



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: **07/18/2025**

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2025-00001596

Geauga Credit Union \$488.00

<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.

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 May 29, 2025
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of
\$1,767.00

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
	7/21/2025	\$ 488.00 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
05/29/2025	dr	
1099 AMT.	cr	

PURCHASE ORDER NO. 2025-00002595 ✓

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

VENDOR I.D. NO. 1704

PURCHASED FROM:

Geauga Credit Union

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

Kimberly [Signature]
DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	1001	TRAVEL - 2025 Ohio Chief Probation Officers Assoc. Line Officers Tra 1001-007-02-902 - Travel 1,767.00	1,767.0000	\$1,767.00
			Hotels - BG, JAR		
TOTAL DUE					\$1,767.00

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

FILED
IN THE COMMON PLEAS COURT
2025 JUL 16 AM 10:04
PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

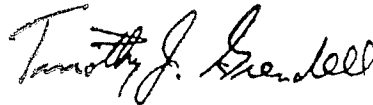
IN RE:) JUDGE TIMOTHY J. GRENDALL
)
JUVENILE COURT)
EXPENDITURES) **PROPER ADMINISTRATIVE ORDER**
GEAUGA CREDIT UNION) **2025-274**

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 \$488.00 (Four Hundred Eighty Eight Dollars and No Cents) from 1001-007-02-902 payable to GEAUGA CREDIT UNION, for travel expenses for the 2025 Ohio Chief Probation Officers Association Line Officers Training, 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. GRENDALL, JUDGE

CC: Fiscal Director

Travel Expense Request

Auditor's Number:

2025-2595Date: 5/29/2025Department: JuvenileConvention, Meeting, Etc.: 2025 Ohio Chief Probation Officers Association Line Officers TrainingLocation: Columbus, OH Reason: trainingDates of Travel: June 11-13, 2025 Dates of Event: June 12-13, 2025Employees Attending: John Ralph & Bonnie Glavic (List Names)Account: 1001-007-02-902 Travel**Estimated Expenses:**

Hotel	<u>\$602.00</u>
Food	<u>\$115.00</u>
Mileage	<u>\$250.00</u>
Registration	<u>\$700.00</u>
Other	<u>\$100.00</u>
Total	<u>\$1,767.00</u>

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

Kimberly Gue
Department Head Signature

5/27/2025
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 \$ 1767.00 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 5/29/2025 25-124, Journal No. 98.

Original: Above Department
Copy: Auditor
Copy: Commissioner

[Signature]
Clerk, Geauga Co. Bd. of Commissioners

Actual Expenses:

Hotel	<u>\$ 488.00</u> ✓	Departure Date	_____
Food	_____	Departure Time	_____
Mileage	_____	am / pm	_____
Registration	_____	Return Date	_____
Other	_____	Return Time	_____
Total	<u>\$ 488.00</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: [Signature]

Partial Payment Final Payment

Revised 08/20/08

Original and 2 copies required



GEAUGA PROBATE JUVE COURT
 GEAUGA PROBATE JUVE COURT
 Account Number: ##### 0162

Statement Closing Date:
 June 17, 2025

Summary of Account Activity	
Previous Balance	\$ 2,073.65
Payments	- \$1,401.98 -
Other Credits	- \$0.00
Other Debits	+ \$0.00
Purchases	+ <i>pc</i> <u>\$488.00</u>
Cash Advances	+ \$0.00
Balance Transfers	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
NEW BALANCE	\$ 1,159.67
Credit Limit	\$20,000.00
Available Credit	\$18,840.33
Available Cash	\$18,840.33
Amount Disputed	\$0.00
Statement Closing Date	06/17/25
Days in Billing Cycle	30

Payment Information	
New Balance	\$ 1,159.67
Total Minimum Payment Due	\$ 35.00
Payment Due Date	07/12/25

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of...
Only the minimum payment	4 years	\$1159.67
32.21	3 years	\$0.00 (Savings= \$ 0.00)

If you would like information about credit counseling services, call (877) 271-1764.

Contact Information	
	Customer Service: (800) 322-8472
	Report Lost or Stolen Card: (727) 570-4881
	After Hours: (866) 604-0381
	Please send Billing Inquiries and Correspondence to: CUSTOMER SERVICE PO BOX 30495 TAMPA, FL 33630-3495
	Please Mail Your Payments to: PO BOX 4521 CAROL STREAM IL 60197-4521

Transactions						
Trans Date	Post Date	Plan Name	Reference Number	Description	Amount	
06/13	06/15	PUR1P	24943005165226056012884	HYATT REGENCY COLUMBUS 6144631234 OH	\$ 244.00	/
06/13	06/15	PUR1P	24943005165226056013874	HYATT REGENCY COLUMBUS 6144631234 OH	\$ 244.00	/
Payments, Adjustments and Other						
06/09	06/09		74457045160001215700339	PAYMENT - THANK YOU TAMPA	1,401.98 -	
TOTAL PAYMENTS OR ADJUSTMENTS					\$ 1,401.98 -	

