



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 01/16/26

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch # 2026-0000100

Mary Ruth Shumway \$483.00

<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. Incorrect 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 December 9, 2025
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of
\$1,000.00

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. 34-8001208
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
	1/19/2026 ✓	\$ 483.00 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
12/09/2025		
1099 AMT.		
	dr.	
	cr.	

PURCHASE ORDER NO. 2025-00003697

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

VENDOR I.D. NO. _____ 7250

PURCHASED FROM:

Mary Ruth Shumway

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 - 20JF98 GAL Child Residential Visitation 2051-007-00-902 - Travel 1.000.00 miles - 20JF98	1,000.0000	\$1,000.00
TOTAL DUE					\$1,000.00

**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
2026 JAN 12 PM 12:54
PROBATE JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

JUVENILE COURT
EXPENDITURES
SHUMWAY, MARY RUTH

RECEIVED
JAN 12 2026
Geauga County Auditor

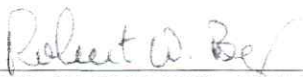
) JUDGE TIMOTHY J. GRENDALL
)
)
) PROPER ADMINISTRATIVE ORDER
) 2026-38

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 \$812.00 (Eight Hundred Twelve Dollars and No Cents) from 2051-007-00-902 payable to SHUMWAY, MARY RUTH, 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.


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

CC: Fiscal Director

Travel Expense Request

Auditor's Number:

2025-3697

Date: December 9, 2025 Department: Juvenile
 Convention, Meeting, Etc.: 20JF98 Child Residential Visitation
 Location: Alexandria, VA Reason: visit with child in residential placement
 Dates of Travel: December 17-18, 2025 Dates of Event: December 18, 2025
 Employees Attending: Mary Ruth Shumway (List Names)

Account: 2051-007-00-902 Travel

Estimated Expenses:	
Hotel	\$150.00 ✓
Food	\$100.00 ✓
Mileage	\$500.00 ✓
Registration	
Other	\$250.00 ✓
Total	\$1,000.00 ✓

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

[Signature]
 Department Head Signature ✓

11/28/2025
 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 \$ 1,000.00 has been lawfully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the 2051-007-00-902 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 12/9/2025 25-206. Journal No. 99.

Original: Above Department
 Copy: Auditor
 Copy: Commissioner

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

Actual Expenses:	
Hotel	Departure Date
Food	
Mileage	Departure Time
	am / pm
Registration	Return Date
Other	Return Time
	am / pm
Total	\$ 483.00 ✓

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: [Signature]

Partial Payment
 Final Payment

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

Print Form

Reset Form

PRINT EMPLOYEE NAME Shumway

DEPARTMENT CASA

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
	PURPOSE OF TRAVEL			
12/1/2025	470 Center St. Bldg 5C Chardon, OH. 44024	231 Main St. Chardon, OH 44024	3.00	
	court roundtrip			
12/2/25	470 Center St. Bldg 5C Chardon, OH. 44024	231 Main St. Chardon, OH 44024	3.00	
	court roundtrip			
12/3/25	470 Center St. Bldg 5C Chardon, OH. 44024	Middlefield, OH.	34.00	
	25CU83 Tickets to theatre and gift cards (round trip)			
12/4/25	home	5100 Upper Metro Place Columbus, OH	150.00	
	Dir mtg(less daily commute)			
12/5/2025	5100 Upper Metro Place columbus, OH.	home	150.00	
	(less daily commute)Dir mtg			
12/8/2025	470 Center St. Bldg 5C Chardon, OH. 44024	231 Main St. Chardon, OH 44024	3.00	
	court roundtrip			
12/9/2025	470 Center St. Bldg 5C Chardon, OH. 44024	231 Main St. Chardon, OH 44024	3.00	
	court roundtrip			
12/10/2025	470 Center St. Bldg 5C Chardon, OH. 44024	231 Main St. Chardon, OH 44024	3.00	
	court roundtrip			
12/15/2025	470 Center St. Bldg 5C Chardon, OH. 44024	231 Main St. Chardon, OH 44024	3.00	
	court roundtrip			
12/17/2025	*TRAVEL* home	Embark 7809 Shelhorn Dr. Alexandria, VA.	348.00	
	(less daily commute) 20JF98			

Handwritten notes:
 \$483.00
 2025-3697
 \$273.00
 2025-1145

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	700.00	B
Total Mileage Amount	(A) X .700**	\$ 490.00	C
Total Reimbursement	(B) + (C)	\$ 490.00	

ORIGINAL RECEIPTS MUST BE ATTACHED





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

Revised 01/08/2025 RHL

SWV

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

Print Form

Reset Form

PRINT EMPLOYEE NAME Shumway

DEPARTMENT CASA

DATE	ORIGIN	DESTINATION	MILEAGE	MISC. AMOUNT
	PURPOSE OF TRAVEL			
12/17/2025	Embark 7809 Shelhorn Dr. Alexandria, VA. 20JF98	Fairfield Inn Fredrick, Maryland	✓ 61.00	
12/18/25	Fairfield Inn Fredrick, Maryland 20JF98 (less normal commute)	home	✓ 281.00	
12/22/25	470 Center St. Bldg 5C Chardon, OH. 44024 court roundtrip 2X	231 Main St. Chardon, OH	6.00	
12/22/25	470 Center St. Bldg 5C Chardon, OH. 44024 pick up Christmas for 25CU96	Schmahl Orthodontics(LEAP)	17.00	
12/22/2025	Schmahl Orthodontics (LEAP) deliiver gifts for 3 children and food 25CU96	Chesterland, OH then home	4.00	
12/23/2025	470 Center St. Bldg 5C Chardon, OH. 44024 court roundtrip	231 Main St. Chardon, OH 44024	3.00	
12/23/2025	470 Center St. Bldg 5C Chardon, OH. 44024 interview volunteer roundtrip	Buckeye Choclates Chardon, OH>	2.00	
12/29/25	470 Center St. Bldg 5C Chardon, OH. 44024 court roundtrip	231 Main St. Chardon, OH 44024	3.00	
12/31/2025	470 Center St. Bldg 5C Chardon, OH. 44024 court roundtrip	231 Main St. Chardon, OH 44024	3.00	

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.

Column Totals A ✓ 380.00 B

Total Mileage Amount (A) X .700** \$ 266.00 C

Total Reimbursement (B) + (C) **\$ 266.00**

ORIGINAL RECEIPTS MUST BE ATTACHED

M. Shumway 12/31/25
Employee Signature Date

Kimberly
Department Head Signature

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

Revised 01/08/2025 RHL

5/11