

KMR1
9/10/20 3:00PM

Aitkin County



2L

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

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
9/10/20 3:00PM
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		3,260.00	Dep Care FSA Claims 2020	39546050	Flex Plan Withdrawals N
2 01-044-904-0000-6360		278.12	Med FSA Claims 2020	39546050	Flex Plan Withdrawals N
8410 Bremer Bank		3,538.12			
			2 Transactions		
1 Fund Total:		3,538.12	General Fund	1 Vendors	2 Transactions
Final Total:		3,538.12	1 Vendors	2 Transactions	

Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	3,538.12	General Fund
	All Funds	3,538.12	Total

Approved by,

.....

.....