Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 01/24/24

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

From: Auditor's Office Fiscal Department

SUBJECT: **Batch # 2024-00000193** **Stephanie Voss $122.42**

_____ 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 October 26, 2023
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of
$1,000.00
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 Certficate: _____
Warrant Received by: _____
Date: _____

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	1/22/2024	$ 122.42 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
10/26/2023	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2023-00003660 ✓

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

VENDOR I.D. NO. 28451

PURCHASED FROM:

Stephanie Voss

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

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

DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	2005	Travel Expenses, Other - Travel Expenses 2005-007-55-902 - Travel 1,000.00	1,000.0000	$1,000.00
			December 2023		
				TOTAL DUE	$1,000.00

RECEIVED
JAN 19 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

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

IN RE:	) JUDGE TIMOTHY J. GRENDELL
	)
JUVENILE COURT	)
EXPENDITURES	) **PROPER ADMINISTRATIVE ORDER**
VOSS , STEPHANIE	) **2024-23**

Pursuant to R.C. 5139.34(C)(3), 2151.10, 2151.40, and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of $122.42 (One Hundred Twenty Two Dollars and Forty Two Cents) from 2005-007-55-902 payable to VOSS , STEPHANIE, 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. Grendell 1/18/2024

TIMOTHY J. GRENDELL, JUDGE

CC: Fiscal Director

Print Form

Reset Form

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

PRINT EMPLOYEE NAME Stephanie Voss DEPARTMENT Juvenile Probation

DATE	ORIGIN / DESTINATION / PURPOSE OF TRAVEL	MILEAGE	MISC. AMOUNT
12/1/23	S. Russell / 23JD132Middlefield/23JD45Madison/office-Chardon home to school appts to home appt to office minus commute (17.2)	48.10	
12/1/23	231 main st chardon / 23JT148Chesterland/S.Russell home appt to home minus commute (17.2)	1.90	
12/4/23	231 main st chardon / 23JD95Newbury/S.Russell home appt to home minus commute (17.2)	2.60	
12/5/23	231 main st chardon / 23JD195 Chardon home appt and return	4.10	
12/5/23	231 main st chardon / 23JD225Chardon/23JD195Chardon/S.Russell home appts to home minus commute (17.2)	17.10	
12/7/23	231 main st chardon / 23JD210 Thompson/S.Russell home appt to home minus commute (17.2)	25.00	
12/11/23	231 main st chardon / 23JD208ChagrinFalls/S.Russell home appt to home minus commute (17.2)	4.30	
12/12/23	231 main st chardon / 23JD195 Concord home appt and return	16.90	
12/14/23	231 main st chardon / 23JD131Middlefield/S.Russell home appt to home minus commute (17.2)	12.20	
12/15/23	S. Russell / 23JD132Middlefield/23JD45Madison/office-Chardon home to school appts to home appt to office minus commute (17.2)	48.10	
	Column Totals A	180.30	B
	Total Mileage Amount (A) X .655**		$ 118.10 C
	Total Reimbursement (B) + (C)		**$ 118.10**

122.42

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

SR 1/4/24 Beth William 1-5-24 Kimberly

Employee Signature | Date | Department Head Signature

IRS .655 rate effective 01/01/2023
Commissioners Approved 01/05/2023

Revised 01/05/2023 RHL

Print Form

Reset Form

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

PRINT EMPLOYEE NAME Stephanie Voss

DEPARTMENT Juvenile Probation

DATE	ORIGIN / DESTINATION / PURPOSE OF TRAVEL	MILEAGE	MISC. AMOUNT
12/15/23	231 main st chardon / 23JD195Chardon/21JD193 chardon/S.Russell / home appts to home minus commute (17.2)	6.60	
Column Totals	A	6.60	B
Total Mileage Amount	(A) X .655**		$ 4.32 C
Total Reimbursement	(B) + (C)		**$ 4.32**

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

SH 1/4/24 Employee Signature / Date

Beth Williams 1-5-24 Kimberly Department Head Signature

** IRS .655 rate effective 01/01/2023
Commissioners Approved 01/05/2023

Revised 01/05/2023 RHL