

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 #40079033

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**

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							
1	01-044-904-0000-6360		83.00	Dep Care FSA Claims 2021	40079033	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		447.02	Med FSA Claims 2021	40079033	Flex Plan Withdrawals	N
3	01-044-904-0000-6360		735.00	Med FSA Claims 2020	40079033	Flex Plan Withdrawals	N
8410 Bremer Bank			1,265.02	3 Transactions			
1 Fund Total:			1,265.02	General Fund	1 Vendors	3 Transactions	
Final Total:			1,265.02	1 Vendors	3 Transactions		

Aitkin County



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,265.02	General Fund
All Funds	1,265.02	Total

Approved by,

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