

SMH1  
4/1/20 1:31PM

# Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Page 1

Print List in Order By: 1  
1 - Fund (Page Break by Fund)  
2 - Department (Totals by Dept)  
3 - Vendor Number  
4 - Vendor Name

Explode Dist. Formulas Y

Paid on Behalf Of Name  
on Audit List?: N

Type of Audit List: D  
D - Detailed Audit List  
S - Condensed Audit List

Save Report Options?: N

# Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

SMH1  
4/1/20 1:31PM  
1 General Fund

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Descripti On Behalf of Name	1099
8	780 Bremer Bank 01-040-000-0000-5081		0.04	Mtg Reg- February 02/01/2020 02/29/2020		Mortgage Registry- 3%	N
9	01-042-000-0000-5079		0.04	Deed Tax- February 02/01/2020 02/29/2020		3% State Deed Tax	N
	780 Bremer Bank		0.08	2 Transactions			
16	8410 Bremer Bank 01-044-904-0000-6231		767.75	Participant fees / March 03/04/2020	1467634	Flex Services, Labor, Etc	N
3	01-044-904-0000-6360		208.34	Dep Care FSA 03/02/2020	39345426	Flex Plan Withdrawals	N
4	01-044-904-0000-6360		536.56	Medical Care FSA 03/02/2020	39345426	Flex Plan Withdrawals	N
5	01-044-904-0000-6360	AP	121.55	Medical Care FSA 2019 01/01/2019 12/31/2019	39345426	Flex Plan Withdrawals	N
11	01-044-904-0000-6360		10.50	Dep Care FSA 03/09/2020	39353631	Flex Plan Withdrawals	N
12	01-044-904-0000-6360		887.25	Medical Care FSA 03/09/2020	39353631	Flex Plan Withdrawals	N
13	01-044-904-0000-6360		208.34	Dep Care FSA 03/16/2020	39362940	Flex Plan Withdrawals	N
14	01-044-904-0000-6360		828.49	Medical Care FSA 03/16/2020	39362940	Flex Plan Withdrawals	N
15	01-044-904-0000-6360	AP	124.53	Medical Care FSA 2019 01/01/2019 12/31/2019	39362940	Flex Plan Withdrawals	N
17	01-044-904-0000-6360		2,859.26	Dep Care FSA 03/23/2020	39370933	Flex Plan Withdrawals	N
18	01-044-904-0000-6360		448.82	Medical Care FSA 03/23/2020	39370933	Flex Plan Withdrawals	N
	8410 Bremer Bank		7,001.39	11 Transactions			
<b>1 Fund Total:</b>			<b>7,001.47</b>	<b>General Fund</b>	<b>2 Vendors</b>	<b>13 Transactions</b>	

# Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO]

SMH1  
4/1/20 1:31PM  
9 State

<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Descripti</u>	<u>1099</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
780 Bremer Bank					
7 09-000-000-0000-2025		20,093.70	Deed Tax- February 02/01/2020 02/29/2020	State's Share Of Deed Tax (97%)	N
6 09-000-000-0000-2026		20,810.09	Mtg Reg- February 02/01/2020 02/29/2020	State Share Of Mortgage Registry (9	N
780 Bremer Bank		40,903.79	2 Transactions		
<b>9 Fund Total:</b>		<b>40,903.79</b>	<b>State</b>	<b>1 Vendors</b>	<b>2 Transactions</b>

# Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO]

SMH1  
4/1/20 1:31PM  
19 Long Lake Conservation C

<u>Vendor Name</u>		<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Descripti</u>	<u>1099</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
<b>8410 Bremer Bank</b>						
10	19- 522- 000- 0000- 5557		100.00	Merchant BankCD/Refund Camp De	Adventure Program Pkg Fees	N
1	19- 522- 000- 0000- 6217		60.30	Merchant/Bambora Service Charg	Credit Card Fees	N
				02/01/2020 02/29/2020		
2	19- 522- 000- 0000- 6217		41.45	Merchant/Bambora Account Fees	Credit Card Fees	N
				02/01/2020 02/29/2020		
<b>8410 Bremer Bank</b>			201.75	3 Transactions		
<b>19 Fund Total:</b>			201.75	Long Lake Conservation Center	1 Vendors	3 Transactions
<b>Final Total:</b>			48,107.01	4 Vendors	18 Transactions	

# Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO]

**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	7,001.47	General Fund
9	40,903.79	State
19	201.75	Long Lake Conservation Center
<b>All Funds</b>	<b>48,107.01</b>	<b>Total</b>

Approved by, .....  
.....  
.....