



**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**

**Kerri Quay \$213.09**

|                                                                        |                                                       |
|------------------------------------------------------------------------|-------------------------------------------------------|
| <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 cover or invoice. Wrong date on voucher. Wrong date on Mileage/Misc Reimbursement Voucher Form for the meal.

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 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    | \$ 213.09      |
| P.O. DATE   | ADJUSTMENT   | ACCOUNT NO.    |
| 09/23/2025  | dr.          |                |
| 1099 AMT.   | cr.          |                |

PURCHASE ORDER NO. 2025-00003318

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

VENDOR I.D. NO. 13862

**PURCHASED FROM:**

Kerri Quay

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

*Kimberly*  
DEPARTMENT HEAD SIGNATURE

| QUANTITY  | UNIT | FUND | DESCRIPTION                                                                                                                                                                                      | UNIT COST  | TOTAL COST |
|-----------|------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| 1.0000    | Each | 1001 | TRAVEL - 2025 OAPJ Court Investigators Training<br>1001-008-00-902 - Travel 1,700.00<br><br>Miles, meals & pkg - KQ<br><br><b>RECEIVED</b><br><b>OCT 30 2025</b><br><b>Geauga County Auditor</b> | 1,700.0000 | \$1,700.00 |
| 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

IN RE:

PROBATE COURT  
EXPENDITURES  
QUAY, KERRI

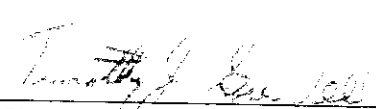
) JUDGE TIMOTHY J. GRENDALL  
)  
)  
) PROPER ADMINISTRATIVE ORDER  
) 2025-169

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$213.09 (Two Hundred Thirteen Dollars and Nine Cents) from 1001-008-00-902 payable to QUAY, KERRI, 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

CC: Fiscal Director

10/29/25

## Online Ordering (Online)

KERRI QUAY

|            |                   |
|------------|-------------------|
| Check #621 | KERRI QUAY        |
| Ordered:   | 9/28/25 5:18 PM   |
| Due:       | 9/28/25 5:38 PM ✓ |

|                 |        |
|-----------------|--------|
| Fried Fingers - |        |
| Full Order      | \$9.99 |
| Online          |        |
| Ordering        |        |
| Middle          |        |
| Shaken          |        |
| Sweet Thai      |        |
| Chili           |        |

|          |           |
|----------|-----------|
| Subtotal | \$9.99    |
| Tip      | \$1.50 ✓  |
| Total    | \$11.49 ✓ |

|      |              |
|------|--------------|
| Visa | xxxxxxxx9397 |
|------|--------------|

|               |              |
|---------------|--------------|
| Transaction   |              |
| Type          | Sale         |
| Authorization | Approved     |
| Approval Code |              |
| Payment ID    | mTmLtm9fgHjj |

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BY MARRIOTT

Residence Inn<sup>®</sup> 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: 309  
Room Type: STDO  
Number of Guests: 3  
Rate: \$129.00

Clerk: KLB

Arrive: 28Sep25

Time: 07:43PM

Depart: 29Sep25

Time: 07:05AM

Folio Number: 65554

| DATE | DESCRIPTION | CHARGES | CREDITS |
|------|-------------|---------|---------|
|------|-------------|---------|---------|

|         |               |  |  |
|---------|---------------|--|--|
| 28Sep25 | Daily Parking |  |  |
| 29Sep25 | Visa          |  |  |

7.00

7.00

Card #: VXXXXXXXXXXXX9397XXXX  
Card Type: VISA Card Entry: MANUAL Approval Code: 374285

**BALANCE: 0.00**

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

Print Form

Reset Form

PRINT EMPLOYEE NAME KERRI QUAY

DEPARTMENT PROBATE/JUVENILE

| DATE                 | ORIGIN                                   | DESTINATION                       | MILEAGE      | MISC. AMOUNT     |
|----------------------|------------------------------------------|-----------------------------------|--------------|------------------|
| PURPOSE OF TRAVEL    |                                          |                                   |              |                  |
| 9/29/25              | 17075 SAVAGE RD, CHAGRIN FALLS, OH 44023 | 6364 FRANTZ RD., DUBLIN, OH 43017 | 278.00       |                  |
|                      | OAPJ COURT INVESTIGATORS TRAINING        |                                   |              |                  |
| 9/29/25              | HOTEL PARKING FEE                        |                                   |              | ✓ 7.00           |
| 9/25/25              | MEAL                                     |                                   |              | ✓ 11.49          |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
|                      |                                          |                                   |              |                  |
| Column Totals A      |                                          |                                   | ✓ 278.00     | \$ 18.49 B       |
| Total Mileage Amount |                                          |                                   | (A) X .700** | \$ 194.60 C      |
| Total Reimbursement  |                                          |                                   | (B) + (C)    | <b>\$ 213.09</b> |

**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**

\*\* IRS .700 rate effective 01/01/2025

# 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          | ✓ |
| <b>Total</b> | <b>\$1,700.00</b> | ✓ |

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        |                  | Departure Date |
| Food         | \$ 11.49         |                |
| Mileage      | \$ 194.60        | Departure Time |
| Registration |                  | am / pm        |
| Other        | \$ 7.00          | Return Date    |
| <b>Total</b> | <b>\$ 213.09</b> | 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