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

**Return Voucher Form**

Date: 09/24/25

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

From: Auditor's Office Fiscal Department

**SUBJECT:** **Batch # 2025-00002222** **Geauga Credit Union $616.31**

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| | |
|---|---|
| _____ 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: No original signature on the voucher cover or invoice. Wrong date on voucher. Missing signature on Travel Expense Request form. All invoice pages are not provided.

done

done

**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 August 18, 2025
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of
$2,395.00
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 |
|---|---|---|
| | 9/29/2025 | $ 616.31 ✓ |
| P.O. DATE | ADJUSTMENT | ACCOUNT NO. |
| 08/18/2025 | dr. | |
| 1099 AMT. | cr. | |
| | | |

PURCHASE ORDER NO. 2025-00003042 ✓ KC

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

VENDO 1704

**PURCHASED FROM:**

Geauga Credit Union

**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 | 2080 | TRAVEL - 2025 Ohio Association of Magistrates Fall Conference<br>2080-008-00-902 - Travel 2,395.00 ✓ | 2,395.0000 | $2,395.00 |
| | | | Hotel - ALK, MLH | | |
| | | | RECEIVED<br>SEP 24 2025<br>Geauga County Auditor | | |
| | | | | TOTAL DUE | $2,395.00 |

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**

2025 SEP 23 PM 1:14

| | |
|---|---|
| IN RE: | ) JUDGE TIMOTHY J. GRENDELL |
| | ) |
| PROBATE COURT | ) |
| EXPENDITURES | ) **PROPER ADMINISTRATIVE ORDER** |
| **GEAUGA CREDIT UNION** | ) **2025-157** |

Pursuant to R.C. 2303.201(E)(1), Administrative Order 2010-02 of this Court issued by Judge Henry (copy attached), and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of $616.31 (Six Hundred Sixteen Dollars and Thirty One Cents) from 2080-008-00-902 payable to GEAUGA CREDIT UNION, for travel expenses for the 2025 Ohio Association of Magistrates Fall Conference, 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.

9/23/2025

TIMOTHY J. GRENDELL, JUDGE

CC: Fiscal Director

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

**In Re:**
**Establishment of Probate Court Special Projects Fund**

**ADMINISTRATIVE ORDER 2010-02**

**WHEREAS,** the Court of Common Pleas, Probate Division, has determined that, for the efficient operation of the Court, additional funds are necessary for special projects of the Court, and

**WHEREAS,** the special projects shall include, but not be limited to, the acquisition of additional facilities or the rehabilitation of existing facilities, the acquisition of equipment, the hiring and training of staff, community service programs, mediation or alternative dispute resolution services, the employment of magistrates, the training and education of judges and magistrates, and other related services.

**THEREFORE,** pursuant to the authority granted in Ohio Revised Code Section 2303.201(E)(1), the Court hereby amends Rule 4 of the Local Rules of the Geauga County Court of Common Pleas, Probate Division, to encompass a new special projects fee in the sum of Fifteen Dollars ($ 15.00) to be assessed on the filing of each estate, guardianship, trust, miscellaneous civil case, adoption, minor settlement, wrongful death case, name change, and marriage license.

All fees collected pursuant to this order shall be paid to the Geauga County Treasurer for deposit into a general special projects fund for Probate Court. The Court will allocate the funds to individual projects and moneys from such fund shall be disbursed upon an order of the Court in an amount not greater than the actual cost to the Court of any such determined project. The Probate Court clerks shall charge and collect this fee beginning on March 1, 2010, to be assessed on all specified cases filed on or after said date and the clerks shall continue to charge and collect this fee until further order of this Court.

