



**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 # 2026-00000082**

**Susan Ebersbacher \$40.18**

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|                                                                        |                                                       |
|------------------------------------------------------------------------|-------------------------------------------------------|
| <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.

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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 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 |
|-------------|--------------|----------------|
|             | 1/19/2026    | \$ 40.18 ✓     |
| P.O. DATE   | ADJUSTMENT   | ACCOUNT NO.    |
| 01/03/2025  | dr.          |                |
| 1099 AMT.   | cr.          |                |

PURCHASE ORDER NO. 2025-00001145 ✓ *kc*

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| GEAUGA CO. BOARD OF COMMISSIONERS:<br>SESSION<br>RESOLUTION<br>JOURNAL<br>PAGE<br>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<br>2051-007-00-902 - Travel 15,000.00<br><br>Dec 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  
2026 JAN 12 PM 12:54

PROBATE-JUVENILE  
DIVISION  
GEAUGA COUNTY, OHIO

IN RE:

JUVENILE COURT  
EXPENDITURES  
EBERSBACHER, SUSAN

RECEIVED

JAN 12 2026

Geauga County Auditor

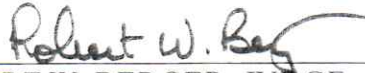
) JUDGE TIMOTHY J. GRENDALL  
)  
)  
) PROPER ADMINISTRATIVE ORDER  
) 2026-32

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 \$40.18 (Forty Dollars and Eighteen 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.

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

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     |                             |         |              |
| 12/1/25  | 470 Center St Chardon | Courthouse Annex Chardon    | ✓ 3.00  |              |
|          | Hearing roundtrip     |                             |         |              |
| 12/1/25  | 470 Center St Chardon | 12611 Ravenwood Dr. Chardon | ✓ 12.20 |              |
|          | Meeting at JFS        |                             |         |              |
| 12/3/25  | 470 Center St Chardon | Courthouse Annex Chardon    | ✓ 3.00  |              |
|          | Hearing roundtrip     |                             |         |              |
| 12/4/25  | 470 Center St Chardon | Courthouse Annex Chardon    | ✓ 3.00  |              |
|          | Filing roundtrip      |                             |         |              |
| 12/10/25 | 470 Center St Chardon | Courthouse Annex Chardon    | ✓ 3.00  |              |
|          | Hearing roundtrip     |                             |         |              |
| 12/11/25 | 470 Center St Chardon | Courthouse Annex Chardon    | ✓ 3.00  |              |
|          | Hearing roundtrip #1  |                             |         |              |
| 12/11/25 | 470 Center St Chardon | Courthouse Annex Chardon    | ✓ 3.00  |              |
|          | Hearing roundtrip #2  |                             |         |              |
| 12/15/25 | 470 Center St Chardon | 12611 Ravenwood Dr. Chardon | ✓ 12.20 |              |
|          | Meeting roundtrip     |                             |         |              |
| 12/15/25 | 470 Center St Chardon | Courthouse Annex Chardon    | ✓ 3.00  |              |
|          | Hearimg roundtrip     |                             |         |              |
| 12/16/25 | 470 Center St Chardon | Courthouse Annex Chardon    | ✓ 3.00  |              |
|          | Hearimg 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 ✓ 48.40 B

Total Mileage Amount (A) X .700\*\* \$ 33.88 C

Total Reimbursement (B) + (C) ✓ \$ 33.88

**ORIGINAL RECEIPTS MUST BE ATTACHED**

Susan Ebersbacher 12/31/25  
Employee Signature Date

[Signature]  
Department Head Signature

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

Revised 01/08/2025 RHL

*Handwritten:* 540.18, 5m

**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     |                         |         |              |
| 12/19/25 | 470 Center St Chardon | Courhouse Annex Chardon | ✓ 3.00  |              |
|          | Hearing roundtrip     |                         |         |              |
| 12/22/25 | 470 Center St Chardon | Courhouse Annex Chardon | ✓ 3.00  |              |
|          | Hearing roundtrip     |                         |         |              |
| 12/29/25 | 470 Center St Chardon | Courhouse Annex Chardon | ✓ 3.00  |              |
|          | Hearing roundtrip     |                         |         |              |
|          |                       |                         |         |              |
|          |                       |                         |         |              |
|          |                       |                         |         |              |
|          |                       |                         |         |              |
|          |                       |                         |         |              |
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|          |                       |                         |         |              |
|          |                       |                         |         |              |
|          |                       |                         |         |              |
|          |                       |                         |         |              |

**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 9.00 B

Total Mileage Amount (A) X .700\*\* \$ 6.30 C

Total Reimbursement (B) + (C) ✓ \$ 6.30

**ORIGINAL RECEIPTS MUST BE ATTACHED**

Susan Ebersbacher 12/31/25  
 Employee Signature Date

Mark S. Murray  
 Department Head Signature

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

Revised 01/08/2025 RHL

SM