

SH



# Aitkin County

KMRI  
12/30/20 9:13AM

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 2020

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  
12/30/20 9:13AM  
1 General Fund

Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIO

<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>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
8410 Bremer Bank					
1 01- 044- 904- 0000- 6360		945.04	Dep Care FSA Claims 2020	39656659	Flex Plan Withdrawals N
2 01- 044- 904- 0000- 6360		480.91	Med FSA Claims 2020	39656659	Flex Plan Withdrawals N
8410 Bremer Bank		1,425.95	2 Transactions		
<b>1 Fund Total:</b>		1,425.95	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>
<b>Final Total:</b>		1,425.95	<b>1 Vendors</b>	<b>2 Transactions</b>	

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**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,425.95	General Fund
<b>All Funds</b>	<b>1,425.95</b>	<b>Total</b>

Approved by, .....  
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