

KMR1  
9/23/20 10:58AM

# 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

*FSA Claims*  
*PEIP - participant Fees*

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  
9/23/20 10:58AM  
1 General Fund

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIOI

Page 2

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					
3	01- 044- 904- 0000- 6231		Participant Fees- September	15522268	Flex Services, Labor, Etc	N
1	01- 044- 904- 0000- 6360		Dep Care FSA Claims - 2020	39557940	Flex Plan Withdrawals	N
2	01- 044- 904- 0000- 6360		Med FSA Claims - 2020	39557940	Flex Plan Withdrawals	N
8410	Bremer Bank		3 Transactions			
<b>1 Fund Total:</b>			<b>1,539.06</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>3 Transactions</b>
<b>Final Total:</b>			<b>1,539.06</b>	<b>1 Vendors</b>	<b>3 Transactions</b>	

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<u>Recap by Fund</u>	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	1,539.06	General Fund
All Funds		1,539.06	Total

Approved by, .....  
.....  
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