KMR1 10/14/20

2:54PM

Aitkin County



2L

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Page 1

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

Explode Dist. Formulas Y

Paid on Behalf Of Name

on Audit List?: Ν

Type of Audit List: D D - Detailed Audit List

S - Condensed Audit List

Save Report Options?: N

KMR1 10/14/20 2:54PM General Fund

Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Page 2

Vendor <u>Name</u>	<u> </u>	<u>Rpt</u>	Warrant Description	Invoice #	Account/F	ormula Descript	i <u>1099</u>
No. Account/F	<u>ormula</u> <u>Accr</u>	<u>Amount</u>	Service Dates	<u>Paid C</u>	<u>On Bhf #</u> On Be	ehalf of Name	
8410 Bremer Ba	nk						
1 01-044-904	-0000-6360	446.68	Dep Care FSA Claims - 2020	39579899	Flex Plan Wit	hdrawals	N
2 01-044-904	-0000-6360	1,055.23	Med FSA Claims - 2020	39579899	Flex Plan Wit	hdrawals	N
8410 Bremer Ba	nk	1,501.91	2 Transactions				
1 Fund Total:		1,501.91	General Fund		1 Vendors	2 Transactions	
Final Total:		1,501.91	1 Vendors	2 Transactions			

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Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

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Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>		
	1	1,501.91	General Fund		
	All Funds	1,501.91	Total	Approved by,	