

KMR1  
8/18/21 2:04PM

# Aitkin County



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

## FSA Claims 2021 #39925912

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

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

1 General Fund

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
	<b>8410 Bremer Bank</b>					
1	01-044-904-0000-6360		266.92	Dep Care FSA Claims 2021	39925912	Flex Plan Withdrawals N
2	01-044-904-0000-6360		101.54	Med FSA Claims 2021	39925912	Flex Plan Withdrawals N
	<b>8410 Bremer Bank</b>		<b>368.46</b>	<b>2 Transactions</b>		
<b>1 Fund Total:</b>			<b>368.46</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>
<b>Final Total:</b>			<b>368.46</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	

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<b>Recap by Fund</b>	<b><u>Fund</u></b>	<b><u>AMOUNT</u></b>	<b><u>Name</u></b>
	1	368.46	General Fund
<b>All Funds</b>		<b>368.46</b>	<b>Total</b>

Approved by: .....

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