

KMRI  
11/16/20 1:59PM

# Aitkin County

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO



Print List in Order By: 1  
1 - Fund (Page Break by Fund)  
2 - Department (Totals by Dept)  
3 - Vendor Number  
4 - Vendor Name

*Medical FSA Claims*

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**

KMR1  
11/16/20 1:59PM  
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>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>	
8410 Bremer Bank					
1 01- 044- 904- 0000- 6360		590.90	Med FSA Claims 2020	39608877	Flex Plan Withdrawals N
8410 Bremer Bank		590.90	1 Transactions		
<b>1 Fund Total:</b>		590.90	<b>General Fund</b>	<b>1 Vendors</b>	<b>1 Transactions</b>
<b>Final Total:</b>		590.90	<b>1 Vendors</b>	<b>1 Transactions</b>	

# Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

<b>Recap by Fund</b>	<b>Fund</b>	<b>AMOUNT</b>	<b>Name</b>
	1	590.90	General Fund
	<b>All Funds</b>	<b>590.90</b>	<b>Total</b>

Approved by, .....

.....

.....