



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: **2/23/24**

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch #2024-0497

Heather Mountsier \$65.79

<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 reimbursement form. _____

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 2024

I HEREBY CERTIFY that the money required to meet the foregoing
contract, agreement, or obligation in the sum of

\$5,000.00

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 ID 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
	2/26/2024	\$ 65.79
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2024	dr.	
1099 AMT.	cr	

PURCHASE ORDER NO. 2024-00001405

GEAUGA CO. BOARD OF COMMISSIONERS: SESSION RESOLUTION JOURNAL PAGE BUDGET APPROVAL - ENCUMB _____ VOUCHER _____
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VENDOR I.D. NO. 5267

PURCHASED FROM:

Heather Mountsier

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 1001-007-16-902 - Travel 5,000.00 January 2024	5,000.0000	\$5,000.00
TOTAL DUE					\$5,000.00

Presented by Court as a
courtesy only,
NOT statutorily required

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

RECEIVED
FEB 22 2024
Gaugau County Auditor

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

FILED
IN COMMON PLEAS COURT

2024 FEB 21 PM 4:28

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

JUVENILE COURT
EXPENDITURES
MOUNTSIER, HEATHER

NOT
FOR
VETTING

) JUDGE TIMOTHY J. GRENDALL
)
)
) PROPER ADMINISTRATIVE ORDER
) 2024-55

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 \$65.79 (Sixty Five Dollars and Seventy Nine Cents) from 1001-007-16-902 payable to MOUNTSIER, HEATHER, for employee mileage reimbursement, 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

14 2/21/2024

CC: Fiscal Director

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

5261

Print Form
Reset Form

PRINT EMPLOYEE NAME **Heather Mountsier**

DEPARTMENT **Juvenile Probation**

DATE	ORIGIN	PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
1/3/24	231 Main Street Chardon 44024	Field Visit 22JU15, 23JD074, 23JD191, 23JD231, Home (less normal 12 mile commute)	Chardon, Home	5.40 ✓	
1/4/24	231 Main Street Chardon 44024	Agency Visit 22JU115	Chardon	11.80 ✓	
1/11/24	231 Main Street Chardon 44024	School Visit/School Meeting 23JD040	Chardon	1.80 ✓	
1/18/24	231 Main Street Chardon 44024	Home Visit 22JD119	Thompson	23.20 ✓	
1/18/24	231 Main Street Chardon 44024	Home Visit 22JD119	Roundtrip		
1/22/24	231 Main Street Chardon 44024	Home Visit 23JD205, Home (less normal 12 mile commute)	Claridon, Home	6.40 ✓	
1/24/24	231 Main Street Chardon 44024	Field Visit 22JU15, 23JD074, 23JD191, 23JD231, Home (less normal 12 mile commute)	Chardon, Home	5.40 ✓	
1/26/24	231 Main Street Chardon 44024	Agency Visit 22JU115	Chardon	11.80 ✓	
1/31/24	231 Main Street Chardon 44024	Home Visit 23JT139	Chardon	1.80 ✓	
	231 Main Street Chardon 44024	Home Visit 23JD074	Roundtrip	30.60 ✓	
	231 Main Street Chardon 44024	Home Visit 23JD074	Roundtrip		

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

Co A	98.20	0.00
Total Mileage Amount (A) X .670**	65.79	
Total Reimbursement (B) + (C)	65.79	

Employee Signature

Date

Department Head Signature