

KMR1  
8/21/20 8:59AM

# 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

*FSA Claims*  
*Min Care Tax*

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

KMR1  
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 1 General Fund

# Aitkin County

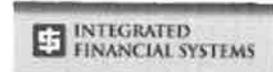


Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

<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		10.00	Med FSA Claims 2020	39523865	Flex Plan Withdrawals
1 8410 Bremer Bank		10.00	1 Transactions		N
<b>1 Fund Total:</b>		<b>10.00</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>1 Transactions</b>

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 5 Health & Human Services

# Aitkin County



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Vendor Name	<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>	
2 90465 Bremer Bank, N.A. 05-400-400-0402-6231		190.35	2020 Est. Qtrly MN Care Tax 07/01/2020 09/30/2020	399 Services/Labor/Contracts	N
90465 Bremer Bank, N.A.		190.35	1 Transactions		
<b>5 Fund Total:</b>		190.35	<b>Health &amp; Human Services</b>	<b>1 Vendors</b>	<b>1 Transactions</b>
<b>Final Total:</b>		200.35	<b>2 Vendors</b>	<b>2 Transactions</b>	

# Aitkin County

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO



**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	10.00	General Fund
5	190.35	Health & Human Services
All Funds	200.35	Total

Approved by,

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