

KMR1  
11/6/20 8:22AM

# 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

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1 General Fund

Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Descripti	1099
<u>No.</u> <u>Account/Formula</u>	<u>Accr</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		655.02 Dep Care FSA Claims 2020	39602405	Flex Plan Withdrawals	N
2 01-044-904-0000-6360		586.34 Med FSA Claims 2020	39602405	Flex Plan Withdrawals	N
8410 Bremer Bank		1,241.36		2 Transactions	
<b>1 Fund Total:</b>		<b>1,241.36</b>		<b>General Fund</b>	<b>1 Vendors 2 Transactions</b>
<b>Final Total:</b>		<b>1,241.36</b>		<b>1 Vendors</b>	<b>2 Transactions</b>

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Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTION

<b>Recap by Fund</b>	<b><u>Fund</u></b>	<b><u>AMOUNT</u></b>	<b><u>Name</u></b>
	1	1,241.36	General Fund
<b>All Funds</b>		1,241.36	<b>Total</b>

Approved by, .....

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