



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 11/15/24

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2024-00002853

Geauga Credit Union \$71.90

<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.

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 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
	11/18/2024	\$ 71.90
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. 1704

PURCHASED FROM:

Geauga Credit Union

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 OAPJ Court Investigators Training 1001-008-00-902 - Travel 578.00	578.0000	\$578.00
			Hotel		
RECEIVED					
NOV 13 2024					
Geauga County Auditor					
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

FILED
IN COMMON PLEAS COURT
2024 NOV 12 PM 3:33
PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

PROBATE COURT
EXPENDITURES
GEAUGA CREDIT UNION

) JUDGE TIMOTHY J. GRENDALL
)
)
) **PROPER ADMINISTRATIVE ORDER**
) **2024-234**

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$71.90 (Seventy One Dollars and Ninety Cents) from 1001-008-00-902 payable to GEAUGA CREDIT UNION, 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. GRENDALL, JUDGE

kr 11/12/2024

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.

Kimbalan
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: [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 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	\$ 71.90	Departure Date
Food		
Mileage		Departure Time am / pm
Registration		Return Date
Other		
Total	\$ 71.90	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: [Signature]

Title: Office Manager

Approved by: [Signature]

Partial Payment

Final Payment

Revised 08/20/08

Original and 2 copies required



Account Summary

Credit Limit \$6,000.00
 Billing Cycle 10/18/2024
 Days In Billing Cycle 31
 Purchases and Other Charges + \$71.90
 Cash + \$0.00
 Balance Transfer + \$0.00
 Credits - \$0.00
 Payments - \$0.00

TOTAL ACTIVITY \$71.90

Account Inquiries



Call us at: (800) 322-8472
 Lost or Stolen Card: (727) 570-4881



Write us at PO BOX 30495, TAMPA, FL 33630-3495

Cardholder Account Summary

Trans Date	Post Date	Reference Number	Description	Amount
09/06	09/18	74755424261262583577022	CREDIT VOUCHER HOMES TO SUITES BY HILTON 614-6016990 OH	50.10 -
09/30	10/01	24755424275152759569532	EMBASSY SUITES 614-7909000 OH	122.00

Additional Information About Your Account

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO. ENROLL TODAY!

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

GEAUGA CU
 PO BOX 839
 BURTON OH 44021-0839



Account Number

0162

Check box to indicate
 name/address change
 on back of this coupon

AMOUNT OF PAYMENT ENCLOSED

Closing Date

10/18/24

Total Activity

\$2,424.95

Memo Statement No Payment Required

\$

71.90 ✓

GEAUGA PROBATE JUVENILE COURT
 GEAUGA PROBATE JUVENILE COURT
 231 MAIN ST.
 2ND FLOOR
 CHARDON OH 44024



MAKE CHECK PAYABLE TO:



GEAUGA CU - VISA ✓
 PO BOX 4521
 CAROL STREAM IL 60197-4521



Home2 Suites By Hilton - Columbus Polaris, OH
 9101 Lyra Dr, Columbus 43240 US
 6146016990
 CMHPC_Home2@Hilton.com

Date Range: Sep 03, 2024 - Sep 13, 2024
 Tax#/ID# :

Guest Folio

Confirmation Number - 97305798

Primary Guest

Guest Name: Hurst, Michael
 Address: 231 Main Street, 2nd Floor
 City, State, Zip Code: Chardon OH 44024
 Country: US

ADDN GUESTS

Hilton Honors

★ Member
 1949131294

Stay Details

Check In Date: Sep 03, 2024
 Check Out Date: Sep 06, 2024
 Room: NKJ - 211
 Source: OTHER
 Guests: 1/0

Company Details

Name
 Tax#/ID#
 PO Number
 Account Name

Other Details

Bill Number
 Tax/Fee: YES
 Exemption
 Tax/Fee: Sep 13, 2024
 Exempt Date

Travel Agent

IATA
 Name

Date	Type	Description	Amount
Sep 03, 2024	Charge	GUEST ROOM-Tax Exempted	\$107.00
Sep 04, 2024	Charge	GUEST ROOM-Tax Exempted	\$107.00
Sep 05, 2024	Charge	GUEST ROOM-Tax Exempted	\$107.00
Sep 06, 2024	Payments	VISA-0162	-\$371.10
Sep 13, 2024	Payments	VISA-0162	\$50.10 ✓

Summary	
Type	Amount
GUEST ROOM	\$321.00
CREDIT CARD	\$321.00
Folio Balance	\$0.00



**EMBASSY
SUITES**
by Hilton™

EMBASSY SUITES COLUMBUS DUBLIN
5100 UPPER METRO PLACE
DUBLIN, OH 43017
United States of America
TELEPHONE 614-790-9000 • FAX 614790-9001
Reservations
www.embassysuites.com or 1 800 EMBASSY

Matthews, Samuel

231 MAIN ST
2ND FLOOR
CHARDON OH 44024
UNITED STATES OF AMERICA

Room No: 612/KNGN
Arrival Date: 9/29/2024 4:20:00 PM
Departure Date: 9/30/2024 6:59:00 AM
Adult/Child: 1/0
Cashier ID: caingram
Room Rate: 122.00
AL:
HH #
VAT #
Folio No/Che 1235433 A

Confirmation Number: 85855131

EMBASSY SUITES COLUMBUS DUBLIN 9/30/2024 6:59:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
9/29/2024	5012243	GUEST ROOM EXEMPT	\$122.00
9/30/2024	5012417	VS *0162	(\$122.00)
BALANCE			\$0.00

EMBASSY SUITES - DUBLIN

CREDIT CARD DETAIL

APPR CODE	601604	MERCHANT ID	8030882339
CARD NUMBER	VS *0162	EXP DATE	05/27
TRANSACTION ID	5012417	TRANS TYPE	Sale