



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 11/07/24

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2024-00002777

Andrea Garrabrant \$246.16

<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 checked="" type="checkbox"/> Other

Solution: No original signature on the voucher cover or invoice.

Return Voucher Form

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 15, 2024
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of \$1,602.00

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
	11/12/2024	\$ 246.16 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
10/15/2024	dr	
1099 AMT.	cr	

PURCHASE ORDER NO. 2024- 00003858 ✓

GEAUGA CO. BOARD OF COMMISSIONERS: SESSION _____ RESOLUTION _____ JOURNAL _____ PAGE _____ BUDGET APPROVAL - ENCUMB _____ VOUCHER _____
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VENDOR I.D. NO. 14461

PURCHASED FROM:

Andrea Garrabrant

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	1001	TRAVEL - 2024 PROBATE CLERKS CONFERENCE 1001-008-00-902 - Travel 1,602.00 Miles and Meals	1,602.0000	\$1,602.00
TOTAL DUE					\$1,602.00

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

FILED
COMMON PLEAS COURT
2024 NOV -5 PM 12: 24
PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:) JUDGE TIMOTHY J. GRENDALL
)
PROBATE COURT)
EXPENDITURES)
GARRABRANT, ANDREA) **PROPER ADMINISTRATIVE ORDER**
) **2024-231**

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$246.16 (Two Hundred Forty Six Dollars and Sixteen Cents) from 1001-008-00-902 payable to GARRABRANT, ANDREA, for 2024 Probate Clerk conference 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. GRENDALL, JUDGE *cc 11/5/24*

CC: Fiscal Director

Travel Expense Request

Auditor's Number:

2024-3858

Date: October 15, 2024

Department: Probate

Convention, Meeting, Etc.: 2024 Probate Clerks Conference

Location: Dublin, OH Reason: conference

Dates of Travel: October 27-28, 2024 Dates of Event: October 28, 2024

Employees Attending: Kerri Quay, Heidi Landis, Andrea Garrabrant (List Names)

Account: 1001-008-00-902 Travel

Hotel	\$387.00
Food	\$90.00
Mileage	\$650.00
Registration	\$375.00
Other	\$100.00
Total	\$1,602.00

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

Kimberly Quay
Department Head Signature

10/9/2024
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 \$ 1602.00 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: [Signature]
Deputy Auditor

The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on 10/22/2024 29-183, Journal No. 97

Original: Above Department
Copy: Auditor
Copy: Commissioner

[Signature]
Clerk, Geauga Co. Bd. of Commissioners

Hotel	_____	Departure Date	_____
Food	\$ 17.76	Departure Time	_____
Mileage	\$ 228.40	_____ am / pm	_____
Registration	_____	Return Date	_____
Other	_____	Return Time	_____
Total	\$ 246.16	_____ 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: [Signature]
Title: Office Manager
Approved by: [Signature]

Partial Payment

Final Payment



Subway#12118-0 Phone 614-734-1540
345 W Bridge St
Dublin, OH, 43017
Served by: 819/10/27/2024 6:59:10 pm
Term ID-Trans# 1/A-448791

Qty	Size	Item	Price
1	6"	Turkey Sub	5.69
		-Turkey Extr6	1.50
		- -Turkey	
1		-Fresh Value Meal (20/21-	3.40
		- -Bottled Water	
		- -Chips	
1		3 Cookies	2.49
1		Bottled Carbonated Drink	2.59

Sub Total	15.67
Taxable Amount	2.59
Sales Tax (7.5%)	0.19
Total (Take Out)	15.86
Tips	2.00
Total (With Tips)	17.86
Credit Card	17.86 ✓
Change	0.00