO. 1704 PURCHASED FROM:				
Warrant Received by:	Geauga Credit Union				
SHIP TO: GEAUGA COUNTY PROBATE / JUVENILE COURT -JUDGE GRENDELL	INVOICE TO: GEAUGA COUNTY PROBATE / JUVENILE COURT -JUDGE GRENDELL				
231 MAIN STREET SUITE 2	231 MAIN STREET SUITE 2				
CHARDON, OH 44024	CHARDON, OH 44024				
QUANTITY UNIT FUND DESCRIPTION	DEPARTMENT HEAD SIGNATURE UNIT COST TOTAL COST				
1.0000 Each TRAVEL - 2023 OPOTA Court Of 1001-007-02-902 - Travel 5,650					
,	Hotel				
	RECFIVED NOV 0 9 2023				
	Geauga County Auditor				

Presented by Court as a

courtesy only. NOT statutorily required See State ex rei Grendell v Walder, Slip Opinion No. 2022-Ohio-204

WARRANT NO. VOUCHER DATE VOUCHER AMOUNT

dr

cr.

TOTAL DUE

\$5,650.00

\$ 1,221.12

ACCOUNT NO.

11/13/2023

ADJUSTMENT

PURCHASE ORDER NO. 2023-00003261

GEAUGA CO. BOARD OF COMMISSIONERS:

P.O. DATE

1099 AMT.

SESSION RESOLUTION **JOURNAL**

PAGE

08/29/2023

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

NOV 0 8 2023

GEAUGA COUNTY
PROBATE/JUVENILE COURT

IN RE: JUVENILE COURT EXPENDITURES	NOT FOR) JUDGE TIMOTHY J. GRENDELL))) PROPER ADMINISTRATIVE ORDER
GEAUGA CREDIT UNION	VETTING) 2023-409

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 \$1,221.12 (One Thousand Two Hundred Twenty One Dollars and Twelve Cents) from 1001-007-02-902 payable to GEAUGA CREDIT UNION, for OPOTA Court Officers Firearm Basic Training travel expenses, 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. GRENDELL, JUDGE

CC: Fiscal Director

Travel Expense Request

Auditor's Number:

