Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 09/24/25

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

From: Auditor's Office Fiscal Department

SUBJECT: **Batch # 2025-00002223** **Heather Mountsier $25.10**

_____ 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.

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 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 Certficate: _____
Warrant Received by: _____
Date: _____

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	9/29/2025	$ 25.10
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2025	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2025-00001152 KC

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

VENDOR I.D. NO. 5267

PURCHASED FROM:

Heather Mountsier

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 1001-007-02-902 - Travel 5,000.00 August 2025	5,000.0000	$5,000.00
				TOTAL DUE	$5,000.00

RECEIVED
SEP 24 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

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

2025 SEP 23 PM 1:15

IN RE:	) JUDGE TIMOTHY J. GRENDELL
	)
JUVENILE COURT	)
EXPENDITURES	) **PROPER ADMINISTRATIVE ORDER**
MOUNTSIER, HEATHER	) **2025-344**

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 $25.10 (Twenty Five Dollars and Ten Cents) from 1001-007-02-902 payable to MOUNTSIER, HEATHER, for employee mileage reimbursement, 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. Grendell

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 Heather Mountsier

DEPARTMENT Juvenile Probation

DATE	ORIGIN / DESTINATION / PURPOSE OF TRAVEL	MILEAGE	MISC. AMOUNT
08/13/25	231 Main Street Chardon, 44024 — Chardon, Home Field Visit 24JD193, Home (less normal 12 mile commute)	5.40	
08/14/25	231 Main Street Chardon, 44024 — Chardon Home Visit 25JD047 — ROUNDTRIP	4.70	
08/18/25	231 Main Street Chardon, 44024 — Grove City PA, Chardon, Home Field Visit 24JD162, Home Visit 2023-JU-10-0569, Home (less normal 12 mile commute)	162.00	
08/20/25	231 Main Street Chardon, 44024 — Chardon, Chagrin Falls, Home Field Visit 24JD193, Home Visit 25JT106, Home (less normal 12 mile commute)	19.50	
08/21/25	Home — Bedford, 231 Main Street Chardon, 44024 Field Visit 24JD048, Office (less normal 12 mile commute)	34.20	
08/25/25	231 Main Street Chardon, 44024 — Chardon Home Visit 25JU061 — ROUNDTRIP	4.30	
08/25/25	231 Main Street Chardon, 44024 — Chardon, Home Home Visit 2023-JU-10-0569, Home (less normal 12 mile commute)	4.80	
08/27/25	231 Main Street Chardon, 44024 — Chardon, Home Field Visit 24JD193 — ROUNDTRIP	12.00	
08/27/25	231 Main Street Chardon, 44024 — Montville, Home Home Visit 25JD130, Home (less normal 12 mile commute)	20.30	
08/29/25	231 Main Street Chardon, 44024 — Bedford, Chagrin Falls, Office Field Visit 24JD048, Home Visit 25JT106, Office (less normal 12 mile commute)	41.90	
	Column Totals A	309.10	B
	Total Mileage Amount (A) X .700**		$ 216.37 C
	Total Reimbursement (B) + (C)		**$ 216.37**

$7.07 - 1.64 = $5.43 (1001)

only Claiming this and on this sheet

$209.30 (2003)

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

Employee Signature — Date: 09/2/2025

Department Head Signature — Beth William 9/2/25

IRS 700 rate effective 01/01/2025

Commissioners Approved 01/07/2025

Revised 01/08/2025 RH

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

Print Form

Reset Form

PRINT EMPLOYEE NAME Heather Mountsier

DEPARTMENT Juvenile Probation

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
	PURPOSE OF TRAVEL			
08/31/25	Home	Burton	✓ 28.10	
	Fair Tent	ROUNDTRIP		

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	✓ 28.10	B
Total Mileage Amount	(A) X .700**	$ 19.67	C
Total Reimbursement	(B) + (C)	**$ 19.67**	✓

ORIGINAL RECEIPTS MUST BE ATTACHED ✓

Employee Signature: [signature] ✓ Date: 09/2/2025

Department Head Signature: Beth Williams 9/2/25 Kimberly

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

Revised 01/08/2025 RHL