



**Auditor**  
**Charles E. Walder**  
*Chief Fiscal Officer*

**Return Voucher Form**

Date: 07/12/24

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

From: Auditor's Office Fiscal Department

**SUBJECT: Batch # 2024-00001733**

**Heather Mountsier \$165.22**

<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 type="checkbox"/> 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](mailto: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 \$2,000.00 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. 34-8001208  
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
	7/15/2024	\$ 165.22 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2024		
1099 AMT.	dr.	
	cr.	

PURCHASE ORDER NO. 2024-00001592 ✓

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

*Kimberly [Signature]*  
DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	2005	TRAVEL - Travel 2005-007-55-902 - Travel 2,000.00  June 2024	2,000.0000	\$2,000.00
<b>TOTAL DUE</b>					<b>\$2,000.00</b>

Presented by Court as a  
courtesy only,  
NOT statutorily required  
See State ex rel. Grendell v. Walder,  
Slip Opinion No. 2022-Ohio-204

FILED  
12 AM

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

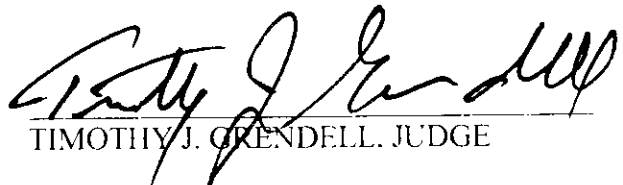
IN RE: ) JUDGE TIMOTHY J. GRENDALL  
 )  
JUVENILE COURT )  
EXPENDITURES ) **PROPER ADMINISTRATIVE ORDER**  
**MOUNTSIER, HEATHER** ) **2024-232**

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 \$165.22 (One Hundred Sixty Five Dollars and Twenty Two Cents) from 2005-007-55-902 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

CC: Fiscal Director

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

Print Form  
 Reset Form

PRINT EMPLOYEE NAME Heather Mountsier DEPARTMENT Juvenile Probation

DATE	ORIGIN	PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
6/5/24	231 Main Street Chardon 44024	Field Visit 22JU115 & 23JD191	Chardon	12.10	
6/5/24	231 Main Street Chardon 44024	Home Visit 24JD048, Home (less normal 12 mile commute)	Thompson, Home	26.40	
6/14/24	231 Main Street Chardon 44024	Home Visit 24JD047, Home (less normal 12 mile commute)	Chardon, Home	6.90	
6/18/24	231 Main Street Chardon 44024	Field Visit 24JD048, Home (less normal 12 mile commute)	Thompson, Home	24.50	
6/20/24	Home	Home Visit 23JD231, Office (less normal 12 mile commute)	Chagrin Falls, Office	20.40	
6/21/24	231 Main Street Chardon 44024	Home Visit 24JD055	Chardon	6.80	
6/24/24	231 Main Street Chardon 44024	Field Visit 22JU115 & 23JD191, Home (less normal 12 mile commute)	Chardon, Home	5.50	
6/25/24	Home	Field Visit 24JD045, Office (less normal 12 mile commute)	Youngstown, Office	88.00	
6/26/24	231 Main Street Chardon 44024	Home Visit 24JD024, Home (less normal 12 mile commute)	Chagrin Falls, Home	21.90	
6/27/24	231 Main Street Chardon 44024	Home Visit 24JD055	Chardon	6.80	
				<b>219.30</b>	<b>0.00</b>

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.

**TRAVELER'S CERTIFICATE**

Total Mileage Amount (A) X .670\*\* = **146.93**

Total Reimbursement (B) + (C) = **146.93**

**ORIGINAL RECEIPTS MUST BE ATTACHED**

Employee Signature [Signature] Date 7/1/2024

Department Head Signature [Signature]

IRS 670 rate effective 01/01/2024  
 Approved 01/04/2024  
 Revised 01/04/2024 RHL

*Handwritten notes:*  
 Total 146.93  
 146.93  
 [Signature]

