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 2021 and 2021 Est. MNCare Tax

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

KMR1
7/28/21   2:20PM

Aitkin County

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

INTEGRATED FINANCIAL SYSTEMS

Page 2

1   General Fund

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
8410	**Bremer Bank**						
2	01-044-904-0000-6360		416.68	Dep Care FSA Claims 2021	39903141	Flex Plan Withdrawals	N
3	01-044-904-0000-6360		39.28	Med FSA Claims 2021	39903141	Flex Plan Withdrawals	N
8410	**Bremer Bank**		**455.96**	**2** Transactions			
1 Fund Total:			**455.96**	**General Fund**		**1 Vendors**	**2 Transactions**

5   Health & Human Services

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
90465	**Bremer Bank, N.A.**						
1	05-400-400-0402-6231		185.40	2021 Est MNCare Tax-Type 399		Services, Labor, Contracts	N
				07/01/2021 09/30/2021			
90465	**Bremer Bank, N.A.**		185.40		**1** Transactions		
5 Fund Total:			185.40	**Health & Human Services**	**1 Vendors**	**1 Transactions**	
Final Total:			641.36	**2 Vendors**	**3 Transactions**		

Aitkin County

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

Recap by Fund	Fund	AMOUNT	Name		
	1	455.96	General Fund		
	5	185.40	Health & Human Services		
	All Funds	641.36	Total	Approved by,	....
					....
					....