

Auditor Charles E. Walder

Chief Fiscal Officer

Return Voucher Form

Date: 11/27/2023

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2023-00002805 John Ralph \$268.51

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 Documents	Due Date Deadline Missed
Missing "OK to Pay" Initials/Signature	X 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

AUDITORS CERTIFICATION OF FUNDS O.R.C. 5705.41D

Geauga County, Chardon, Ohio September 20, 2023
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of \$2,019.00

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

AUGA COUNTY FEDERAL I.D. NO. 34 LES AND USED TAX EXEMPTION - PO STAT	
FOR AUDITORS USE ONLY	Date:
Then and Now Certficate:	
Warrant Received by:	
Date:	

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	11/27/2023	\$ 268.51 /
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
09/20/2023	dr	
1099 AMT.		
	cr,	

PURCHASE ORDER NO. 2023-00003435

GEAUGA CO. BOARD OF COMMIS	SIONERS:
SESSION RESOLUTION	
JOURNAL	
PAGE	
BUDGET APPROVAL - ENCUMB	VOUCHER

VENDOR I.D. NO.

46716

PURCHASED FROM:

John Ralph

INVOICE TO:

GEAUGA COUNTY

PROBATE / JUVENILE COURT - JUDGE GRENDELL

231 MAIN STREET SUITE 2

CHARDON, OH 44024

DEPARTMENT HEAD SIGNATURE

QUANTI	TY UNIT	EUND	DESCRIPTION	UNIT COST	TOTAL COST
1.00	000 Each	2080	TRAVEL - 2023 OBACOA Fall Conference 2080-008-00-901 - Other 2,019.00	2,019.0000	\$2,019.00
			Miles & Meals- JR	RECT NOV Geaug	2 2 2023 a County Auditor
				TOTAL DUE	\$2,019.00

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 PLEASION PLEAS COURT PROBATE DIVISION GEAUGA COUNTY, OHIO 2023 NOV 21 PM 3: 01

) JUDGE TIMOTHY I CIRENDELL
)
)
) PROPER ADMINISTRATIVE ORDER
) 2023-246

Pursuant to R.C. 2303.201(E)(1), Administrative Order 2010-02 of this Court issued by Judge Henry (copy attached), and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$268.51 (Two Hundred Sixty Eight Dollars and Fifty One Cents) from 2080-008-00-901 payable to RALPH, JOHN A, for 2023 Ohio Baliffs and Court Officers Association Fall conference travel expenses, 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 GRENDELL, JUDGE

CC: Fiscal Director

IN THE COURT OF COMMON PLEAS PROBATE DIVISION 2719 JUL

GEAUGA COUNTY, OHIO

GEAUGA COUNT & OHIO

In Re:

Establishment of Probate Court Special Projects Fund

ADMINISTRATIVE ORDER 2010-02

WHEREAS, the Court of Common Pleas, Probate Division, has determined that, for the efficient operation of the Court, additional funds are necessary for special projects of the Court, and

WHEREAS, the special projects shall include, but not be limited to, the acquisition of additional facilities or the rehabilitation of existing facilities, the acquisition of equipment, the hiring and training of staff, community service programs, mediation or alternative dispute resolution services, the employment of magistrates, the training and education of judges and magistrates, and other related services.

THEREFORE, pursuant to the authority granted in Ohio Revised Code Section 2303.201(E)(1), the Court hereby amends Rule 4 of the Local Rules of the Geauga County Court of Common Pleas, Probate Division, to encompass a new special projects fee in the sum of Fifteen Dollars (\$ 15.00) to be assessed on the filing of each estate, guardianship, trust, miscellaneous civil case, adoption, minor settlement, wrongful death case, name change, and marriage license.

All fees collected pursuant to this order shall be paid to the Geauga County Treasurer for deposit into a general special projects fund for Probate Court. The Court will allocate the funds to individual projects and moneys from such fund shall be disbursed upon an order of the Court in an amount not greater than the actual cost to the Court of any such determined project. The Probate Court clerks shall charge and collect this fee beginning on March 1, 2010, to be assessed on all specified cases filed on or after said date and the clerks shall continue to charge and collect this fee until further order of this Court,

IT IS SO ORDERED.

