Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 12/17/2025

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2025-00002871 **Geauga Credit Union $262.00**

_____ 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	_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 September 30, 2025
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of
$1,796.00
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: _____

WARRANT NO.	VOUCHER DATE	VOUCHER AMOUNT
	12/22/2025	$ 262.00 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
09/30/2025	dr.	
1099 AMT.	cr.	

PURCHASE ORDER NO. 2025-00003356

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

VENDOR I.D. NO. 1704

PURCHASED FROM:

Geauga Credit Union

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 - 2025 Probate Clerks Conference 1001-008-00-902 - Travel 1,796.00	1,796.0000	$1,796.00
			Hotel - KQ & HB		
				TOTAL DUE	$1,796.00

RECEIVED
DEC 16 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

FILED

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

2025 DEC 16 PM 12:10

PROBATE-JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:	) JUDGE TIMOTHY J. GRENDELL
	)
PROBATE COURT	)
EXPENDITURES	) **PROPER ADMINISTRATIVE ORDER**
GEAUGA CREDIT UNION	) **2025-203**

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of $262.00 (Two Hundred Sixty Two Dollars and No Cents) from 1001-008-00-902 payable to GEAUGA CREDIT UNION, for travel expenses for the 2025 Probate Clerks Conference, 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.

Robert W. Berger

ROBERT W. BERGER, JUDGE
Sitting by Assignment #25JA5007

CC: Fiscal Director

Travel Expense Request

Auditor's Number: 2025-3356

Date: September 30, 2025 Department: Probate

Convention, Meeting, Etc.: 2025 Probate Clerks Conference

Location: Dublin, OH Reason: conference

Dates of Travel: October 26-27, 2025 Dates of Event: October 27, 2025

Employees Attending: Kerri Quay, Heidi Brainard & Cassie Hines (List Names)

Account: 1001-008-00-902 Travel

Estimated Expenses:

Hotel	$396.00
Food	$90.00
Mileage	$685.00
Registration	$525.00
Other	$100.00
Total	$1,796.00

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

Kimberly Quay
Department Head Signature

9/25/2025
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 $ 1796.00 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: [signature]
Deputy Auditor

The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on 9/30/2026 25-183, Journal No. 99.

Original: Above Department
Copy: Auditor
Copy: Commissioner

[signature]
Clerk, Geauga Co. Bd. of Commissioners

Actual Expenses:

Hotel	$ 262.00	Departure Date	
Food		Departure Time am / pm	
Mileage		Return Date	
Registration		Return Time am / pm	
Other			
Total	$ 262.00		

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: [signature]
Title:
Approved by: Kimberly Quay

Partial Payment ☐
Final Payment ☑

Revised 08/20/08

Original and 2 copies required

VISA

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

Statement Closing Date:
November 17, 2025

Summary of Account Activity

Previous Balance		$ 3,873.26
Payments	-	$3,201.59 -
Other Credits	-	$0.00
Other Debits	+	$0.00
Purchases	+	$1,120.60
Cash Advances	+	$0.00
Balance Transfers	+	$0.00
Fees Charged	+	$0.00
Interest Charged	+	$0.00
NEW BALANCE		$ 1,792.27
Credit Limit		$20,000.00
Available Credit		$18,207.73
Available Cash		$18,207.73
Amount Disputed		$0.00
Statement Closing Date		11/17/25
Days in Billing Cycle		29

Payment Information

New Balance	**$ 1,792.27**
Total Minimum Payment Due	**$ 54.00**
Payment Due Date	**12/12/25**

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	5 years	$1792.27
49.78	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
10/17	10/20	PUR1P	24000975292612108909153	CHERRY VALLEY HOTEL NEWARK OH	$ 286.20
10/17	10/20	PUR1P	24000975292612108909278	CHERRY VALLEY HOTEL NEWARK OH OBACOA	286.20
10/17	10/20	PUR1P	24000975292612108909344	CHERRY VALLEY HOTEL NEWARK OH	286.20
10/27	10/29	PUR1P	24755425301173012246218	EMBASSY SUITES 614-7909000 OH Probate Clerks	131.00
10/27	10/29	PUR1P	24755425301173012246887	EMBASSY SUITES 614-7909000 OH Conf.	131.00

