



**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**

**Stephanie Voss \$117.52**

<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	\$ 117.52 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2024		dr.
1099 AMT.		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. 28451

PURCHASED FROM:

Stephanie Voss

**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  
COMMON PLEAS COURT  
2024 JUL 12 PM 8:03  
CLERK OF COURT  
300 N. HIGHWAY 100  
COLUMBUS, OHIO 43260

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

IN RE: ) JUDGE TIMOTHY J. GRENDALL  
)  
JUVENILE COURT )  
EXPENDITURES ) **PROPER ADMINISTRATIVE ORDER**  
**VOSS , STEPHANIE** ) **2024-230**

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 \$117.52 (One Hundred Seventeen Dollars and Fifty 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. 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 Stephanie Voss DEPARTMENT Juvenile Probation

DATE	ORIGIN	PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
6/4/24	S. Russell	home to home appt to office minus commute (17.2)	24JD58 Cleveland/Chardon-office	37.20	
6/4/24	231 main st chardon	home appt to home minus commute (17.2)	23JD195 Chardon/S. Russell	3.80	
6/6/24	231 main st chardon	home appt to home minus commute (17.2)	24JD41 Chardon/S. Russell	10.80	
6/13/24	231 main st chardon	home appt and return to office	24JD18 Newbury	16.60	
6/17/24	231 main st chardon	agency appt to home appt to home minus commute (17.2)	24JD6Chardon/24JD46Middlefield/S. Russell	31.10	
6/18/24	231 main st chardon	home appt to home minus commute (17.2)	24JT60 Novelty/S. Russell	0.30	
6/20/24	231 main st chardon	home appt and return to office	24JD18 Newbury	16.60	
6/20/24	231 main st chardon	home appt to home minus commute (17.2)	23JD195 Chardon/S. Russell	3.80	
6/21/24	231 main st chardon	home appts and return to office	24JD26&24JD57Cleveland/Chardon	65.20	
<b>Column Totals</b>				<b>175.40</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**

**ORIGINAL RECEIPTS MUST BE ATTACHED**

Total Mileage Amount (A) X .670\*\* = **\$ 117.52**

Total Reimbursement (B) + (C) = **\$ 117.52**

Employee Signature

Date

Department Head Signature

Revised 01/04/2024 R.H.L.

*[Handwritten Signature]* 7/19/24 *[Handwritten Signature]* 7/19/24

Commissioner Approved 01/04/2024