



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

Charlene Wolff \$54.37

☐ 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: 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 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
	01/22/2024	\$ 54.37 ✓
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 _____

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 December 2023	2,500.0000	\$2,500.00
TOTAL DUE					\$2,500.00

Presented by Court as a
courtesy only,
NOT statutorily required

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

RECEIVED
JAN 19 2024
Geauga County Auditor

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

FILED
IN COMMON PLEAS COURT

2024 JAN 18 PM 4:33

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

JUVENILE COURT
EXPENDITURES
WOLFF, CHARLENE

) JUDGE TIMOTHY J. GRENDALL
)
)
) **PROPER ADMINISTRATIVE ORDER**
) **2024-28**

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 \$54.37 (Fifty Four Dollars and Thirty Seven 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

12/11/18/2024

CC: Fiscal Director

Geauga County

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

Print Form

Reset Form

PRINT EMPLOYEE NAME Charlene Wolff DEPARTMENT Juvenile Court-CASA

DATE	ORIGIN	PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
12/4/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
12/4/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
12/6/23	470 Center St., Chardon, OH 44024	12PN122 Newbury, OH 44065		28.00	
12/6/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
12/7/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
12/11/23	470 Center St., Chardon, OH 44024	Courthouse Annex, Chardon, OH 44024		3.00	
12/13/23	470 Center St., Chardon, OH 44024	13300 Aquilla Rd., Chardon, OH 44024		8.00	
12/13/23	13300 Aquilla Rd., Chardon, OH 44024	510 Water St., Chardon, OH 44024		7.00	
12/13/23	510 Water St., Chardon, OH 44024	13300 Aquilla Rd., Chardon, OH 44024		7.00	
12/13/23	13300 Aquilla Rd., Chardon, OH 44024	Home, Chardon, OH 44024		6.00	
Column Totals A				71.00	
Total Mileage Amount (A) X .655**					\$ 46.51
Total Reimbursement (B) + (C)					\$ 46.51

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

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

Charlene Wolff 12/21/23
Employee Signature Date

ME Shumway
Department Head Signature

Reset Form

DEPARTMENT · Juvenile Court-CASA

Column Totals	A	12.00	B
Total Mileage Amount	(A) X .655**	7.86	C
Total Reimbursement	(B) + (C)	7.86	

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.

Chalenway	12/21/23	Mc Smay	12/21/23
Employee Signature	Date	Department Head Signature	Revised 01/05/2023 RH

Revised 01/05/2023 RHL