

WLC1  
3/17/21 11:04AM

# Aitkin County

# 2H



Audit List for Board **MANUAL WARRANTS/VOIDS/CORRECTIONS**

Page 1

Print List in Order By: 2  
1 - Fund (Page Break by Fund)  
2 - Department (Totals by Dept)  
3 - Vendor Number  
4 - Vendor Name

Page Break By: 1  
1 - Page Break by Fund  
2 - Page Break by Dept

## 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/CORRECTIONS**

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1 General Fund

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name	
44	DEPT		Central Services			
	8410 Bremer Bank					
1	01-044-904-0000-6360		Dep Care FSA Claims	39748363	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		Med FSA Claims	39748363	Flex Plan Withdrawals	N
	8410 Bremer Bank			2 Transactions		
44	<b>DEPT Total:</b>		<b>640.94</b>	<b>Central Services</b>	<b>1 Vendors</b>	<b>2 Transactions</b>
1	<b>Fund Total:</b>		<b>640.94</b>	<b>General Fund</b>		<b>2 Transactions</b>
	<b>Final Total:</b>		<b>640.94</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	

# Aitkin County



**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	640.94	General Fund
<b>All Funds</b>	<b>640.94</b>	<b>Total</b>

Approved by,

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