

Print List in Order By: 1 1 - Fund (Page Break by Fund)
2 - Department (Totals by Dept)
3 - Vendor Number
4 - Vendor Name

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

FSA Claims Participant Fees December

KMR1
 12/22/21 9:23AM

Aitkin County



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

1 General Fund

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
	8410 Bremer Bank						
1	01-044-904-0000-6231		706.60	Participant Fees - December	15884146	Flex Services, Labor, Etc	N
2	01-044-904-0000-6360		402.60	Med FSA Claims 2021	40058723	Flex Plan Withdrawals	N
	8410 Bremer Bank		1,109.20	2 Transactions			
1 Fund Total:			1,109.20	General Fund	1 Vendors	2 Transactions	
Final Total:			1,109.20	1 Vendors	2 Transactions		

Aitkin County



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,109.20	General Fund
All Funds	1,109.20	Total

Approved by,

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