

KMR1  
7/1/20

10:54AM

# Aitkin County

25



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Page 1

*FSA Claims*

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

# Aitkin County



KMR1  
7/1/20 10:54AM  
1 General Fund

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO]

Page 2

<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		416.68	Dep Care FSA Claims 2020	39472804	Flex Plan Withdrawals N
2	01- 044- 904- 0000- 6231		2,194.33	Med FSA Claims 2020	39772804	Flex Services, Labor, Etc N
<b>8410 Bremer Bank</b>			2,611.01	2 Transactions		
<b>1 Fund Total:</b>			2,611.01	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>
<b>Final Total:</b>			2,611.01	<b>1 Vendors</b>	<b>2 Transactions</b>	

# Aitkin County



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

<b>Recap by Fund</b>	<b><u>Fund</u></b>	<b><u>AMOUNT</u></b>	<b><u>Name</u></b>
	1	2,611.01	General Fund
<b>All Funds</b>		2,611.01	<b>Total</b>

Approved by, .....

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