



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: **11/15/2023**

To: Elected Official, Department head, or Accounting Staff of **Probate Court**

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2023-00002775

Jennifer Moore-Mallions \$13.10

<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 the 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

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

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

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	11/20/2023	\$ 13.10 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2023	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2023-00001368

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

VENDOR I.D. NO. 12457

PURCHASED FROM:

Jennifer Moore-Mallions

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	1001	Travel Expenses, Other - Travel 1001-008-00-902 - Travel 2,000.00	2,000.0000	\$2,000.00
			October 2023		
				<div> <div>RECEIVED</div> <div>NOV 15 2023</div> <div>Geauga County Auditor</div> </div>	
				TOTAL DUE	\$2,000.00

Presented by Court as a
courtesy only,
NOT statutorily required

See *State ex rel. Grendell v. Walder*,
Slip Opinion No. 2022-Ohio-204

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

FILED

NOV 14 2023

GEAUGA COUNTY
PROBATE/JUVENILE COURT

IN RE:

PROBATE COURT
EXPENDITURES

MOORE MALLINOS, JENNIFER D

) JUDGE TIMOTHY J. GRENDALL

)

)

) PROPER ADMINISTRATIVE ORDER
) 2023-240

NOT
FOR
VETTING

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$13.10 (Thirteen Dollars and Ten Cents) from 1001-008-00-902 payable to MOORE MALLINOS, JENNIFER D, for employee mileage reimbursement, which the Probate 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*
TIMOTHY J. GRENDALL, JUDGE

re 11/14/2023

CC: Fiscal Director

Reset Form

DEPARTMENT
Probate

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.

Total Reimbursement (B) + (C)

ORIGINAL RECEIPTS MUST BE ATTACHED

Miss. 7/14/102 11/3/03

Department Head Signature

Employee Signature

Department Head Signature: _____

Revised 01/05/2023 RHL