



Auditor
Charles E. Walder
Chief Fiscal Officer

Return Voucher Form

Date: 03/05/2026

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

From: Auditor's Office Fiscal Department

SUBJECT: Batch #2026-00000481

Dee Printing \$1600.00

☐ 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	☒ 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 January 2, 2026
I HEREBY CERTIFY that the money required to meet the foregoing contract, agreement, or obligation in the sum of
\$25,000.00

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
	3/9/2026 x	\$ 1,600.00 ✓
P.O. DATE	ADJUSTMENT	ACCOUNT NO.
01/02/2026		
1099 AMT.	dr.	
	cr.	

PURCHASE ORDER NO. 2026-00001400 KC

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

VENDOR I.D. NO. 7267

PURCHASED FROM:

Dee Printing

INVOICE TO:
GEAUGA COUNTY
PROBATE / JUVENILE COURT -JUDGE GRENDALL
231 MAIN STREET SUITE 2
CHARDON, OH 44024


DEPARTMENT HEAD SIGNATURE

QUANTITY	UNIT	FUND	DESCRIPTION	UNIT COST	TOTAL COST
1.0000	Each	1001	Other Expenses - Community Outreach - Other 1001-008-57-901 - Other 25,000.00 26-1482 & 26-1536	25,000.0000	\$25,000.00
TOTAL DUE					\$25,000.00

**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
PROBATE DIVISION
GEAUGA COUNTY, OHIO

FILED
COMMON PLEAS COURT
MAR -3 PM 4:49
PROBATE - JUVENILE
DIVISION
GEAUGA COUNTY, OHIO

IN RE:

PROBATE COURT
EXPENDITURES
DEE PRINTING INC

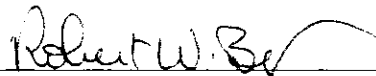
) JUDGE TIMOTHY J. GRENDALL
)
)
) **PROPER ADMINISTRATIVE ORDER**
) **2026-87**

Pursuant to R.C. 319.16(A)(2), this order hereby directs timely payment by the Geauga County Auditor in the amount of \$1,600.00 (One Thousand Six Hundred Dollars and No Cents) from 1001-008-57-901 payable to DEE PRINTING INC, for community outreach related to the Court's Good Deeds Program, 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, JUDGE
Sitting by Assignment #26JA0683

CC: Fiscal Director

**DEE PRINTING, INC.**

P.O. Box 85
HILLIARD, OHIO 43026
(614) 777-8700

Invoice

Date

2/25/2026

Account #

2HNB26

Invoice #

26-1536

Bill To

GOOD DEEDS PROGRAM
BONNIE GLAVIC
231 MAIN STREET
2ND FLOOR COURTHOUSE
CHARDON, OH 44024

This billing is for your ad sponship at: ST HELEN CHURCH
For the Period of: 3/29/26-3/21/27

\$

AMOUNT ENCLOSED

Amount Due Upon Receipt - Thank you

Date	Description	Charges	Balance
2/20/2026	ANNUAL DISCOUNTED AD FEE AD ON ST HELEN BULLETIN	800.00	800.00
Credits			\$0.00
Total			\$800.00
Balance Due			\$800.00

Business Customer Name: Invoice #: Account #:

CREDIT CARD AUTHORIZATION I authorize Dee Printing, Inc. to charge the following credit card:Visa ☐ Mastercard ☐ Discover Card ☐ American Express ☐

*Credit Card Number

*Expiration Number *CW *\$ Amount:

*First Name on Card *Zip Code

*Last Name on Card *Phone Number

*Email (return email receipt):

*Authorizing Signature: *Date:

*** IMPORTANT NOTICE ON THE OTHER SIDE . PLEASE TURN OVER ***

**DEE PRINTING, INC.**

P.O. Box 85
HILLIARD, OHIO 43026
(614) 777-8700

Invoice

Bill To
GOOD DEED PROGRAM BONNIE GLAVIC 231 MAIN STREET 2ND FLOOR COURTHOUSE CHARDON, OH 44024

Date
2/25/2026
Account #
2MCH14
Invoice #
26-1482

This billing is for your ad sponship at: CHURCH OF ST MARY
For the Period of: 3/8/26-2/28/27

\$ _____
AMOUNT ENCLOSED

Amount Due Upon Receipt - Thank you

Date	Description	Charges	Balance
2/19/2026	ANNUAL DISCOUNTED AD FEE AD ON CHURCH OF ST MARY CHARDON	800.00	800.00
		Credits	\$0.00
		Total	\$800.00
		Balance Due	\$800.00

Business Customer Name: _____ Invoice #: _____ Account #: _____

CREDIT CARD AUTHORIZATION I authorize Dee Printing, Inc. to charge the following credit card:

Visa ☐ Mastercard ☐ Discover Card ☐ American Express ☐

*Credit Card Number _____

*Expiration Number _____ *CV _____ *\$ Amount: _____

*First Name on Card _____ *Zip Code _____

*Last Name on Card _____ *Phone Number _____

*Email (return email receipt): _____

*Authorizing Signature: _____ *Date: _____

*** IMPORTANT NOTICE ON THE OTHER SIDE PLEASE TURN OVER ***

2/26/26