Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 11/15/24

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2024-00002855 **Ada Gillespie $202.39**

_____ 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. Mileage total was picked up incorrectly; 302 miles multiplied by $0.67 equals $202.34.

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 January 3, 2024
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of
$12,000.00
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. 34-6001208
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
	11/18/2024	$ 202.39
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2024	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2024-00001395

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

VENDOR I.D. NO. 48486

PURCHASED FROM:

Ada Gillespie

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

DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	1001	Travel Expenses, Other - Travel 1001-007-02-902 - Travel 12,000.00	12,000.0000	$12,000.00
				TOTAL DUE	$12,000.00

September 2024

RECEIVED
NOV 13 2024
Geauga County Auditor

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

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
GEAUGA COUNTY, OHIO 2024 NOV 12 PM 3:33

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:	) JUDGE TIMOTHY J. GRENDELL
	)
JUVENILE COURT	)
EXPENDITURES	) **PROPER ADMINISTRATIVE ORDER**
GILLESPIE, ADA	) **2024-407**

Pursuant to R.C. 2151.10, 2151.40, and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of $202.39 (Two Hundred Two Dollars and Thirty Nine Cents) from 1001-007-02-902 payable to GILLESPIE, ADA, 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.

11/12/2024

TIMOTHY J. GRENDELL, JUDGE

CC: Fiscal Director

Print Form

Reset Form

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

PRINT EMPLOYEE NAME **Ada Gillespie** DEPARTMENT **CASA**

DATE	ORIGIN / PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
9-3-24	470 Center Street Chardon, Ohio 44024 Court Hearing, round trip	Courthouse Annex Chardon, Ohio 44024	3.00	
9-5-24	Montville 44064 23PG378 Generations Behavioral Health, round trip	196 Colonial Drive Youngstown, Ohio 44505	84.00	
9-11-24	Montville 44064 23PG378 Generations Behavioral Health, round trip	196 Colonial Drive Youngstown, Ohio 44505	84.00	
9-19-24	470 Center Street Chardon, Ohio 44024 Court Hearing, round trip	Courthouse Annex Chardon, Ohio 44024	3.00	
9-24-24	Montville 44064 23PG378 Continual Healthcare at The Ridge, round trip	3379 S Main St, Mineral Ridge, OH 44440	94.00	
9-25-24	Montville 44064 Celebrate Kids Conference,one way (180 miles minus 10 mile daily commute one way)	350 North High Street Columbus, Ohio 43215		
9-25-24	Celebrate Kids Conference, meal			
9-26-24	Celebrate Kids Conference, meal			
9-27-24	350 North High Street Columbus, Ohio 43215 Celebrate Kids Conference, one way (180 miles minus 10 mile daily commute one way)	Montville 44064		
9-30-24	Courthouse Annex Chardon, Ohio 44024 23PN125 Transported CASA, round trip	Burton 44021	34.00	
		Co A	642.00	~~75.51~~ B 75.31
		Total Mileage Amount	(A) X .670**	430.14 C
		Total Reimbursement	(B) + (C)	505.65

39.80

total $522.87

45

$202.31

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

Ada Gillespie 11-1-24
Employee Signature Date

Department Head Signature

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

Revised 01/04/2024 RHL

Print Form

Reset Form

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

PRINT EMPLOYEE NAME **Ada Gillespie** DEPARTMENT **CASA**

DATE	ORIGIN / PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
9-30-24	Courthouse Annex Chardon, Ohio 44024 23PN125 Transported CASA, one way	Burton 44021	17.00	
9-30-24	Burton 44021 This writer returned home	Montville 44064	9.00	
		Co A	26.00	0.00 B
		Total Mileage Amount	(A) X .670**	17.42 C
		Total Reimbursement	(B) + (C)	17.42

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

Ada Gillespie 11-1-24
Employee Signature Date

Department Head Signature

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

Revised 01/04/2024 RHL