Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 11/14/25

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

From: Auditor's Office Fiscal Department

SUBJECT: **Batch # 2025-000002609** **Ada Gillespie $388.85**

_____ 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
$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 Certficate: _____
Warrant Received by: _____
Date: _____

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	11/17/2025	$ 388.85
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/03/2025	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2025-00001145

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

VENDOR I.D. NO. 48486

PURCHASED FROM:

Ada Gillespie

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	2051	Travel Expenses, Other - Travel 2051-007-00-902 - Travel 15,000.00	15,000.0000	$15,000.00

September 2025

RECEIVED
NOV 12 2025
Geauga County Auditor

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

IN RE:	) JUDGE TIMOTHY J. GRENDELL
	)
JUVENILE COURT	)
EXPENDITURES	) **PROPER ADMINISTRATIVE ORDER**
GILLESPIE, ADA	) **2025-426**

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 $388.85 (Three Hundred Eighty Eight Dollars and Eighty Five Cents) from 2051-007-00-902 payable to GILLESPIE, ADA, 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.

11/10/2025

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 Ada Gillespie DEPARTMENT CASA

DATE	ORIGIN / DESTINATION / PURPOSE OF TRAVEL	MILEAGE	MISC. AMOUNT
9-4-25	Montville, OH 44064 → Middlefield, OH 44062 14PN47 Home Visit, executed after work hours, round trip.	26.00	
9-15-25	470 Center Street Chardon, OH 44024 → Courthouse Annex Chardon, OH 44024 Court Hearing, round trip.	3.00	
9-15-25	470 Center Street Chardon, OH 44024 → Courthouse Annex Chardon, OH 44024 Court Hearing, round trip	3.00	
9-16-25	Montville, OH 44064 → 310 Grove Road, Torrence, PA 15779 19JF342 Arrived at Cove Secure for a Residential Visit.(Billing for 142mls vs. 152mls, 10mls traveled to work work)	142.00	
9-16-25	310 Grove Road, Torrence, PA 15779 → 1253 Scalp Avenue Johnstown, PA 15904 19JF342 Arrived at New Directions Dentistry for a Residential Visit	36.00	
9-16-25	1253 Scalp Avenue Johnstown, PA 15904 → Burton, OH 44021 23PN125 Transported CASA to Home Visit	184.00	
9-16-25	Burton, OH 44021 → Middlefield, OH 44062 23PN125 Arrived at Home Visit	6.00	
9-16-25	Middlefield, OH 44062 → Windsor, OH 44485 23PN125 Arrived at Home Visit	15.00	
9-16-25	Windsor, OH 44099 → 4395 Route 534 Southington, OH 44470 23PN125 Arrived at Southington Baptist	10.50	
9-16-25	4395 Route 534 Southington, OH 44470 → Burton, OH 44021 23PN125 Transported CASA to her home	10.00	
	Column Totals A	435.50	B
	Total Mileage Amount (A) X .700**		$ 304.85 C
	Total Reimbursement (B) + (C)		**$ 304.85**

$388.35

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

Ada Gillespie 10-1-25
Employee Signature Date

Department Head Signature

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

Revised 01/08/2025 RHL

Print Form

Reset Form

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

PRINT EMPLOYEE NAME Ada Gillespie DEPARTMENT CASA

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
	PURPOSE OF TRAVEL			
9-16-25	Burton, OH 44021	Montville, OH 44064	9.00	
	23PN125 This writer returned home (Billing for 9 miles vs. 19 miles, due to normal 10 miles to work)			
9-19-25	470 Center Street Chardon, OH 44024	Courthouse Annex Chardon, OH 44024	3.00	
	Court Hearing, round trip			
9-30-25	470 Center Street Chardon, OH 44024	Courthouse Annex Chardon, OH 44024	1.50	
	Court Hearing, one way			
		Column Totals A	13.50	B
		Total Mileage Amount	(A) X .700**	$ 9.45 C
		Total Reimbursement	(B) + (C)	**$ 9.45**

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

Ada Gillespie 10-30-25

Employee Signature Date

Department Head Signature

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

Revised 01/08/2025 RHL

Print Form

Reset Form

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

PRINT EMPLOYEE NAME Ada Gillespie

DEPARTMENT CASA:Probate Case

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
	PURPOSE OF TRAVEL			
9-18-25	470 Center Street Chardon, OH 44024	7525 Warren-Sharon Road Brookfield, OH 44403	106.50	
	23PG378 Arrived at Brookfield Counseling and Recovery for a residential visit, round trip			
Column Totals			A 106.50	B
Total Mileage Amount			(A) X .700**	$ 74.55 C
Total Reimbursement			(B) + (C)	**$ 74.55**

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

Ada Gillespie — Employee Signature

10-30-25 — Date

Department Head Signature

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

Revised 01/08/2025 RHL