

KMR1
5/13/20 4:10PM

Aitkin County



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

Flex Spending 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



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

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1 General Fund

<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Descripti</u>	<u>1099</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
8410 Bremer Bank					
1 01-044-904-0000-6360		208.34	Dep Care FSA Claims 2020	39423837	Flex Plan Withdrawals N
2 01-044-904-0000-6360		934.68	Med FSA CLaims 2020	39423837	Flex Plan Withdrawals N
8410 Bremer Bank		1,143.02	2 Transactions		
1 Fund Total:		1,143.02	General Fund	1 Vendors	2 Transactions
Final Total:		1,143.02	1 Vendors	2 Transactions	

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Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,143.02	General Fund
All Funds	1,143.02	Total

Approved by,

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