Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 02/06/25

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2025-000000342 **Samuel Matthews $185.39**

_____ 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.

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
		✓
P O DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2024	dr	
1099 AMT	cr	

PURCHASE ORDER NO. 2024-00001395 ✓ KC

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

VENDOR I D NO

PURCHASED FROM:

Samuel Mathews

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

Kimberly Lawler
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

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**
MATTHEWS, SAMUEL R	) **2025-40**

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 $185.39 (One Hundred Eighty Five Dollars and Thirty Nine Cents) from 1001-007-02-902 payable to MATTHEWS, SAMUEL R, 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.

2/4/2025

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 **Sam Matthews** DEPARTMENT **Juvenile**

DATE	ORIGIN / DESTINATION / PURPOSE OF TRAVEL	MILEAGE	MISC. AMOUNT
12/3/24	231 Main St Chardon → Burton; Burton; Novelty 20PN064, 32.5 - normal commute 11.5 = 21.0	21.00	
12/4/24	231 Main St Chardon → Painesville 22CU065, RT	21.80	
12/4/24	Chagrin Falls → Mogadore, OH; Chesterland; Novelty 22CU077, 77.0 - normal commute 11.5 = 65.5	65.50	
12/6/24	Novelty → Cleveland, OH; 231 Main St Chardon 24SU123, 69.8 - normal commute 11.5 = 58.3	58.30	
12/9/24	231 Main St Chardon → Aurora, OH; Novelty 23CU207, 32.9 - normal commute 11.5 = 21.4	21.40	
12/10/24	231 Main St Chardon → Chardon, OH 23CU032 and 24JD124	4.10	
12/10/24	Chardon, OH → Burton, OH; Newbury, OH; Novelty 24CU168, 19.2 - normal commute 11.5 = 7.7	7.70	
12/12/24	231 Main St Chardon → Burton, OH 24JT177	10.60	
12/12/24	Burton, OH → 1350 East Market St Warren, OH; Newbury, OH; Novelty 24JF205, 65.4 - normal commute 11.5 = 53.9	53.90	
12/13/24	Middlefield, OH → Burton, OH; Novelty 24CU206, 17.0 - normal commute 11.5 = 5.5	5.50	
	Co A	269.80	0.00 B
	Total Mileage Amount (A) X .670**		180.77 C
	Total Reimbursement (B) + (C)		180.77

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

Samuel Matthews 1-9-25
Employee Signature Date

1.16.25
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 **Sam Matthews** DEPARTMENT **Juvenile**

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
	PURPOSE OF TRAVEL			
12/11/24	231 Main St Chardon	12375 Kinsman Rd, Newbury; Novelty	6.90 ✓	
	Range training, 18.4 - normal commute 11.5 = 6.9			
12/11/24	~~Range training, 25.28 - tax and card fee of 2.28 = 23.00~~			~~23.00~~ ✓
		Co A	6.90	~~23.00~~ B
		Total Mileage Amount	(A) X .670** ✓	4.62 C
		Total Reimbursement	(B) + (C)	27.62

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 ✓

Samuel Matthews ✓ 1-9-25
Employee Signature Date

1.16.25
Department Head Signature

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

mileage sheets