**IT IS SO ORDERED.**

Judge Charles E. Henry

# Travel Expense Request

Auditor's Number: 2025-3042

Date: 8/18/2025 Department: Probate

Convention, Meeting, Etc.: 2025 Ohio Association of Magistrates Fall Conference

Location: Columbus, OH Reason: conference

Dates of Travel: September 2-5, 2025 Dates of Event: September 3-5, 2025

Employees Attending: Magistrates Abbey L. King and Michael L. Hurst (List Names)

**Account:** 2080-008-00-902 Travel * LIVE*

**Estimated Expenses:**

| | |
|---|---|
| Hotel | $900.00 |
| Food | $75.00 |
| Mileage | $420.00 |
| Registration | $900.00 |
| Other | $100.00 |
| **Total** | $2,395.00 |

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

Kimberly King

Department Head Signature

7/29/2025

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 $ 2,395.00 has been lawfully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the 2080-008-00-902 fund, free from any previous encumbrances.

By: Kbst

Deputy Auditor

The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on 8/28/2025 25-468, Journal No. 98.

Original: Above Department
Copy: Auditor
Copy: Commissioner

Clerk, Geauga Co. Bd. of Commissioners

**Actual Expenses:**

| | | | |
|---|---|---|---|
| Hotel | $ 616.31 | Departure Date | |
| Food | | Departure Time | am / pm |
| Mileage | | Registration | |
| Other | | Return Date | |
| **Total** | $ 616.31 | Return Time | 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:

Title: Court Administrator

Approved by: Kimberly King

Partial Payment ☑

Final Payment ☐

Revised 08/20/08

Original and 2 copies required

VISA

$616.31

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

Statement Closing Date:
September 17, 2025

## Summary of Account Activity

| | | |
|---|---|---|
| Previous Balance | | $ 1,195.67 |
| Payments | - | $0.00 |
| Other Credits | - | $215.33 - |
| Other Debits | + | $0.00 |
| Purchases | + | $831.64 |
| Cash Advances | + | $0.00 |
| Balance Transfers | + | $0.00 |
| Fees Charged | + | $0.00 |
| Interest Charged | + | $0.00 |
| NEW BALANCE | | $ 1,811.98 |
| Credit Limit | | $20,000.00 |
| Available Credit | | $18,188.02 |
| Available Cash | | $18,188.02 |
| Amount Disputed | | $0.00 |
| Statement Closing Date | | 09/17/25 |
| Days in Billing Cycle | | 30 |

## Payment Information

| | |
|---|---|
| **New Balance** | **$ 1,811.98** |
| **Total Minimum Payment Due** | **$ 55.00** |
| **Payment Due Date** | **10/12/25** |

**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 | | |
| 50.33 | | |

If you would like information al call (877) 271-1764.

Credit

136.95 +
31.46 +
46.92 +
215.33 *

## 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 |
|---|---|---|---|---|---|
| 09/02 | 09/04 | PUR1P | 24755425246162469920407 | CAMBRIA HOTEL COLUMBUS PO COLUMBUS OH | $ 415.82 |
| 09/02 | 09/04 | PUR1P | 24755425246162469920415 | CAMBRIA HOTEL COLUMBUS PO COLUMBUS OH | 415.82 |
| 09/04 | 09/09 | | 74755425251272485145041 | CAMBRIA HOTEL COLUMBUS PO COLUMBUS OH | 136.95 - |
| 09/04 | 09/09 | | 74755425251272485145058 | CAMBRIA HOTEL COLUMBUS PO COLUMBUS OH | 31.46 - |
| 09/05 | 09/10 | | 74755425252172497433436 | CAMBRIA HOTEL COLUMBUS PO COLUMBUS OH | 46.92 - |

**Fees**

NOTICE: CONTINUED ON PAGE 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 |
|---|---|---|---|
| 09/17/25 | $1,811.98 | $55.00 | 10/12/25 |

$

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

918

MAKE CHECK PAYABLE TO:

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

SE 4457 0410 0008 0162 00005500 00181198 7

## IMPORTANT INFORMATION

Interest Charge Calculation Methods (ICM) and Computation of Balance Subject to Interest Rate. The Interest Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below:

**Method A** - Average Daily Balance (including new transactions). The Interest Charge on purchases begins from the date the transaction is posted to your account, and the Interest Charge on cash advances begins from the date you obtained the cash advance, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no grace period. The Interest Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid interest charge This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

