



**Auditor**  
**Charles E. Walder**  
*Chief Fiscal Officer*

**Return Voucher Form**

Date: **04/04/2025**

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

From: Auditor's Office Fiscal Department

**SUBJECT: Batch # 2025-00000784**

**Beth Williams \$191.80**

<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 voucher 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)

# Reprint Purchase Order

**AUDITORS CERTIFICATION OF FUNDS**  
O.R.C. 5705.41D

Geauga County, Chardon, Ohio January 14, 2025  
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of

\$800.00

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
	4/7/2025	\$ 191.80 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/14/2025		
1099 AMT.	dr.	
	cr.	

PURCHASE ORDER NO. 2025-00001543 ✓

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

VENDOR I.D. NO. 1529

**PURCHASED FROM:**

Beth Williams

**INVOICE TO:**  
GEAUGA COUNTY  
PROBATE / JUVENILE COURT -JUDGE GRENDALL  
231 MAIN STREET SUITE 2  
CHARDON, OH 44024

*Kimberly*  
DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	DESCRIPTION	STATUS	UNIT COST	TOTAL COST
1.0000	Each	TRAVEL - 2025 InterCourt Conference 1001  Mileage - BW	Open 1001-007-02 -902 - Travel 800.00	800.0000	\$800.00
<b>TOTAL DUE</b>					<b>\$800.00</b>

RECEIVED

APR 02 2025

Gaugua 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

FILED  
RELEASED  
2025 APR -1 PM 1:04  
PROBATE-JUVENILE  
DIVISION  
GEAUGA COUNTY, OHIO

IN RE:

JUVENILE COURT  
EXPENDITURES  
WILLIAMS, BETH

) JUDGE TIMOTHY J. GRENDLELL  
)  
)  
) **PROPER ADMINISTRATIVE ORDER**  
) **2025-127**

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 \$191.80 (One Hundred Ninety One Dollars and Eighty Cents) from 1001-007-02-902 payable to WILLIAMS, BETH, for 2025 Intercourt Conference travel expenses, 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. GRENDLELL, JUDGE

CC: Fiscal Director

# Travel Expense Request

Auditor's Number:

2025-1543

Date: 1/14/2025 Department: Juvenile  
 Convention, Meeting, Etc.: 2025 InterCourt Conference  
 Location: Columbus, OH Reason: conference  
 Dates of Travel: March 13-14, 2025 Dates of Event: March 13-14, 2025  
 Employees Attending: Beth Williams (List Names)

Account: 1001-007-02-902 Travel

Estimated Expenses:	
Hotel	\$195.00
Food	\$80.00
Mileage	\$195.00
Registration	\$285.00
Other	\$45.00
<b>Total</b>	<b>\$800.00</b>

Dept Head Approval: I affirm that this expense request is being submitted within the limits and provisions of the County Travel Policy.

Kimberly Ann  
 Department Head Signature

1/3/2025  
 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 \$ 800.00 has been lawfully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the 1001-007-02-902 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 1/14/2025 25-001, Journal No. 97.

Original: Above Department  
 Copy: Auditor  
 Copy: Commissioner

Christine Blaw  
 Clerk, Geauga Co. Bd. of Commissioners

Actual Expenses:	
Hotel	Departure Date
Food	Departure Time
Mileage <u>\$ 191.80</u>	am / pm
Registration	Return Date
Other	Return Time
<b>Total</b> <u>\$ 191.80</u>	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: Kimberly Ann

Partial Payment   
 Final Payment