Source State Sta	Date: August 29 2	2023 D	epartment: Juvenile
Dates of Travel: September 4-7 & 11-14, 2023 Employees Attending: John Ralph and Samuel Matthews [List Names] Don's September 5-7 & 12-14, 2023 Don's September 5-7 & 1	Convention, Meeting, Etc	OPOTA Court Off	icer Firearm Basic Training
Estimated Expenses: Hotel	Location: London, C	OH Reason	training
Account: 1001-007-02-902 Travel Dept Head Approval: I affirm that this expense request is being submitted within the limits and provisions of the County Travel Policy. Food			
Estimated Expenses: Hotel	Employees Attending:	ohn Ralph and Samue	l Matthews (List Names)
Hotel \$1,500.00 Food \$750.00 Mileage \$1,200.00 Mileage \$1,200.00 Other \$200.00 Total \$5,650.00 Total \$5,650.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$1,000.00 The Geauga County Board of Commissioners authorized to the cut authorized to the cut and the foreign for the cut and the foreign for the cut and the foreign for the		A	ccount: 1001-007-02-902 Travel
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Department Head Signature State		Ď	
Signification \$2,000.00	Food \$750.00		department Head Signature
Other \$200.00 Total \$5,650.00 AUDITOR'S CERTIFICATE OF FUNDS (ORC \$705.41D) I hereby certify that the money required to meet the foregoing contract, agreement or obligation, in the sum of \$5.5650.00 has been lawfully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the 1001-007-02-902 fund free from any previous encumbrances. By: Deputy Auditor The Geauga County Board of Commissioners action by motion in their session on \$7291202.3 23.15D. Journal No. 95 Original: Above Department Copy: Auditor Copy: Auditor Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners Actual Expenses: Hotel \$1,221.12 Departure Date Original receipts must be attached to this statement. Any extraordinary expense must be explained on this form. I hereby certify the actual expenses to be correct: Signature: Title: Off-02 Approved by: Linkely Quantum Partial Payment Partial Payment	Mileage \$1,200.0	ا د	
Total \$5,650.00 S5,650.00 S5,650.0	Registration \$2,000		
## Style="background-color: red; color: white; and color: white; a	Other\$200.00	I	hereby certify that the money required to meet the foregoing contract,
The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$2512023\$ authorized the estimated expense for the above request in 2512023 authorized the estimated expense for the above request in action by motion in their session on \$2512023\$ authorized the estimated expense for the above request in action by motion in their session on \$2512023\$ authorized the estimated expense for the above request in Clerk, Geauga Co. Bd. of Commissioners Actual Expenses: Original reccipts must be attached to this statement. Any extraordinary expense must be explained on this form. I hereby certify the actual expenses to be correct: Signature: Title: Title: Title: Partial Payment Partial Payment	Total \$5,650.00	ay la	greement or obligation, in the sum of \$ has been awfully appropriated, authorized or directed for such purpose and is in the
The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$279,207.3 23,15D, Journal No. 15 Original: Above Department Copy: Auditor Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners Actual Expenses: Original receipts must be attached to this statement. Any extraordinary expense must be explained on this form. I hereby certify the actual expenses to be correct: Signature: Title: Title: Manager Approved by: Approved by: Approved by: Partial Payment		ĥ	and free from any previous encumbrances.
The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \$279,207.3 23,15D, Journal No. 15 Original: Above Department Copy: Auditor Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners Actual Expenses: Original receipts must be attached to this statement. Any extraordinary expense must be explained on this form. I hereby certify the actual expenses to be correct: Signature: Title: Title: Manager Approved by: Approved by: Approved by: Partial Payment		В	v: Klisli
action by motion in their session on \$\frac{17312073}{2315D}\$, Journal No. \$\frac{15}{15D}\$, Jou			Deputy Auditor
Original: Above Department Copy: Auditor Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners Actual Expenses: Hotel \$1,221.12 \ Departure Date Departure Date Title: Title: Partial Payment Original reccipts must be attached to this statement. Any extraordinary expense must be explained on this form. I hereby certify the actual expenses to be correct: Signature: Approved by: Approved by: Approved by: Approved by: Partial Payment	The Geauga County action by motion in their	Board of Commissions session on \$29.752	ers authorized the estimated expense for the above request in 3.23.150. Journal No. 95.
Clerk, Geauga Co. Bd. of Commissioners Actual Expenses: Hotel \$1,221.12 \ Departure Date Food	Original: Above Depart	tment	March
Hotel \$ 1,221.12 \ Departure Date			Clerk, Geauga Co. Bd. of Commissioners
Hotel \$ 1,221.12 Departure Date Food	Actual Expenses:		
Mileage Departure Time am / pm Registration Return Date Approved by: Approved by: Partial Payment	Hotel \$ 1,221.	12 ✓ Departure Date	
Registration Return Date Approved by: Approved by: Partial Payment	Food		
Other Partial Payment	Mileage		Title: Office Manager
Total \$ 1,221.12 Return Time Partial Payment	Registration	Return Date	Approved by: Comban Que
Total am / nm	1	D A T'	Partial Payment /
	Total \$ 1,221	. 12	

Revised 08/20/08

Original and 2 copies required



Account Number: #### #### 0162

Closing Date: 09/17/23

Credit Limit: \$6,000.00 Available Credit: \$3,810.00

Previous Balance

Balance Transfer

Purchases

Cash

Credits

Payments

Insurance

Other Debits

Finance Charges

NEW BALANCE

Account Summary



63.24

0.00

0.00 0.00

0.00

0.00

0.00

0.00

-37.14 creates back on 9/7/201

42.41 repurded 10/2

2,189.60

2,126.36

Account Inquiries



Customer Service: (800) 322-8472

To Report a Card Lost or Stolen: (727) 570-4881 LOCAL (866) 604-0381 TOLL-FREE

Please Direct Written Inquiries to: CUSTOMER SERVICE PO BOX 30495 TAMPA, FL 33630



To view or pay your account on-line: www.eZCardInfo.com

Payment Information



Total Minimum Payment Due \$91.00 10/12/2023 **Payment Due Date**

-20.83 to 66.00 \$ Minimum Payment 25.00 \$ Past Due Amount 0.00 Over Limit / Fees \$

\$

W

Mail Payments to: GEAUGA CU - VISA PO BOX 4521 CAROL STREAM IL 60197-4521



(Important News

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE, AND EASY WITH EZCARDINFO. ENROLL TODAY!

