



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: **06/15/2023**

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2023-00001447

Charlene Wolff \$47.82

☐ 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	☒ Other

Solution: Solution: No original signature on the voucher or invoice. Missing public purpose for the expenditure of public funds.

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, 2023
I HEREBY CERTIFY that the money required to meet the foregoing
contract, agreement, or obligation in the sum of
\$2,500.00

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
	06/21/2023	\$ 47.82 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2023	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2023-00001357 ✓

GEAUGA CO. BOARD OF COMMISSIONERS: SESSION _____ RESOLUTION _____ JOURNAL _____ PAGE _____ BUDGET APPROVAL - ENCUMB _____ VOUCHER _____
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VENDOR I.D. NO. 54616

PURCHASED FROM:

Charlene Wolff

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	2051	Travel Expenses, Other - Travel 2051-007-00-902 - Travel 2,500.00 May2023	2,500.0000	\$2,500.00
TOTAL DUE					\$2,500.00

RECEIVED
JUN 14 2023
Gauga 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

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

FILED
COMMON PLEAS COURT

2023 JUN 14 AM 9:54

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

JUVENILE COURT
EXPENDITURES
WOLFF, CHARLENE

) JUDGE TIMOTHY J. GRENDALL

)

)

) PROPER ADMINISTRATIVE ORDER
) 2023-222

Pursuant to R.C. 5705.42, 2303.201(E)(1), 2151.10, 2151.40, and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$47.82 (Forty Seven Dollars and Eighty Two Cents) from 2051-007-00-902 payable to WOLFF, CHARLENE, 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

CC: Fiscal Director

Geauga County

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

PRINT EMPLOYEE NAME Charlene Wolff DEPARTMENT Juvenile Court-CASA

DATE	ORIGIN	PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
5/2/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
5/3/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
5/8/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
5/8/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
5/10/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
5/11/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
5/15/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
5/17/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
5/18/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
5/18/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
Column Totals				30.00	
Total Mileage Amount				(A) X .655**	\$ 19.65
Total Reimbursement				(B) + (C)	\$ 19.65

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

Charlene Wolff 5/31/23

Employee Signature

Date

Department Head Signature

** IRS .655 rate effective 01/01/2023
Revised 01/05/2023 RHL

Print Form

Reset Form

Reset Form

DEPARTMENT

Column Totals	A	B
Total Mileage Amount	(A) X .655**	\$ 28.17
Total Reimbursement	(B) + (C)	\$ 28.17

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.

~~Charles~~ 5731123



Department Head Signature

Employee Signature

Date _____

Department Head Signature

Revised 01/05/2023 RHL