

KMR1  
4/7/21

9:57AM

# Aitkin County

20



Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

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?: 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/CORRECTIONS**

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1 General Fund

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name	
<b>8410 Bremer Bank</b>						
1	01-044-904-0000-6360		247.00	Dep Care FSA Claims 2021	39771794	Flex Plan Withdrawals N
2	01-044-904-0000-6360		1,368.35	Med FSA Claims 2021	39771794	Flex Plan Withdrawals N
3	01-044-904-0000-6360		10.00	Med FSA Claims 2020	39771794	Flex Plan Withdrawals N
<b>8410 Bremer Bank</b>			<b>1,625.35</b>	<b>3 Transactions</b>		
<b>1 Fund Total:</b>			<b>1,625.35</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>3 Transactions</b>
<b>Final Total:</b>			<b>1,625.35</b>	<b>1 Vendors</b>	<b>3 Transactions</b>	

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**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,625.35	General Fund
<b>All Funds</b>	<b>1,625.35</b>	<b>Total</b>

Approved by, .....

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