



**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**

**Heidi Landis \$227.37**

<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](mailto: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
	11/18/2024	\$ 227.37 ✓
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 _____
--

VENDOR I.D. NO. 13837

PURCHASED FROM:

Heidi Landis

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	1,602.0000	\$1,602.00
			Miles & Meals		
			<b>RECEIVED</b>		
			NOV 13 2024		
			Geauga County Auditor		
			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

FILED  
COMMON PLEAS COURT

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

2024 NOV 12 PM 3:33 ✓

IN RE:

PROBATE COURT  
EXPENDITURES  
**LANDIS, HEIDI**

PROBATE-JUVENILE  
DIVISION  
GEAUGA COUNTY, OHIO

) JUDGE TIMOTHY J. GRENDALL  
)  
)  
) **PROPER ADMINISTRATIVE ORDER**  
) **2024-233**

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$227.37 (Two Hundred Twenty Seven Dollars and Thirty Seven Cents) from 1001-008-00-902 payable to LANDIS, HEIDI, for 2024 Probate Clerks 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

*ke 11/12/2024*

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
Miieage	\$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 \$ 11,602.00 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. 977.

Original: Above Department  
Copy: Auditor  
Copy: Commissioner

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

Hotel	_____	Departure Date	_____
Food	\$ 19.00	Departure Time	_____
Miieage	\$ 208.37	_____ am / pm	_____
Registration	_____	Return Date	_____
Other	_____	Return Time	_____
Total	\$ 227.37	_____ 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



**AANGAN INDIA BISTRO**

5855 FRANTZ RD  
DUBLIN, OH 43016  
6146892300

**ORDER: A2 - Main Dining Room**  
**Dine In**

27-Oct-2024 8:15:08P

Transaction **100030**

1	Kadahl Ginger	\$0.00
	Lamb	\$19.00
1	Garlic Naan	\$4.50
1	Chai	\$3.00
<b>Subtotal</b>		<b>\$26.50</b>
Tax	7.5%	\$1.99
<b>Total</b>		<b>\$28.49</b>
CREDIT CARD AUTH		\$28.49

Tip -----

Total -----

Retain this copy for statement validation