NOTICE: CONTINUED ON PAGE 3

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	New Balance	Total Minimum Payment Due	Payment Due Date	
11/17/25	$1,792.27	$54.00	12/12/25	$

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

613

MAKE CHECK PAYABLE TO:

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

SE 4457 0410 0008 0162 00005400 00179227 1

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

Statement Closing Date:
November 17, 2025

Transactions...Continued

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
			Payments, Adjustments and Other		
11/06	11/10		74457045314001205300996	PAYMENT - THANK YOU TAMPA	1,677.96 -
11/06	11/10		74457045314001205300939	PAYMENT - THANK YOU TAMPA	1,118.64 -
11/06	11/10		74457045314001205301010	PAYMENT - THANK YOU TAMPA	387.00 -
11/06	11/10		74457045314001205300954	PAYMENT - THANK YOU TAMPA	17.99 -
				TOTAL PAYMENTS OR ADJUSTMENTS	**$ 3,201.59 -**
				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	$1,710.95	0.00000% (M)	0.0000%	$0.00
Cash						
CSH1N 001	CASH	A	$0.00	0.00000% (M)	0.0000%	$0.00
TOTAL			$1,710.96			$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.

EMBASSY SUITES by Hilton

Embassy Suites by Hilton - Columbus-Dublin
5100 Upper Metro Place, Dublin 43017 US
6147909000
cmhes_gm@hilton.com

Date Range: 2025-10-26 - 2025-10-27
Tax#/ID# :

Guest Folio

Confirmation Number - 54614156

Primary Guest		**ADDN GUESTS**
Guest Name	Quay, Kerri	Heidi Brainard
Address	231 Main St, 2nd Floor	
City, State, Zip Code	Chardon OH 44024	
Country	US	

Stay Details		**Company Details**	**Other Details**	
Check In Date	Oct 26, 2025	Name	Tax Invoice	
Check Out Date	Oct 27, 2025	Tax#/ID#	Tax/Fee Exemption	YES
Room	NKSQA - 537	PO Number	Tax/Fee Exempt Date	Oct 26, 2025
Source	OTHER	Account Name	**Travel Agent**	
Guests	1/0		IATA	
			Name	

Date	Type	Description	Amount
Oct 26, 2025	Charge	GUEST ROOM-Tax Exempted	$131.00
Oct 27, 2025	Payments	VISA-0162	-$131.00

Summary	
Type	**Amount**
CREDIT CARD	-$131.00
GUEST ROOM	$131.00
Folio Balance	**$0.00**

EMBASSY SUITES by Hilton

Embassy Suites by Hilton - Columbus-Dublin
5100 Upper Metro Place, Dublin 43017 US
6147909000
cmhes_gm@hilton.com

Date Range: 2025-10-26 - 2025-10-27
Tax#/ID# :

Guest Folio

Confirmation Number - 54614156

Primary Guest

Guest Name	Quay, Kerri
Address	231 Main St, 2nd Floor
City, State, Zip Code	Chardon OH 44024
Country	US

Stay Details

Check In Date	Oct 26, 2025
Check Out Date	Oct 27, 2025
Room	KNGN - 229
Source	OTHER
Guests	1/0

Company Details

Name	
Tax#/ID#	
PO Number	
Account Name	

Other Details

Tax Invoice	
Tax/Fee Exemption	YES
Tax/Fee Exempt Date	Oct 26, 2025
Travel Agent	
IATA	
Name	

Date	Type	Description	Amount
Oct 26, 2025	Charge	GUEST ROOM-Tax Exempted	$131.00
Oct 27, 2025	Payments	VISA-0162	-$131.00

Summary

Type	Amount
CREDIT CARD	-$131.00
GUEST ROOM	$131.00
Folio Balance	**$0.00**