



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 11/07/25

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2025-000002554

Susan Ebersbacher \$25.20

☐ 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 January 3, 2025
I HEREBY CERTIFY that the money required to meet the foregoing
contract, agreement, or obligation in the sum of
\$15,000.00

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 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
	11/12/2025	\$ 25.20 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2025	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2025-00001145 ✓ *xc*

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

VENDOR I.D. NO. 5598

PURCHASED FROM:

Susan Ebersbacher

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	2051	Travel Expenses, Other - Travel 2051-007-00-902 - Travel 15,000.00 October 2025	15,000.0000	\$15,000.00
TOTAL DUE					\$15,000.00

**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
JUVENILE COURT

2025 NOV -6 AM 10:15

PROBATE JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

) JUDGE TIMOTHY J. GRENDALL

)

JUVENILE COURT

)

EXPENDITURES

) PROPER ADMINISTRATIVE ORDER

EBERSBACHER, SUSAN

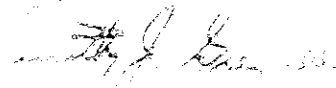
) 2025-404

Pursuant to R.C. 5705.42, 2303.201(E)(1), 2151.10, 2151.40, and 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$25.20 (Twenty Five Dollars and Twenty Cents) from 2051-007-00-902 payable to EBERSBACHER, SUSAN, 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. GRENDALL, JUDGE

12/1/2025

CC: Fiscal Director

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

Print Form

Reset Form

PRINT EMPLOYEE NAME Susan Ebersbacher *1 of 2*

DEPARTMENT CASA

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
	PURPOSE OF TRAVEL			
10/1/25	470 Center St. Chardon OH	Courthouse Annex Chardon, OH	✓ 3.00	
	Hearng roundtrip			
10/6/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearng roundtrip			
10/7/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearng roundtrip			
10/8/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearng roundtrip			
10/9/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearng roundtrip			
10/15/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearng roundtrip			
10/16/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearng roundtrip			
10/20/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearng roundtrip			
10/27/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearng roundtrip			
10/28/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearng roundtrip			
TRAVELER'S CERTIFICATE			Column Totals A	✓ 30.00

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.

Total Mileage Amount (A) X .700**

Total Reimbursement (B) + (C)

\$ 21.00

\$ 21.00

ORIGINAL RECEIPTS MUST BE ATTACHED

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

Revised 01/08/2025 RHL

Employee Signature

Date

Department Head Signature

25.20

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

Print Form
Reset Form

PRINT EMPLOYEE NAME Susan Ebersbacher 2 of 2

DEPARTMENT CASA

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
	PURPOSE OF TRAVEL			
10/29/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearing roundtrip			
10/30/25	470 Center St. Chardon OH	Courthouse Annex Chardon OH	✓ 3.00	
	Hearing 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	✓ 6.00	B
Total Mileage Amount	(A) X .700**	\$ 4.20	C
Total Reimbursement	(B) + (C)	\$ 4.20 ✓	

ORIGINAL RECEIPTS MUST BE ATTACHED

Susan Ebersbacher 10/31/25
Employee Signature Date

Mark J. Kimbrey
Department Head Signature