



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

**Return Voucher Form**

Date: 05/23/2025

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

From: Auditor's Office Fiscal Department

**SUBJECT: Batch # 2025-00001220**

**Samuel Matthews \$29.75**

<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 the voucher.

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)

**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 \$5,000.00 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 _____	

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

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	5/27/2025	\$ 29.75 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2025	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2025-00001152 ✓

GEAUGA CO. BOARD OF COMMISSIONERS: SESSION _____ RESOLUTION _____ JOURNAL _____ PAGE _____ BUDGET APPROVAL - ENCUMB _____ VOUCHER _____
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VENDOR I.D. NO. 11766

**PURCHASED FROM:**  
Samuel Matthews

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

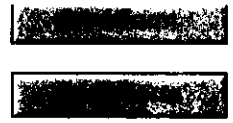
  
DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1 0000	Each	1001	Travel Expenses, Other - Travel 1001-007-02-902 - Travel 5,000.00	5,000.0000	\$5,000.00
<p>April 2025</p> <p><b>RECEIVED</b></p> <p>MAY 21 2025</p> <p>Geauga County Auditor</p>					
TOTAL DUE					\$5,000.00

Presented by Court as a  
courtesy only,  
**NOT** statutorily required  
See *State ex rel. Grendell v. Walder*,  
Slip Opinion No. 2022-Ohio-204



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



PRINT EMPLOYEE NAME Samuel Matthews /

DEPARTMENT Juvenile

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
	PURPOSE OF TRAVEL			
4/16/2025	231 Main St, Chardon 25JD054, 28.7 - normal commute 11.5 = 17.2	Bainbridge; Novelty	✓ 17.20	
4/24/2025	231 Main St, Chardon 25JF68 & 70, RT	Chardon	✓ 7.40	
4/23/2025	Novelty meeting, LG, RT/	16490 Chillicothe Rd Bainbridge	✓ 11.00	
4/25/2025	231 Main St, Chardon Range training, 18.4 - normal commute 11.5 = 6.9	12375 Kinsman Newbury; Novelty	✓ 6.90	
<del>4/25/2025</del>	<del>Range training, 25.84 - 2.34 tax &amp; surcharges = 23.50</del>			<del>23.50</del>

*[Handwritten signatures and initials in the right margin of the table, including a large signature on the right side.]*

**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.

Column Totals	A	✓ 42.50	<del>\$ 23.50</del>	B
Total Mileage Amount	(A) X .700**		✓ \$ 29.75	C
Total Reimbursement	(B) + (C)		<del>\$ 53.25</del>	

*[Handwritten initials and marks next to the summary table.]*

**ORIGINAL RECEIPTS MUST BE ATTACHED**

Samuel Matthews      5-7-25  
 Employee Signature      Date

[Signature]      S.P. Z...  
 Department Head Signature      Commissioner Approved 01/07/2025