

KMR1  
1/13/21 4:14PM

# Aitkin County



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*  
*State General Tax*

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

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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.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>		
	<b>8410 Bremer Bank</b>						
1	01-044-904-0000-6360		418.00	Dep Care FSA Claims 2020	39667062	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		898.13	Med FSA Claims 2021	39667062	Flex Plan Withdrawals	N
3	01-044-904-0000-6360		147.94	Med FSA Claims 2020	39667062	Flex Plan Withdrawals	N
	<b>8410 Bremer Bank</b>		<b>1,464.07</b>	<b>3 Transactions</b>			
<b>1 Fund Total:</b>			<b>1,464.07</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>3 Transactions</b>	

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9 State

Vendor Name	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Descripti</u>	<u>1099</u>
<u>No.</u> <u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
4 8410 Bremer Bank		60,498.06	State General Tax		N
09-000-000-0000-2058					
8410 Bremer Bank		60,498.06	1 Transactions		
<b>9 Fund Total:</b>		60,498.06	State	1 Vendors	1 Transactions
<b>Final Total:</b>		61,962.13	2 Vendors	4 Transactions	

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**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,464.07	General Fund
9	60,498.06	State
All Funds	61,962.13	Total

Approved by, .....

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