

KMR1  
9/16/20 8:52AM

# Aitkin County



2M

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

KMR1  
 9/16/20 8:52AM  
 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>
8410 Bremer Bank					
1 01-044-904-0000-6360		2,516.94	Med FSA Claims 2020	39553426	Flex Plan Withdrawals
8410 Bremer Bank		2,516.94	1 Transactions		N
<b>1 Fund Total:</b>		2,516.94	General Fund	1 Vendors	1 Transactions
<b>Final Total:</b>		2,516.94	1 Vendors	1 Transactions	

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Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIOI

**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	2,516.94	General Fund
<b>All Funds</b>	<b>2,516.94</b>	<b>Total</b>

Approved by,

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