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KMR1
2/17/21 3:08PM

Aitkin County

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

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

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

1 General Fund

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula	Accr	Service Dates	Paid On Bhf #	On Behalf of Name	
	8410 Bremer Bank					
1	01-044-904-0000-6360		143.32 Dep Care FSA Claims 2021	39712053	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		755.00 Med FSA Claims 2021	39712053	Flex Plan Withdrawals	N
3	01-044-904-0000-6360		523.73 Med FSA Claims 2020	39712053	Flex Plan Withdrawals	N
	8410 Bremer Bank		1,422.05	3 Transactions		
1 Fund Total:			1,422.05	General Fund	1 Vendors	3 Transactions
Final Total:			1,422.05	1 Vendors	3 Transactions	

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Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,422.05	General Fund
All Funds	1,422.05	Total

Approved by,

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