Hodge Charles B. Henry

Travel Expense Request

Auditor's Number: **2023 - 3**435

Dept Head Approval: 1 affirm that this expense request is being submitted within the limits and provisions of the County Travel Policy.	Date: September 25 2023	Departmen	nt: Probate
Dates of Travel: October 25-27, 2023 Dates of Event: October 26-27, 2023 Employees Attending: John Ralph and Samuel Matthews (List Names) Account: 2080-008-00-901 Other Estimated Expenses: Hotel \$516.00 Food \$280.00 Mileage \$425.00 Other \$200.00 Total \$2.019.00 Department Head Signature AlDITIOR'S CERTIFICATE OF FUNDS (ORC 5705.41D) I hereby certify that the money required to meet the foregoing contract, agreement or obligation, in the sum of \$ 201.00 has been law fully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the 2080 COS	Convention, Meeting, Etc.: 202	3 Ohio Bailiffs and Co	ourt Officers Association Fall Conference
Samuel Matthews Clist Names	Location: Dublin OH	Reason: confe	erence /
Account: 2080-008-00-901 Other S280.00	Dates of Travel: Octob	er 25-27, 2023	Dates of Event: October 26-27, 2023
Dept Head Approval: affirm that this expense request is being submitted within the limits and provisions of the County Travel Policy.	Employees Attending: John Ralph and Samuel Matthews (List Names)		
Dept Head Approval: affirm that this expense request is being submitted within the limits and provisions of the County Travel Policy.		Account:	2080-008-00-901 Other * 4 4 4 5
Hotel \$516.00 \ being submitted within the limits and provisions of the County Travel Policy. Food \$280.00 \	Estimated Expenses:	We like	Marie Control of the
Mileage \$425.00 \ Registration \$598.00 \ Other \$200.00 \ Total \$2,019.00 \ Total \$2,019.00 \ Total \$2,019.00 \ The Geauga County Board of Commissioners authorized to the credit of the 200.00 \ Coriginal: Abov Department Copy: Auditor Copy: Commissioner Copy: Auditor Copy: Commissioner Copy: Auditor Copy: Commissioner Copy: Auditor The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session of 20 7073 23 159 Journal No. 95 \ Coriginal: Abov 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: Signature: Signature Department Copy: Approved by: Approved	Hotel\$516.00		
Mileage \$425.00 \ Registration \$598.00 \ Other \$200.00 \ Total \$2,019.00 \ Total \$2,019.00 \ The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session of \$20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Food \$280.00 \(\)		
Date	Mileage \$425.00 ✓	\$425.00 /	
At DITOR'S CERTIFICATE OF FUNDS (ORC 5705.41D) I hereby certify that the money required to meet the foregoing contract, has been lawfully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the 2080 - 008 - 00 - 901 fund, free from any previous encumbrances. By: Levely Carib Deputy Auditor The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on 20172023 23 159 . Journal No. 95 Original: Abov Department Copy: Auditor Copy: Auditor Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners 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: Signature: Signature: Approved by: Partial Payment Other Return Time am / pm Total \$ 268.51 Return Time am / pm			VICES 62 822/82020
Total \$2,019.00 has been lawfully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the 2080 - 008 - 00 - 901 fund, free from any previous encumbrances. By: Luly Quib Deputy Auditor The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session or 21/2023 23 159 Journal No. 915 Original: Abov Department Copy: Auditor Copy: Auditor Copy: Commissioner 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: Signature: Other Return Date Other Return Time Total \$268.51 Return Time Total \$268.51	1	AUDITOR'S CERTIFICATE OF FUNDS (ORC 5705.41D) I hereby certify that the money required to meet the foregoing contract, agreement or obligation, in the sum of \$ 2019.00 has been lawfully appropriated, authorized or directed for such purpose and is in the	
fund, free from any previous encumbrances. By:	Total \$2,019.00		
By: Euclyn Gacib Deputy Auditor The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session of 20 2023 23 159 . Journal No. 95 Original: Abov Department Copy: Auditor Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners 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: Signature: Other Registration Return Date Other Approved by: Partial Payment Partial Payment		process of fund, free f	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 of 21/2023 23-159 . Journal No. 96 . Original: Abov Department Copy: Auditor Copy: Auditor Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners Actual Expenses: Hotel Departure Date		^	
action by motion in their session of 20/2023 23-159 . Journal No. 95 Original: Abov Department Copy: Auditor Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners 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: Signature: Title: Approved by: Partial Payment Total \$ 268.51 Return Time Total \$ 268.51		Бу	Deputy Auditor
Copy: Auditor Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners Clerk, Geauga Co. Bd. of Commissioners 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: Office Manager Title: Other Partial Payment Partial Payment	action by motion in their session or	of Commissioners auth P 26 2023 23	orized the estimated expense for the above request in
Copy: Commissioner Clerk, Geauga Co. Bd. of Commissioners Clerk, Geauga Co. Bd. of Commissioners 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: Other Return Date Partial Payment Total \$ 268.51			
Hotel Departure Date Extraordinary expense must be explained on this form. I hereby certify the actual expenses to be correct: Signature:	Copy: Commissioner	7	Clerk, Geauga Co. Bd. of Commissioners
Hotel Departure Date I hereby certify the actual expenses to be correct: Food \$ 45.81	Actual Expenses:		
Mileage \$ 222.70 Departure Time am / pm Registration Return Date Approved by: Approved by: Partial Payment Partial Payment	Hotel	272	
Mileage	Food \$45.81 -		Signature: Die Wall
Other Total \$ 268.51 Return Time Partial Payment	Mileage \$ 222.70		Citle: Office Manager
Total \$268.51 Return Time Partial Payment	Registration R	eturn Date	Approved by: Kinbul Que
Total \$ 208.51	Other	eturn Time	Partial Payment
That I dyllolic			Final Payment

