

KMR1  
8/13/20 10:53AM

# 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

*Medical FSA 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



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KMR1  
8/13/20 10:53AM  
1 General Fund

<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>
1 8410 Bremer Bank		542.33	Med FSA Claims 2020	39515525	N
01-044-904-0000-6360					
8410 Bremer Bank		542.33	1 Transactions		
<b>1 Fund Total:</b>		542.33	<b>General Fund</b>	<b>1 Vendors</b>	<b>1 Transactions</b>
<b>Final Total:</b>		542.33	<b>1 Vendors</b>	<b>1 Transactions</b>	

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<b>Recap by Fund</b>	<b><u>Fund</u></b>	<b><u>AMOUNT</u></b>	<b><u>Name</u></b>
	1	542.33	General Fund
	<b>All Funds</b>	<b>542.33</b>	<b>Total</b>

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