

KMR1
1/31/23

10:13AM

Aitkin County

2M



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

Page 1

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

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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							
2	01-044-904-0000-6360		23.95	MED FSA CLAIMS 2022	01.27.2023	Flex Plan Withdrawals	N
3	01-044-904-0000-6360		123.73	MED FSA CLAIMS 2023	01.27.2023	Flex Plan Withdrawals	N
1	01-044-904-0000-6360		38.52	MED FSA CLAIMS 2023	01.29.2023	Flex Plan Withdrawals	N
8410 Bremer Bank			186.20	3 Transactions			
1 Fund Total:			186.20	General Fund	1 Vendors	3 Transactions	
Final Total:			186.20	1 Vendors	3 Transactions		

Aitkin County



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	186.20	General Fund
	All Funds	186.20	Total

Approved by,

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