KMR1 2/17/21

3:08PM

Aitkin County

Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

FSA Claims

INTEGRATED FINANCIAL SYSTEMS

Page 1

Print List in Order By:

1 - Fund (Page Break by Fund)

2 - Department (Totals by Dept)

3 - Vendor Number4 - Vendor Name

Explode Dist. Formulas?: Y

Paid on Behalf Of Name

on Audit List?:

N

D

Type of Audit List:

D - Detailed Audit List

S - Condensed Audit List

Save Report Options?:

Ν

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General Fund

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Aitkin County

INTEGRATED FINANCIAL SYSTEMS

Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 2

\	Vendor <u>Name</u> <u>Rp</u> <u>No. Account/Formula</u> <u>Accr</u>		Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid 0	Account/Formula Descrip On Bhf # On Behalf of Name	tion 1099
	8410	Bremer Bank						
1		01-044-904-0000-6360		143.32	Dep Care FSA Claims 2021	39712053	Flex Plan Withdrawals	N
2		01-044-904-0000-6360		755.00	Med FSA Claims 2021	39712053	Flex Plan Withdrawals	N
3		01-044-904-0000-6360		523.73	Med FSA Claims 2020	39712053	Flex Plan Withdrawals	N
	8410	Bremer Bank		1,422.05	3 Transactions			
1 Fun	d Total:			1,422.05	General Fund		1 Vendors 3 Transactio	ens
Final Total:				1,422.05	1 Vendors	3 Transactions		

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Aitkin County



Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 3

Recap by Fund	<u>Fund</u>	AMOUNT	<u>Name</u>		
	1	1,422.05	General Fund		
	All Funds 1,422.05		Total	Approved by,	NAME AND A STATE OF THE PROPERTY OF THE PARK OF THE AREA OF THE PARK.
					THE MEN MERCH. RESERVOICH WHEN EMPOREUR ATRIA MONOGRAM KINCH ROM MONO AND AND ADDRESS.