

WLC1  
8/4/21 10:47AM

# Aitkin County

# 20



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

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

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

1 General Fund

Vendor	Name	Accr	Rpt	Amount	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula				Service Dates	Paid On Bhf #	On Behalf of Name	
1	8410 Bremer Bank 01-044-904-0000-6360			204.53	FSA Med Claims	39910492	Flex Plan Withdrawals	N
	8410 Bremer Bank			204.53	1 Transactions			
<b>1 Fund Total:</b>				<b>204.53</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>1 Transactions</b>	
<b>Final Total:</b>				<b>204.53</b>	<b>1 Vendors</b>	<b>1 Transactions</b>		

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**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	204.53	General Fund
<b>All Funds</b>	<b>204.53</b>	<b>Total</b>

Approved by, .....

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