KMR1 1/27/21

1:34PM

Aitkin County

25 INTEGRATED FINANCIAL SYSTEMS

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Page 1

Print List in Order By: 1

1 - Fund (Page Break by Fund)

2 - Department (Totals by Dept)

3 - Vendor Number 4 - Vendor Name

Explode Dist. Formulas Y

Paid on Behalf Of Name

on Audit List?:

D

Type of Audit List:

D - Detailed Audit List

S - Condensed Audit List

Save Report Options?: N

FSA Claims 2020 & 2021

Aitkin County



1/27/21 1:34PM 1 General Fund

KMR1

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Page 2

Vendor <u>No.</u> A	<u>Name</u> .ccount/Formula	<u>Rpt</u> <u>Accr</u>	Amount	Warrant Description Service Dates	Invoice # Paid C		nula Descripti 1099 If of Name
8410	Bremer Bank						
1 01	1- 044- 904- 0000- 6360		623.82	Dep Care FSA Claims 2020	39685350	Flex Plan Withdra	iwals N
2 01	1- 044- 904- 0000- 6360		276.60	Med FSA Claims 2021	39685350	Flex Plan Withdra	iwals N
8410	Bremer Bank		900.42	2 Transactions			
1 Fund Total:			900.42	General Fund		1 Vendors	2 Transactions
Final To	otal:		900.42	1 Vendors	2 Transactions		

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Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

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Recap by Fund	Fund	AMOUNT	<u>Name</u>		
	1	900.42	General Fund		
	All Funds	900.42	Total	Approved by,	