

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 #40052699

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  
12/15/21 10:04AM

# Aitkin County



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

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
	<b>8410 Bremer Bank</b>						
1	01-044-904-0000-6360		625.02	Dep Care FSA Claims 2021	40052699	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		65.73	Med FSA Claims 2021	40052699	Flex Plan Withdrawals	N
	<b>8410 Bremer Bank</b>		<b>690.75</b>	<b>2 Transactions</b>			
<b>1 Fund Total:</b>			<b>690.75</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	
<b>Final Total:</b>			<b>690.75</b>	<b>1 Vendors</b>	<b>2 Transactions</b>		

# Aitkin County



**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	690.75	General Fund
<b>All Funds</b>	<b>690.75</b>	<b>Total</b>

Approved by, .....

.....

.....