KMR1 7/8/21

9:42AM

Aitkin County

2J



Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 1

Print List in Order By:

1 - Fund (Page Break by Fund)

2 - Department (Totals by Dept)

3 - Vendor Number

4 - Vendor Name

FSA Claims 2021 #39879151

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?:

Ν

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Aitkin County

E INTEGRATED FINANCIAL SYSTEMS

General Fund

Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 2

Vendo <u>No</u>	or <u>Name</u> <u>Account/Formula</u>	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On I		ula Description	1099
841 1 841	01-044-904-0000-6360		334.04 334.04	Med FSA Claims 2021 1 Transactions	39879151 3	Flex Plan Withdra	wals	N
1 Fund Tota	al:		334.04	General Fund	1 \	/endors	1 Transactions	
Fina	al Total:		334.04	1 Vendors 1	Transactions			

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Aitkin County

INTEGRATED FINANCIAL SYSTEMS

Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 3

Recap by Fund	<u>Fund</u>	AMOUNT	<u>Name</u>		
	1	334.04	General Fund		
	All Funds 334.04		Total	Approved by,	**************************************
					TOTAL TO THE EXCEPTION OF THE PROPERTY OF THE PARTY OF THE