Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 12/12/24

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2024-00003073 **Susan Ebersbacher $84.42**

_____ 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.

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 Certificate _____
Warrant Received by _____
Date _____

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	12/16/2024	$ 84.42
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. 5598

PURCHASED FROM:

Susan Ebersbacher

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

November 2024

RECEIVED
DEC 11 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

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
GEAUGA COUNTY, OHIO

IN RE:	) JUDGE TIMOTHY J. GRENDELL
	)
JUVENILE COURT	)
EXPENDITURES	) **PROPER ADMINISTRATIVE ORDER**
EBERSBACHER, SUSAN	) **2024-449**

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 $84.42 (Eighty Four Dollars and Forty Two Cents) from 1001-007-02-902 payable to EBERSBACHER, SUSAN, 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.

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 **Susan Ebersbacher** 1 of 2 DEPARTMENT **CASA**

DATE	ORIGIN / PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
11/5/24	470 Center St. Chardon OH Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
11/6/24	470 Center St. Chardon OH Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
11/7/24	470 Center St. Chardon OH 2nd Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
11/7/24	470 Center St. Chardon OH Home visit roundtrip	Chesterland OH	22.00	
11/13/24	470 Center St. Chardon OH Hearing #1 roundtrip	Courthouse Annex Chardon OH	3.00	
11/13/24	470 Center St. Chardon OH Hearing #2 roundtrip	Courthouse Annex Chardon OH	3.00	
11/14/24	470 Center St. Chardon OH Hearing roundtrip	Courthouse Annex Chardon OH	3.00	
11/18/24	470 Center St. Chardon OH Home visit roundtrip	Middlefield OH	28.00	
11/20/24	470 Center St. Chardon OH Home visit roundtrip	Garretsville OH	52.00	
11/22/24	470 Center St. Chardon OH Hearing roundtrip #1	Courthouse Annex Chardon OH	3.00	
		Co A	123.00	0.00
		Total Mileage Amount (A) X .670**		82.41 (C)
		Total Reimbursement (B) + (C)		82.41

TOTAL $84.42

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.

Employee Signature 10/6/24 Date

ORIGINAL RECEIPTS MUST BE ATTACHED

Department Head Signature

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

Revised 01/04/2024 RHI

Print Form

Reset Form

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

PRINT EMPLOYEE NAME **Susan Ebersbacher** 2 of 2 DEPARTMENT **CASA**

DATE	ORIGIN / PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT
11/22/24	470 Center St Chardon Hearing #2 roundtrip	Courthouse Annex	3.00 ✓	

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.

Co A		3.00 ✓	0.00	B
Total Mileage Amount	(A) X .670**		2.01 ✓	C
Total Reimbursement	(B) + (C)		2.01 ✓	

ORIGINAL RECEIPTS MUST BE ATTACHED

Susan Ebersbacher 10/6/24
Employee Signature Date

Department Head Signature

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

Revised 01/04/2024 RHL