

KMR1
12/23/20 12:50PM

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

DEIP Fee's
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
12/23/20 12:50PM
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>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
8410 Bremer Bank					
3 01-044-904-0000-6231		735.80	Participant Fees- Credit Inv.	15560099	Flex Services, Labor, Etc N
1 01-044-904-0000-6360		1,490.00	Dep Care FSA Claims 2020	39649399	Flex Plan Withdrawals N
2 01-044-904-0000-6360		1,296.94	Med FSA Claims 2020	39649399	Flex Plan Withdrawals N
8410 Bremer Bank		3,522.74	3 Transactions		
1 Fund Total:		3,522.74	General Fund	1 Vendors	3 Transactions
Final Total:		3,522.74	1 Vendors	3 Transactions	

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Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	3,522.74	General Fund
All Funds	3,522.74	Total

Approved by,
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