

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

# 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</b>	<b>Bremer Bank</b>						
9	01-044-904-0000-6379		630.25	WEX DECEMBER 2023 FEE	0001878678-IN	Flex Services, Labor, Etc.	N
4	01-044-904-0000-6360		25.00	MED FSA CLAIMS 2023	01/14/2024	Flex Plan Withdrawals	N
5	01-044-904-0000-6360		208.18	DEP CARE FSA CLAIMS 2023	01/16/2024	Flex Plan Withdrawals	N
6	01-044-904-0000-6360		639.62	MED FSA CLAIMS 2023	01/16/2024	Flex Plan Withdrawals	N
7	01-044-904-0000-6360		25.00	MED FSA CLAIMS 2023	01/21/2024	Flex Plan Withdrawals	N
8	01-044-904-0000-6360		208.34	DEP CARE FSA CLAIMS 2023	01/22/2024	Flex Plan Withdrawals	N
<b>8410</b>	<b>Bremer Bank</b>		<b>1,736.39</b>	<b>6 Transactions</b>			
<b>1 Fund Total:</b>			<b>1,736.39</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>6 Transactions</b>	

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# Aitkin County



9 State

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

Page 3

	<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	<u>1099</u>
	<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>
1	8410	Bremer Bank		98,815.36	P3 2023 STATE GEN TAX	P3-2023	State General Tax-Education
		09-000-000-0000-2058			1 Transactions		N
	8410	Bremer Bank		98,815.36			
<b>9 Fund Total:</b>				<b>98,815.36</b>	<b>State</b>	<b>1 Vendors</b>	<b>1 Transactions</b>

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 19 Long Lake Conservation Cen

# Aitkin County



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

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>						
2	19-522-000-0000-6267		120.82	TOTAL SERVICE CHARGES	461201217886	Credit Card Fees	N
3	19-522-000-0000-6267		33.20	TOTAL FEES	461201217886	Credit Card Fees	N
	<b>8410 Bremer Bank</b>		<b>154.02</b>	<b>2 Transactions</b>			
<b>19 Fund Total:</b>			<b>154.02</b>	<b>Long Lake Conservation Center</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	
<b>Final Total:</b>			<b>100,705.77</b>	<b>3 Vendors</b>	<b>9 Transactions</b>		

# Aitkin County



**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,736.39	General Fund
9	98,815.36	State
19	154.02	Long Lake Conservation Center
<b>All Funds</b>	<b>100,705.77</b>	<b>Total</b>

Approved by, .....

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