**Method E** - Average Daily Balance (excluding new transactions). To avoid incurring an additional Interest Charge on the balance of purchases (and cash advances if Method E is specified as applicable to cash advances) reflected on your monthly statement, you must pay the entire "New Balance" in full, shown on your monthly statement on or before the Payment Due Date. The Interest Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day (excluding new transactions) and subtract any payments, credits, non-accruing fees, and unpaid interest charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

**Method G** - Average Daily Balance (including new transactions). To avoid incurring additional Interest Charges on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the entire "New Balance", in full, shown on your monthly statement on or before the Payment Due Date. The Interest Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid interest charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the average daily balance.

Payment Crediting and Credit Balance. Payments received by 5PM at the location specified on the front of the statement after the phrase "Please Mail Your Payments to": will be credited as of the date of receipt to the account specified on the payment coupon. Payments made in person during normal business hours at branch locations where such payments are accepted will be treated as received on the same day. Payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request, in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase **"Please send Billing Inquiries and Correspondence to"**.

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

**Closing Date**. The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

**Annual Fee**. If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address listed on the front of this statement after the phrase **"Please send Billing Inquiries and Correspondence to:"**. You may use your card(s) during this 30 day period but immediately thereafter must send your card(s), which you have cut in half, to this same address.

**Negative Credit Reports.** You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

**BILLING RIGHTS SUMMARY**

**What To Do If You Think You Find A Mistake On Your Statement**

If you think there is an error on your statement, write to us at the address shown on the front of this billing statement after the phrase **"Please send Billing Inquiries...to"**: In your letter, give us the following information

- Account Information: Your name and account number.
- Dollar Amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing(or electronically). You may call us, but if you do, we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are t

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

**Your Rights If You Are Dissatisfied With Your Credit Card Purchases**

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you heve tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing(or electronically) at the address shown on the front of this billing statement following the phrase **"Please send Billing Inquiries...to"**: While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay, we may report you as delinquent.

---

Please use blue or black ink to complete form

**NAME CHANGE** Last _____

First _____ Middle _____

**ADDRESS CHANGE** Street _____

_____

City _____ State _____ ZIP Code _____

Home Phone ( ) - Business Phone ( ) -

**SIGNATURE REQUIRED TO AUTHORIZE CHANGES** Signature _____

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

Statement Closing Date:
September 17, 2025

## Transactions...Continued

| Trans Date | Post Date | Plan Name | Reference Number | Description | Amount |
|---|---|---|---|---|---|
| | | | | **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 | $1,520.73 | 0.00000% (M) | 0.0000% | $0.00 |
| **Cash** | | | | | | |
| CSH1N 001 | CASH | A | $0.00 | 0.00000% (M) | 0.0000% | $0.00 |
| TOTAL | | | $1,520.73 | | | $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.

CAMBRiA hotels

**Cambria Hotel Columbus Polaris (OH360)**
9100 Lyra Drive
Columbus, OH 43240
(614) 841-9100
OH360@stayatchoice.com

State
KING, ABBEY
UNKNOWN
UNKNOWN, OH 44024

| | |
|---|---|
| Account: | 1004789136 |
| Date: | 9/4/25 |
| Room: | 337 LSTATE |
| Arrival Date: | 9/2/25 |
| Departure Date: | 9/4/25 |
| Check In Time: | 9/2/25 8:06 PM |
| Check Out Time: | 9/4/25 8:35 AM |
| Rewards Program ID: | |
| You were checked in by: | kseals0 |
| You were checked out by: | kseals0 |
| **Total Balance Due:** | **$0.00** |

