

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

KMR1
4/14/21 10:26AM

Aitkin County



Audit List for Board **MANUAL WARRANTS/VOIDS/CORRECTIONS**

1 General Fund

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
1	8410 Bremer Bank 01-044-904-0000-6360		6.19	Med FSA Claims 2021	39787316	Flex Plan Withdrawals	N
	8410 Bremer Bank		6.19	1 Transactions			
1 Fund Total:			6.19	General Fund	1 Vendors	1 Transactions	
Final Total:			6.19	1 Vendors	1 Transactions		

Aitkin County



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	6.19	General Fund
All Funds	6.19	Total

Approved by,

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