

KMR1
8/5/20 2:00PM

Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

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

Flex Spending Claims

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

KMR1
8/5/20 2:00PM
1 General Fund

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Descripti	1099
No. Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name	
8410 Bremer Bank					
1 01-044-904-0000-6360		24.00 Dep Care FSA Claims 2020	39507993	Flex Plan Withdrawals	N
2 01-044-904-0000-6360		1,302.51 Med FSA Claims 2020	39507993	Flex Plan Withdrawals	N
8410 Bremer Bank		1,326.51			
			2 Transactions		
1 Fund Total:		1,326.51		General Fund	1 Vendors 2 Transactions
Final Total:		1,326.51		1 Vendors	2 Transactions

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Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	1,326.51	General Fund
All Funds		1,326.51	Total

Approved by,
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