Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 10/10/2024

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2024-00002531 **Samuel Matthews $195.98**

_____ 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. This employee was not on the Court / CASA attendance list for this Travel encumbrance.

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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 September 3, 2024
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of
$578.00
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
	10/14/2024	$ 195.98
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
09/03/2024	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2024-00003464

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

VENDOR I.D. NO. 11766

PURCHASED FROM:

Samuel Matthews

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

Kimberly Grendell
DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	1001	TRAVEL - 2024 OAPJ Court Investigators Training 1001-008-00-902 - Travel 578.00	578.0000	$578.00
			Miles		
				TOTAL DUE	$578.00

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
PROBATE DIVISION
GEAUGA COUNTY, OHIO

IN RE:	) JUDGE TIMOTHY J. GRENDELL
	)
PROBATE COURT	)
EXPENDITURES	) **PROPER ADMINISTRATIVE ORDER**
MATTHEWS, SAMUEL R	) **2024-213**

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of $195.98 (One Hundred Ninety Five Dollars and Ninety Eight Cents) from 1001-008-00-902 payable to MATTHEWS, SAMUEL R, for 2024 OAPJ Court Investigators Training travel expenses, which the Probate 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

TIMOTHY J. GRENDELL, JUDGE

CC: Fiscal Director

Travel Expense Request

Auditor's Number: 2024-3464

Date: 9/3/2024 Department: Probate

Convention, Meeting, Etc.: 2024 OAPJ Court Investigators Training

Location: Dublin, OH Reason: training

Dates of Travel: September 29-30, 2024 / Dates of Event: September 30, 2024 /

Employees Attending: Samuel Matthews (List Names)

Account: 1001-008-00-902 /

Estimated Expenses:

Hotel	$129.00 /
Food	$69.00 /
Mileage	$205.00 /
Registration	$125.00
Other	$50.00 /
Total	$578.00 /

Dept Head Approval: I affirm that this expense request is being submitted within the limits and provisions of the County Travel Policy.

Kimberly Aw

Department Head Signature

8/27/2024

Date

AUDITOR'S CERTIFICATE OF FUNDS (ORC 5705.41D) I hereby certify that the money required to meet the foregoing contract, agreement or obligation, in the sum of $ 578.00 has been lawfully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the 1001-008-00-902 fund, free from any previous encumbrances.

By: K Bish

Deputy Auditor

The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on 9/10/2024 24-163, Journal No. 97.

Original: Above Department
Copy: Auditor
Copy: Commissioner

Christine Blair

Clerk, Geauga Co. Bd. of Commissioners

Actual Expenses:

Hotel		Departure Date	
Food			
Mileage	$ 195.98 /	Departure Time	am / pm
Registration		Return Date	
Other			
Total	$ 195.98	Return Time	am / pm

Original receipts must be attached to this statement. Any extraordinary expense must be explained on this form.
I hereby certify the actual expenses to be correct:

Signature: Steve Mitchell

Title: Office Manager

Approved by: Kimberly Aw

Partial Payment ☑

Final Payment ☐

Revised 08/20/08

Original and 2 copies required

Print Form

Reset Form

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

PRINT EMPLOYEE NAME Sam Matthews ✓ DEPARTMENT Probate

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT	
	PURPOSE OF TRAVEL				
9/29/24	Novelty	5100 Upper Metro Pl Dublin, OH	✓ 152.00	✓	✓ Sm
	Training, non-work day				
9/30/24	5100 Upper Metro Pl Dublin, OH	Novelty	✓ 140.50	✓	✓ Sm
	Training return trip, work day. 152 - normal commute 11.5 = 140.5				
Column Totals		A	✓ 292.50		B
Total Mileage Amount		(A) X .670**		$ 195.98	C
Total Reimbursement		(B) + (C)		**$ 195.98**	

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

Samuel Matthews ✓ 10-1-24 Kimberly

Employee Signature | Date | Department Head Signature

** IRS .670 rate effective 01/01/2024
Commissioners Approved 01/04/2024

Revised 01/04/2024 RHL