Account Activity Since Your Last Statement

rans Date Post Date	MCC Code	Reference Number	Description	Amount
09/05 09/06	3501	24943003249970580272747	HOLIDAY INN EXPRESS LOND	\$ 101.76
00/00	(6.5.5.4		7408522700 OH	****
09/05 09/06	3501	24943003249970580390275	HOLIDAY INN EXPRESS LOND	101.76
			7408522700 OH	101.76
09/06 09/07	3501	24943003250970707641036	HOLIDAY INN EXPRESS LOND	101.76
	2555		7408522700 OH HOLIDAY INN EXPRESS LOND	101.76
09/06 09/07	3501	24943003250970707705641	7408522700 OH	101.70
00/00	3501	24943003251970856242536	HOLIDAY INN EXPRESS LOND	101.76
09/07 09/08	3507	24943003237970030242000	7408522700 OH	
09/07 09/08	3501	24943003251970856271667	HOLIDAY INN EXPRESS LOND	101.76
03/07	0001	-13 (3-13-13-13-13-13-13-13-13-13-13-13-13-13	7408522700 OH	
09/07 09/10	3000	24692163251103201723639	UNITED 0162325145645	₹ 315.05 ″
			800-932-2732 TX	1045.05
09/07 09/10	3000	24692163251103201723647	UNITED 0162325145646	/ 315.05
			800-932-2732 TX	
			ALLOW E DAVE FOR MAIL DELIVERY	

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

GEAUGA CU PO BOX 839 BURTON OH 44021 - 0839



Account Number #### #### 0162

Check box to indicate name/address change on back of this coupon

AMOUNT OF PAYMENT ENCLOSED **Total Minimum Payment Due Date New Balance Closing Date Payment Due** 10/12/2023 09/17/23 \$2,189.60 \$91.00

GEAUGA PROBATE JUVE COURT 231 MAIN ST. 2ND FLOOR CHARDON OH 44024



MAKE CHECK PAYABLE TO:

ըսկիուկրիակինիկիցըրումիոլիկիցիկիկիկիկու

GEAUGA CU - VISA PO BOX 4521 CAROL STREAM IL 60197 - 4521



GEAUGA PROBATE JUVE COURT

Account Number: #### #### 0162

Closing Date: 09/17/23

Credit Limit: \$6,000.00 Available Credit: \$3,810.00



Account Activity Since Your Last Statement... Continued

Trans Date	rans Date Post Date MCC Code		Reference Number	Description	Amount	
09/07	09/10	3816	24755423251172513678478	HOMES TO SUITES BY HILTON 614-6016990 OH	275.14 3 OAM FO	
09/12	09/13	3501	24943003256970602458050	HOLIDAY INN EXPRESS LOND 7408522700 OH	101.76 7 \$2023	
09/12	09/13	3501	24943003256970602554221	HOLIDAY INN EXPRESS LOND 7408522700 OH	101.76	
09/13	09/14	3501	24943003257970748830906	HOLIDAY INN EXPRESS LOND 7408522700 OH	-101.76 OFTE	
09/13	09/14	3501	24943003257970748890033	HOLIDAY INN EXPRESS LOND 7408522700 OH	101.76 OPOTA	
09/14	09/17	3501	24943003258970892658920	HOLIDAY INN EXPRESS LOND 7408522700 OH	101.76	
09/14	09/17	3501	24943003258970893887692	HOLIDAY INN EXPRESS LOND 7408522700 OH	101.76	

Account Activity Summary

Balance	Rate	Corresponding Annual Percentage Rate 1	Char	nce ges	Effective Annual Percentage Rate	New Balance
\$ 596.35	0.0000%	0.00%	\$	0.00		
\$ 0.00	0.0000%	0.00%	\$	0.00		
			\$	0.00		
			\$	0.00	0.00%	\$ 2,189.60
	\$ 596.35 \$ 0.00	\$ 596.35 0.0000% \$ 0.00 0.0000%	\$ 596.35	\$ 596.35	\$ 596.35	\$ 596.35

¹ Your Annual Percentage Rate (APR) is the annual interest rate on your account.

⁽V) = Variable Rate. If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary. NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY