

KMR 1
5/3/23

8:48AM

Aitkin County

Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS



Page 1

WEX Payments 5-2-23

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

KMR1
5/3/23 8:48AM

Aitkin County



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

1 General Fund

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula	Accr	Service Dates	Paid On Bhf#	On Behalf of Name	
8410 Bremer Bank						
1	01-044-904-0000-6360		MED FSA CLAIMS 2023	04/29/2023	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		MED FSA CLAIMS 2023	05/01/2023	Flex Plan Withdrawals	N
3	01-044-904-0000-6360		DEP CARE FSA CLAIMS 2023	05/01/2023	Flex Plan Withdrawals	N
8410 Bremer Bank		1,005.38	3 Transactions			
1 Fund Total:			1,005.38	General Fund	1 Vendors	3 Transactions
Final Total:			1,005.38	1 Vendors	3 Transactions	

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Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	1,005.38	General Fund
	All Funds	1,005.38	Total

Approved by,

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