

21



Aitkin County

KMR1
11/19/20 11:17AM

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



KMR1
11/19/20 11:17AM
1 General Fund

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>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	39615322	Flex Plan Withdrawals	N
2 01- 044- 904- 0000- 6360	675.26	Med FSA Claims 2020	39615322	Flex Plan Withdrawals	N
8410 Bremer Bank	1,330.28	2 Transactions			
1 Fund Total:	1,330.28	General Fund	1 Vendors	2 Transactions	
Final Total:	1,330.28	1 Vendors	2 Transactions		

Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,330.28	General Fund
All Funds	1,330.28	Total

Approved by,

.....

.....