

KMR1  
5/5/21 10:39AM

# Aitkin County

2N



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIONS

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?: N

Type of Audit List: D D - Detailed Audit List  
S - Condensed Audit List

Save Report Options?: N

## FSA Claims

KMR1  
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 1 General Fund

# Aitkin County



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

<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	<u>1099</u>
<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>	
<b>8410</b>	<b>Bremer Bank</b>					
1	01-044-904-0000-6360		579.72	Dep Care FSA Claims 2021	39806144	Flex Plan Withdrawals N
2	01-044-904-0000-6360		79.35	Med FSA Claims 2021	39806144	Flex Plan Withdrawals N
<b>8410</b>	<b>Bremer Bank</b>		<b>659.07</b>			
				2 Transactions		
<b>1 Fund Total:</b>			<b>659.07</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>
<b>Final Total:</b>			<b>659.07</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	

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



**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	659.07	General Fund
<b>All Funds</b>	<b>659.07</b>	<b>Total</b>

Approved by,

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