



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 02/06/25

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2025-00000343

Samuel Matthews \$23.00

☐ 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	☒ 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

\$27,500.00

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 ID 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
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2024		
1099 AMT		

PURCHASE ORDER NO. 2024-00001423

GEAUGA CO. BOARD OF COMMISSIONERS
SESSION
RESOLUTION
JOURNAL
PAGE
BUDGET APPROVAL - ENCUMB _____ VOUCHER _____

VENDOR I.D. NO. _____

PURCHASED FROM:

Samuel Matthews

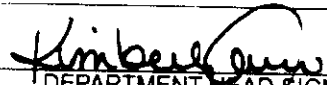
INVOICE TO:

GEAUGA COUNTY

PROBATE / JUVENILE COURT - JUDGE GRENDALL

231 MAIN STREET SUITE 2

CHARDON, OH 44024


DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	1001	Other Expenses - Other 1001-008-00-901 - Other 27,500.00 ✓	27,500.0000	\$27,500.00
TOTAL DUE					\$27,500.00

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
COMMON PLEAS COURT
2025 FEB -4 PM 4:35

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

PROBATE COURT
EXPENDITURES
MATTHEWS, SAMUEL R

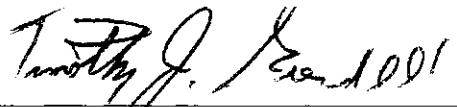
) JUDGE TIMOTHY J. GRENDALL
)
)
) PROPER ADMINISTRATIVE ORDER
) 2025-28

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$23.00 (Twenty Three Dollars and No Cents) from 1001-008-00-901 payable to MATTHEWS, SAMUEL R, for training, 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

2/4/2025

CC: Fiscal Director

DEPARTMENT **Juvenile**[illegible]

TRAVELLER'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

Total Mileage Amount

Total Reimbursement

$$(A) \times .670^{**}$$
$$(B) + (C)$$

701

27-62

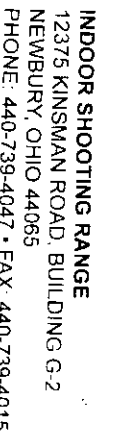
Employee Signature

Date _____

Department Head Signature

Revised 01/04/2024 RH

4/2024
2024 RH
Meador
E



12/11/2024 16:11

Trans Number: 4
Batch #: 346001

MASTERCARD
*****1753
CHIP
/

AMOUNT: \$25.28

Resp: APPROVED
Code: 011000
Ref #: 18394413

App Name:	Debit
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AID: A0000000041010
TVR: 0000208000
TSI: E800

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CUSTOMER COPY

Customers Order No.						Date
Drivers License No.						Phone No.
Address						
City		State		Zip		
Qty	Description	Price	Amount			
1	RANBC VISIT ✓	72. ⁰⁰	72.	00		
2	Tickets ✓	.50	1	00		
	CASH REC +		3	75	1/2	
	+			6.75	1/2	
Rec'd:		Tax				
By		Total		25 28		

Thank You!