

WLC1
4/28/21 10:15AM

Aitkin County

2J



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

Page 1

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

<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</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>	
1	8410 Bremer Bank 01-044-904-0000-6360		Med FSA Claims 2021	39797574	Flex Plan Withdrawals	N
	8410 Bremer Bank			1 Transactions		
1 Fund Total:			860.56	General Fund	1 Vendors	1 Transactions
Final Total:			860.56	1 Vendors	1 Transactions	

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Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	860.56	General Fund
All Funds	860.56	Total

Approved by:

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