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

Geauga County, Chardon, Ohio January 3, 2025
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of
$2,500.00
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 I D. NO. 34-6001208
SALES AND USED TAX EXEMPTION - POLITICAL SUBDIVISION
STATE OF OHIO

FOR AUDITORS USE ONLY Date _____
Then and Now Certficate: _____
Warrant Received by: _____
Date: _____

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	4/21/2025	$ 167.79
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2025	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2025-00001135

GEAUGA CO. BOARD OF COMMISSIONERS:
SESSION
RESOLUTION
JOURNAL
PAGE
BUDGET APPROVAL - ENCUMB_____VOUCHER_____

VENDOR I.D. NO. 117664

PURCHASED FROM:

Samuel Matthews

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 1001-008-00-902 - Travel 2,500.00	2,500.0000	$2,500.00
			January-March 2025		
				TOTAL DUE	$2,500.00

RECEIVED
APR 16 2025
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

Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 04/17/25

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

From: Auditor's Office Fiscal Department

SUBJECT: **Batch # 2025-00000931** **Samuel Matthews $167.79**

_____ 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: Solution: 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

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

IN RE:	) JUDGE TIMOTHY J. GRENDELL
	)
PROBATE COURT	)
EXPENDITURES	) **PROPER ADMINISTRATIVE ORDER**
MATTHEWS, SAMUEL R	) **2025-71**

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of $167.79 (One Hundred Sixty Seven Dollars and Seventy Nine Cents) from 1001-008-00-902 payable to MATTHEWS, SAMUEL R, for employee mileage reimbursement, 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. Grendell 4/16/2025
TIMOTHY J. GRENDELL, JUDGE

CC: Fiscal Director

Geauga County
Mileage/Miscellaneous Reimbursement Voucher
for ALL that follow IRS Standard Mileage - 2025

Print Form

Reset Form

PRINT EMPLOYEE NAME Samuel Matthews DEPARTMENT Probate

DATE	ORIGIN / PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT	
3/12/2025	231 Main St Chardon 25PG098, RT	Chardon	11.80		✓ SM
3/13/2025	231 Main St Chardon 25PG112, 27.5 minus normal commute 11.5 = 16.0	Auburn; Novelty	16.00		✓ SM
3/17/2025	231 Main St Chardon 25PG110, 20.5 minus normal commute 11.5 = 9.0	Chardon; Novelty	9.00		✓ SM
3/19/2025	231 Main St Chardon 25PG100	Chesterland	6.90		✓ SM
3/19/2025	Chesterland 25PG083, 16.7 minus normal commute 11.5 = 5.2	South Russell; Novelty	5.20		✓ SM
3/20/2025	231 Main St Chardon 25PG123, RT	620 Water St Chardon	2.20		✓ SM
3/21/2025	231 Main St, Chardon 25PG125, 15.8 minus normal commute 11.5 = 4.3	13207 Ravenna Rd Chardon; Novelty	4.30		✓ SM
	Column Totals A		✓ 55.40		B
	Total Mileage Amount	(A) X .700**		$ 38.78	C
	Total Reimbursement	(B) + (C)		**$ 38.78**	

$167.79

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 ✓ 4-2-25

Employee Signature Date Department Head Signature

** IRS .700 rate effective 01/01/2025
Commissioners Approved 01/07/2025
Revised 01/08/2025 RHL

Print Form

Reset Form

Geauga County
Mileage/Miscellaneous Reimbursement Voucher
for ALL that follow IRS Standard Mileage - 2025

PRINT EMPLOYEE NAME Samuel Matthews DEPARTMENT Probate

DATE	ORIGIN / PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT	
2/5/2025	231 Main St, Chardon 25PG025, RT	5650 Emerald Court, Mentor	25.80		SM
2/5/2025	231 Main St, Chardon 25PG026, 25.0 minus normal commute 11.5 = 13.5	8100 E Washington, Bainbridge; Novelty	13.50		SM
2/12/2025	231 Main St, Chardon 25PG030, RT	12741 Ravenwood Dr Chardon	11.60		SM
2/20/2025	231 Main St Chardon 25PG042, 12.3 minus normal commute 11.5 = 0.8	Chesterland; Novelty	0.80		SM
2/26/2025	231 Main St Chardon 25PG079	13207 Ravenna Rd Chardon	5.70		SM
2/26/2025	13207 Ravenna Rd Chardon 25PG047	15950 Pierce St Middlefield; 231 Main St Chardon	21.30		SM
2/26/2025	231 Main St Chardon 25PG040, RT	620 Water St Chardon	2.20		SM
	Column Totals	A	80.90		B
	Total Mileage Amount	(A) X .700**		$ 56.63	C
	Total Reimbursement	(B) + (C)		**$ 56.63**	

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 — Employee Signature

4-2-25 — Date

Department Head Signature

** IRS .700 rate effective 01/01/2025
Commissioners Approved 01/07/2025

Revised 01/08/2025 RHL

Geauga County
Mileage/Miscellaneous Reimbursement Voucher
for ALL that follow IRS Standard Mileage - 2025

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Reset Form

PRINT EMPLOYEE NAME Samuel Matthews DEPARTMENT Probate

DATE	ORIGIN / PURPOSE OF TRAVEL	DESTINATION	MILEAGE	MISC. AMOUNT	
1/6/2025	231 Main St, Chardon 24PG570, 33.2 minus normal commute 11.5 = 21.7	Bainbridge; Novelty	21.70		✓SM
1/13/2025	231 Main St, Chardon 24PG572, RT	620 Water St, Chardon	2.20		✓SM
1/15/2025	231 Main St, Chardon 24PG516, RT	Chagrin Falls	39.80		✓SM
1/17/2025	231 Main St, Chardon 24PG588, RT	Middlefield	28.20		✓SM
1/22/2025	231 Main St, Chardon 24PG593, 24PG594, 25PG007; RT	12340 Bass Lake Rd, Chardon	7.20		✓SM
1/30/2025	231 Main St, Chardon 25PG035; 15.8 minus normal commute 11.5 = 4.3	13207 Ravenna Rd, Chardon; Novelty	4.30		✓SM
	Column Totals	A	103.40		B
	Total Mileage Amount	(A) X .700**		$ 72.38	C
	Total Reimbursement	(B) + (C)		**$ 72.38**	

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 — Employee Signature

4-2-25 — Date

Department Head Signature

** IRS .700 rate effective 01/01/2025
Commissioners Approved 01/07/2025

Revised 01/08/2025 RHL