

KMRI
10/28/20 9:23AM

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



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

KMR1
10/28/20 9:23AM
1 General Fund

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		Dep Care FSA Claims 2020	39594290	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		Med FSA Claims 2020	39594290	Flex Plan Withdrawals	N
	8410 Bremer Bank					
					2 Transactions	
1 Fund Total:			General Fund		1 Vendors	2 Transactions
Final Total:			1 Vendors		2 Transactions	

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Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	1	4,400.40	General Fund
	All Funds	4,400.40	Total

Approved by,

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