

KMR1
7/30/20 2:04PM

Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Page 1

FSA Claims

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



KMR1
7/30/20 2:04PM
1 General Fund

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO]

Vendor Name		Rpt	Warrant Description	Invoice #	Account/Formula Descripti	1099
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name	
8410 Bremer Bank						
1	01- 044- 904- 0000- 6360		422.68	Dep Care FSA Claims 2020	39500470	Flex Plan Withdrawals N
2	01- 044- 904- 0000- 6360		43.08	Med FSA Claims 2020	39500470	Flex Plan Withdrawals N
8410 Bremer Bank			465.76	2 Transactions		
1 Fund Total:			465.76	General Fund	1 Vendors	2 Transactions
Final Total:			465.76	1 Vendors	2 Transactions	

Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

<u>Recap by Fund</u>	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	465.76	General Fund
All Funds		465.76	Total

Approved by,

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