

KMR1
5/12/21 10:17AM

Aitkin County

2L



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIONS

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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

Aitkin County



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

KMR1
5/12/21 10:17AM
1 General Fund

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name	
1	8410 Bremer Bank 01-044-904-0000-6360		Med FSA Claims 2021	39815799	Flex Plan Withdrawals	N
	8410 Bremer Bank		1 Transactions			
1 Fund Total:			192.21	General Fund	1 Vendors	1 Transactions
Final Total:			192.21	1 Vendors	1 Transactions	

Aitkin County



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	192.21	General Fund
All Funds	192.21	Total

Approved by,

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