



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 03/07/24

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2024-00000596

UH Occupational Health \$106.00

<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 the voucher or invoice. Encumbrance G/L date is 01/03/2024; however, service dates on invoices are 06/16/23 & 08/23/23.

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

\$30,000.00

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
	3/11/2024	\$ 106.00 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2024		
1099 AMT.		

PURCHASE ORDER NO. 2024-00001392

GEAUGA CO. BOARD OF COMMISSIONERS: SESSION RESOLUTION JOURNAL PAGE BUDGET APPROVAL - ENCUMB _____ VOUCHER _____
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VENDOR I.D. NO. 10549

PURCHASED FROM:

UH Occupational Health

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

Kimberly
DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1 0000	Each	1001	Other Expenses - Other 1001-007-02-901 - Other 30,000.00 Invoices 59243, 61518	30,000 0000	\$30,000 00
TOTAL DUE					\$30,000.00

RECEIVED
MAR 07 2024
Geauga County Auditor

**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
GEAUGA COUNTY, OHIO

2024 MAR -6 PM 4:34

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
) 2024-60

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 \$106.00 (One Hundred Six Dollars and No Cents) from 1001-007-02-901 payable to UNIVERSITY HOSPITALS HEALTH SYSTEM INC, for new employee 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

u
3/6/2024

CC: Fiscal Director



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

**YOUR ACCOUNT
 IS PAST DUE**

**We would appreciate your
 prompt payment!**

Invoice
 July 01, 2023

Bill to: Justine Prall
 Geauga Co. Juvenile Court
 231 Main Street
 Suite 200
 Chardon, OH 44024

For: Geauga Co. Juvenile Court

Invoice # 59243


Location	Date	Description	Qty	Charge	Receipt	Adjust	Balance
CHARDON	06/16/2023	9 Panel drug screen	1.00	53.00			53.00

Katherine Ostrosky XXX-XX-2279 Balance Due: 53.00

Invoice # 59243 Balance Due: 53.00

IF YOU WOULD LIKE TO PAY BY CREDIT CARD, PLEASE LOGIN TO OUR NEW
 CLIENT PORTAL AT WWW.PAY.INSTAMED.COM/UHOCHEALTH. ALL
 OTHER BILLING INQUIRIES CAN BE EMAILED TO
OCHEALTHBILLING@UHHOSPITALS.ORG. THANK YOU!

(Handwritten signature and circled 53.00)

 Cut and return with payment

Payment is due 30 days from date of invoice.
 Please place invoice number **59243** on check

Please remit **53.00** to
 UH Occupational Health
 P.O. Box 771944
 Detroit, MI 48277-1944



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

**YOUR ACCOUNT
 IS PAST DUE**
 We would appreciate your
 prompt payment!

Invoice
 September 01, 2023

Bill to: Justine Prall
 Geauga Co. Juvenile Court
 231 Main Street
 Suite 200
 Chardon, OH 44024

For: Geauga Co. Juvenile Court

Invoice # 61518 ✓


Location	Date	Description	Qty	Charge	Receipt	Adjust	Balance
CHARDON	08/23/2023	9 Panel drug screen	1.00	53.00			53.00

Caren Ellinger XXX-XX-3703 Balance Due: 53.00

Invoice # 61518 Balance Due: 53.00

IF YOU WOULD LIKE TO PAY BY CREDIT CARD, PLEASE LOGIN TO OUR NEW
 CLIENT PORTAL AT WWW.PAY.INSTAMED.COM/UHOCHEALTH. ALL
 OTHER BILLING INQUIRIES CAN BE EMAILED TO
OCHEALTHBILLING@UHHOSPITALS.ORG. THANK YOU!

Handwritten signature/initials

 Cut and return with payment

Please remit **53.00** to
 Payment is due 30 days from date of invoice.
 Please place invoice number **61518** on check

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