NOTICE: CONTINUED ON PAGE 3
 Page 1 of 3

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

GEAUGA CU
 PO BOX 839
 BURTON OH 44021-0839



Account Number
 ##### 0162

Check box to indicate address change on back of this coupon

AMOUNT OF PAYMENT ENCLOSED

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
06/17/25	\$1,159.67	\$35.00	07/12/25

\$

GEAUGA PROBATE JUVE COURT
 GEAUGA PROBATE JUVE COURT
 231 MAIN ST.
 2ND FLOOR
 CHARDON OH 44024



936

MAKE CHECK PAYABLE TO:



GEAUGA CU - VISA
 PO BOX 4521
 CAROL STREAM IL 60197-4521

SE 4457 0410 0008 0162 00003500 00115967 8



GEAUGA PROBATE JUVE COURT
 GEAUGA PROBATE JUVE COURT
 Account Number: #### #### #### 0162

Statement Closing Date:
 June 17, 2025

Transactions...Continued

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
Fees					
TOTAL FEES FOR THIS PERIOD					\$ 0.00
Interest Charged					
TOTAL INTEREST FOR THIS PERIOD					\$ 0.00
2025 Totals Year To Date					
Total Fees Charged in 2025					\$ 0.00
Total Interest Charged in 2025					\$ 0.00

Important Messages

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO. ENROLL TODAY!

Interest Charge Calculation/Plan Level Information

Plan Name	Plan Description	ICM ¹	Balance Subject to Interest Rate	Periodic Rate ²	Annual Percentage Rate (APR) ³	Interest Charge
Purchases						
PUR1P 001	PURCHASE	G	\$1,701.85	0.00000% (M)	0.0000%	\$0.00
Cash						
CSH1N 001	CASH	A	\$0.00	0.00000% (M)	0.0000%	\$0.00
TOTAL			\$1,701.86			\$0.00

¹ ICM Interest Charge Method: See reverse side of Page 1 for explanation.

² Periodic Rate (M) = Monthly (D) = Daily

³ Your Annual Percentage Rate (APR) is the annual interest rate on your account.

(V) = Variable Rate. If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.



Hyatt Regency Columbus
 350 North High Street
 Columbus, OH 43215
 Tel: 614-463-1234
 Fax: 614-280-3034
 columbusregency.hyatt.com

INVOICE

Glavic
 231 Ln
 Chardon OH 44024
 United States

Room No. 1725
 Arrival 06-11-25
 Departure 06-13-25
 Folio Window 2
 Folio No. 1299069

Confirmation No. 321326001
 Group Name OCPOA 2025 Training

Date	Description	Charges	Credits
06-11-25	Accommodation	122.00	
06-11-25	City Occupancy Tax 10%	12.20	
06-11-25	Room State Tax 8%	9.76	
06-12-25	Accommodation	122.00	
06-12-25	City Occupancy Tax 10%	12.20	
06-12-25	Room State Tax 8%	9.76	
06-13-25	City Occupancy Tax 10% Exempt	-24.40	
06-13-25	Room State Tax 8% Exempt	-19.52	
06-13-25	Visa XXXXXXXXXXXXXXX0162 XX/XX		244.00
Total		244.00	244.00
Guest Signature		Balance	0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

World of Hyatt Summary

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

For inquiries concerning your bill, please call 888-587-2877

We value your feedback. If you were not fully satisfied with your visit, please email us at: hyattcolumbus@Hyatt.com

Please remit payment to:
 Hyatt Regency Columbus
 PO Box 301596
 Dallas TX 75303-1596



Hyatt Regency Columbus
 350 North High Street
 Columbus, OH 43215
 Tel: 614-463-1234
 Fax: 614-280-3034
 columbusregency.hyatt.com

PRO-FORMA FOLIO

Ralph
 231 Ln
 Chardon OH 44024
 United States

Room No.
 Arrival 06-11-25
 Departure 06-13-25
 Folio Window 2
 Folio No.

Confirmation No. 1764855201
 Group Name OCPOA 2025 Training

Date	Description	Charges	Credits
06-11-25	Accommodation	122.00	
06-11-25	City Occupancy Tax 10%	12.20	
06-11-25	Room State Tax 8%	9.76	
06-12-25	Accommodation	122.00	
06-12-25	City Occupancy Tax 10%	12.20	
06-12-25	Room State Tax 8%	9.76	
Total		287.92	0.00

= \$244.00

Guest Signature

Balance

287.92

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

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We value your feedback. If you were not fully satisfied with your visit, please email us at: hyattcolumbus@Hyatt.com

Please remit payment to:
 Hyatt Regency Columbus
 PO Box 301596
 Dallas TX 75303-1596