



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 10/30/25

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch #2025-00002508

Geauga Credit Union \$387.00

☐ 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	☒ 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 September 23, 2025
I HEREBY CERTIFY that the money required to meet the foregoing
contract, agreement, or obligation in the sum of
\$1,700.00

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
	11/3/2025 X	\$ 387.00 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
09/23/2025		
1099 AMT.	dr.	
	cr.	

PURCHASE ORDER NO. 2025-00003318 ✓

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


DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	1001	TRAVEL - 2025 OAPJ Court Investigators Training 1001-008-00-902 - Travel 1,700.00 ✓ Hotel - 2025 Ct Inv Trng	1,700.0000	\$1,700.00
RECEIVED OCT 30 2025 Geauga County Auditor				TOTAL DUE	\$1,700.00

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**

FILED OCT 29 PM 3:34
CLERK OF COURT
GEAUGA COUNTY, OHIO

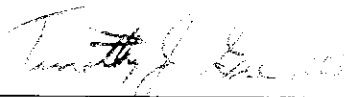
IN RE:	) JUDGE TIMOTHY J. GRENDALL
	)
PROBATE COURT	)
EXPENDITURES	) PROPER ADMINISTRATIVE ORDER
GEAUGA CREDIT UNION	) 2025-170

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$387.00 (Three Hundred Eighty Seven Dollars and No Cents) from 1001-008-00-902 payable to GEAUGA CREDIT UNION, for travel expenses for the 2025 OAPJ Court Investigators Training, 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. GRENDALL, JUDGE

10/29/25

CC: Fiscal Director

**VISA**

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

Statement Closing Date:
 October 19, 2025

Summary of Account Activity

Previous Balance	\$ 1,811.98
Payments	\$1,140.31 -
Other Credits	\$1,100.52 -
Other Debits	\$0.00
Purchases	\$4,302.11
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
NEW BALANCE	\$ 3,873.26
Credit Limit	\$20,000.00
Available Credit	\$16,126.74
Available Cash	\$16,126.74
Amount Disputed	\$0.00
Statement Closing Date	10/19/25
Days in Billing Cycle	32

Payment Information

New Balance	\$ 3,873.26
Total Minimum Payment Due	\$ 117.00
Payment Due Date	11/12/25

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	7 years	\$3873.26
107.59	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
09/23	09/24	PUR1P	24116415266718281888872	HOTELBOOKING*SERV FEE 8007279059 UT	\$ 17.99
09/24	09/24	PUR1P	24036295267718311510225	HTL*CHERRYVALLEYHO 203-299-8000 CT <i>carson fee</i>	1,100.52
09/24	09/24	PUR1P	74036295267718347844619	HTL*CHERRYVALLEYHO 800-468-3578 CT <i>cong.</i>	1,100.52 -
09/29	10/01	PUR1P	24692165273108807076687	RESIDENCE INN COLUMBUS DUBLIN OH	\$129.00 ✓
09/29	10/01	PUR1P	24692165273108807076695	RESIDENCE INN COLUMBUS DUBLIN OH <i>car's leave Investigator</i>	\$129.00 ✓
09/29	10/01	PUR1P	24692165273108807076711	RESIDENCE INN COLUMBUS DUBLIN OH	\$129.00 ✓
10/01	10/02	PUR1P	24943005275299139029016	HYATT REGENCY COLUMBUS 6144631234 OH <i>Phal ASA</i>	\$2,796.60

NOTICE: CONTINUED ON PAGE 3
 Page 1 of 3

\$1167.96 - employees
\$1118.64 - volunteers

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

10/19/25

New Balance

\$3,873.26

**Total Minimum
Payment Due**

\$117.00

Payment Due Date

11/12/25

\$

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



6567

MAKE CHECK PAYABLE TO:



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

SE 4457 0410 0008 0162 00011700 00387326 4



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

Statement Closing Date:
October 19, 2025

Transactions...Continued

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
Payments, Adjustments and Other					
09/30	10/01		74457045274001200100274	PAYMENT - THANK YOU TAMPA	524.00 -
10/03	10/06		74457045279001209301639	PAYMENT - THANK YOU TAMPA	616.31 -
TOTAL PAYMENTS OR ADJUSTMENTS					\$ 1,140.31 -
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	\$0.00	0.00000% (M)	0.00000%	\$0.00
Cash						
CSH1N 001	CASH	A	\$0.00	0.00000% (M)	0.00000%	\$0.00
TOTAL			\$2,974.55			\$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.