Revised 08/20/08

Original and 2 copies required

Geauga County

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

Print Form

Reset Form

PRINT EMPLOYEE NAME

JOHN ANDREW RALPH

DEPARTMENT PROBATE

山上西田山土

女を・222 MISC. AMOUNT A500 0 17.82 77 拼 (A) X.655 MILEAGE KR 340/ Total Mileage Amount K WETRO DURKEN OH. Column Totals STUNER ナノマアノノ DESTINATION 5100 URDER PURPOSE OF TRAVE BRIDGE PARK KESIMURA DI I certify that the statements made hereon are true, that the +2/01-WITCHELL TRAVELER'S CERTIFICATE DOS HERMON ORIGIN 4 JONEROL D. 1. 18 THER DOS 10,25/24 10.25 14.25 DATE

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

11.8.23

Employee Signature

ment Head Signature

March 172022 Tate effective 07/01/2022

\$ 268.51

(B) + (C)

Total Reimbursement

ORIGINAL RECEIPTS MUST BE ATTACHED

Revised 07/01/2022 RHL

DOS HERMANOS BRIDGE PARK

1700 OLD LEONARD AVE COLUMBUS, OH 43219 6146704239

https://www.doshermanoscolumbus.com

ORDER: 34 Dine In

Cashier: Susana 25-Oct-2023 3:06:36P

Dos Hermanos Tacos (order

of 3)

Taco Protein Choices: Steak \$0.00 Salsa (Choose 1): Guacamole Salsa \$0.00 Salsa (Choose 1): Mild Salsa \$0.00

Jarrito Mango

\$3.50

Subtotal

\$16.50

NCA Charge

0.5%

Ohio Sales tax

7.5%

Total Taxes

\$1.24 \$1.32

\$0.08

Total

Cameron Mitchell Restaurants Cap City Fine Diner 6644 Riverside Drive Dublin, Ohio 43017 614-889-7865

Server: 119 Jon

Table 125/2

Guests: 1

10/25/2023 8:59 PM DIENNER

50046

Boomtown Salmon

27.99

Subtota1 Tax

Tota 7

Balance Due

43.14

Thank you for dining with us! Check us out on Door Dash!