

KMR1
7/8/20 1:52PM

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

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



KMR1
7/8/20 1:52PM
1 General Fund

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Vendor Name		Rpt	Warrant Description	Invoice #	Account/Formula Descripti	1099
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name	
8410 Bremer Bank						
1	01-044-904-0000-6360		156.97	Dep Care FSA Claims 2020	39479092	Flex Plan Withdrawals N
2	01-044-904-0000-6360		360.22	Med FSA Claims 2020	39479092	Flex Plan Withdrawals N
8410 Bremer Bank			517.19	2 Transactions		
1 Fund Total:			517.19	General Fund	1 Vendors	2 Transactions
Final Total:			517.19	1 Vendors	2 Transactions	

Aitkin County



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	517.19	General Fund
All Funds		517.19	Total

Approved by,

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