| Post Date | Description | Comment | Amount |
|---|---|---|---|
| 9/2/25 | Visa Payment | XXXXXXXXXXXX0162 | ($415.82) |
| 9/2/25 | Room Charge | #337 KING, ABBEY | $120.42 |
| 9/2/25 | State Tax | | $9.63 |
| 9/2/25 | City / County Tax | | $6.14 |
| 9/2/25 | Occupancy Tax | | $3.61 |
| 9/3/25 | Room Charge | #337 KING, ABBEY | $119.79 |
| 9/3/25 | State Tax | | $9.58 |
| 9/3/25 | City / County Tax | | $6.11 |
| 9/3/25 | Occupancy Tax | | $3.59 |
| 9/4/25 | Visa Payment | Adjustment XXXXXXXXXXXX0162 | $136.95 |
| 9/4/25 | City / County Tax | Adjustment | ($12.25) |
| 9/4/25 | State Tax | Adjustment | ($19.21) |
| 9/4/25 | Visa Payment | Adjustment XXXXXXXXXXXX0162 | $31.46 |

**Folio Summary 9/2/25 - 9/4/25**

| | |
|---|---|
| Room Charge | $240.21 |
| City / County Tax | $0.00 |
| Occupancy Tax | $7.20 |
| State Tax | $0.00 |
| Visa Payment | ($247.41) |
| Balance Due: | **$0.00** |

**With this rate you are able to earn Choice Privileges points to redeem for free nights and other rewards!**

x_____

CHOICE privileges REWARDS

**Earn reward nights at Choice Hotels. Join Choice Privileges today at www.choicehotels.com/choice-privileges. Earn reward nights faster with the Choice Privileges Mastercard. Learn more at www.choicehotels.com/cardoffer.**

CAMBRiA hotels

**Cambria Hotel Columbus Polaris (OH360)**
9100 Lyra Drive
Columbus, OH 43240
(614) 841-9100
OH360@stayatchoice.com

Account: 1004789149
Date: 9/5/25
Room: 342 LSTATE
Arrival Date: 9/2/25
Departure Date: 9/5/25
Check In Time: 9/2/25 9:05 PM
Check Out Time: 9/5/25 8:08 AM
Rewards Program ID:
You were checked in by: pchris
You were checked out by: pchris
**Total Balance Due: $0.00**

State
KING, ABBEY
UNKNOWN
UNKNOWN, OH 44024

| Post Date | Description | Comment | Amount |
|---|---|---|---|
| 9/2/25 | Visa Payment | | ($415.82) |
| | | XXXXXXXXXXXX0162 | |
| 9/2/25 | Room Charge | #342 KING, ABBEY | $120.42 |
| 9/2/25 | State Tax | | $9.63 |
| 9/2/25 | City / County Tax | | $6.14 |
| 9/2/25 | Occupancy Tax | | $3.61 |
| 9/3/25 | Room Charge | #342 KING, ABBEY | $119.79 |
| 9/3/25 | State Tax | | $9.58 |
| 9/3/25 | City / County Tax | | $6.11 |
| 9/3/25 | Occupancy Tax | | $3.59 |
| 9/4/25 | Room Charge | #342 KING, ABBEY | $117.95 |
| 9/4/25 | State Tax | | $9.44 |
| 9/4/25 | City / County Tax | | $6.02 |
| 9/4/25 | Occupancy Tax | | $3.54 |
| 9/5/25 | State Tax | Adjustment | ($28.65) |
| 9/5/25 | City / County Tax | Adjustment | ($18.27) |
| 9/5/25 | Visa Payment | Adjustment | $46.92 |
| | | XXXXXXXXXXXX0162 | |

**Folio Summary 9/2/25 - 9/5/25**

| | |
|---|---|
| Room Charge | $358.16 |
| City / County Tax | $0.00 |
| Occupancy Tax | $10.74 |
| State Tax | $0.00 |
| Visa Payment | ($368.90) |
| Balance Due: | **$0.00** |

**With this rate you are able to earn Choice Privileges points to redeem for free nights and other rewards!**

x_____

CHOICE privileges REWARDS

**Earn reward nights at Choice Hotels. Join Choice Privileges today at www.choicehotels.com/choice-privileges. Earn reward nights faster with the Choice Privileges Mastercard. Learn more at www.choicehotels.com/cardoffer.**