Residence INN_{BY MARRIOTT}

Residence Inn® Columbus Dublin

6364 Frantz Rd, Dublin Oh 43017 P 614.389.6600

Marriott.com/CMHCD

Kerri Quay
231 Main St
2nd Floor
Chardon OH 44024

Room: 108
Room Type: STDO
Number of Guests: 3
Rate: \$129.00

Clerk: JST

✓ Arrive: 28Sep25

Time: 07:44PM

Depart: 29Sep25

Time: 01:19PM

Folio Number: 65555

DATE	DESCRIPTION	CHARGES	CREDITS
28Sep25	Room Charge	129.00	
28Sep25	State Tax	10.32	
28Sep25	City Tax	7.74	
28Sep25	County Tax	5.16	
29Sep25	State Tax		10.32
29Sep25	City Tax		7.74
29Sep25	County Tax		5.16
29Sep25	Visa		129.00 ✓

Card #: VXXXXXXXXXXXX0162XXXX

Card Type: VISA Card Entry: MANUAL Approval Code: 644250

BALANCE: 0.00

As a Marriott Bonvoy Member, you could have earned points towards your free dream vacation today. Start earning points and Elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

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To plan your next stay, visit ResidenceInn.com.



Residence Inn® Columbus Dublin

6364 Frantz Rd, Dublin Oh 43017 P 614.389.6600

Marriott.com/CMHCD

Kerri Quay
231 Main St
2nd Floor
Chardon OH 44024

Room: 307
Room Type: STDO
Number of Guests: 3
Rate: \$129.00
Clerk: JST

✓ Arrive: 28Sep25 Time: 04:17PM Depart: 29Sep25 Time: 01:22PM Folio Number: 65553

DATE	DESCRIPTION	CHARGES	CREDITS
28Sep25	Room Charge	129.00	
28Sep25	State Tax	10.32	
28Sep25	City Tax	7.74	
28Sep25	County Tax	5.16	
29Sep25	State Tax		10.32
29Sep25	City Tax		7.74
29Sep25	County Tax		5.16
29Sep25	Visa		129.00 ✓

Card #: VXXXXXXXXXXXX0162XXXX
Card Type: VISA Card Entry: MANUAL Approval Code: 674506

BALANCE: 0.00

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Residence INN.

BY MARRIOTT

Residence Inn® Columbus Dublin
6364 Frantz Rd, Dublin Oh 43017 P 614.389.6600
Marriott.com/CMHCD

Keri Quay
231 Main St
2nd Floor
Chardon OH 44024

Room: 309
Room Type: STDO
Number of Guests: 3
Rate: \$129.00
Clerk: JST

✓ Arrive: 28Sep25 Time: 07:43PM Depart: 29Sep25 Time: 01:25PM Folio Number: 65554

DATE	DESCRIPTION	CHARGES	CREDITS
28Sep25	Room Charge	129.00	
28Sep25	State Tax	10.32	
28Sep25	City Tax	7.74	
28Sep25	County Tax	5.16	
29Sep25	State Tax		10.32
29Sep25	City Tax		7.74
29Sep25	County Tax		5.16
29Sep25	Visa		129.00 ✓

Card #: VXXXXXXXXXXXXXXXXX0162XXXX
Card Type: VISA Card Entry: MANUAL Approval Code: 660404

BALANCE: 0.00

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Travel Expense Request

Auditor's Number:

2025-3318

Date: September 23, 2025

Department: Probate

Convention, Meeting, Etc.: 2025 OAPJ Court Investigators Training

Location: Dublin, OH

Reason: training

Dates of Travel: September 28-29, 2025

Dates of Event: September 29, 2025

Employees Attending: John Ralph, Sam Matthews, Kerri Quay (List Names)

Account: 1001-008-00-902 Travel

Estimated Expenses:

Hotel	\$396.00
Food	\$75.00
Mileage	\$630.00
Registration	\$450.00
Other	\$149.00
Total	\$1,700.00

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

Department Head Signature

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 \$ 1700.00 has been lawfully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the 1001-008-00-902 fund, free from any previous encumbrances.

By:

Deputy Auditor

The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on 9/30/2025 25-183, Journal No. 99.

Original: Above Department

Copy: Auditor

Copy: Commissioner

Clerk, Geauga Co. Bd. of Commissioners

Actual Expenses:

Hotel	\$ 387.00	Departure Date
Food		
Mileage		Departure Time am / pm
Registration		Return Date
Other		
Total	\$ 387.00	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:

Approved by:

Partial Payment

Final Payment

Revised 08/20/08

Original and 2 copies required