

KMR1  
9/2/20 1:20PM

# 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*

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  
9/2/20 1:20PM  
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>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>	
<b>8410 Bremer Bank</b>					
1 01-044-904-0000-6360		3,113.40	Dep Care FSA Claims 2020	39538724	Flex Plan Withdrawals N
2 01-044-904-0000-6360		297.56	Med FSA Claims 2020	39538724	Flex Plan Withdrawals N
<b>8410 Bremer Bank</b>		<b>3,410.96</b>			
			2 Transactions		
<b>1 Fund Total:</b>		<b>3,410.96</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>
<b>Final Total:</b>		<b>3,410.96</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	

# Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIONS

**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	3,410.96	General Fund
All Funds	3,410.96	Total

Approved by,

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