

KMR1
5/19/21 9:46AM

Aitkin County

2Q



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

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

FSA Claims

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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		Dep Care FSA Claims 2021	39824673	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		Med FSA Claims 2021	39824673	Flex Plan Withdrawals	N
8410	Bremer Bank		540.55		2 Transactions	
1 Fund Total:			540.55	General Fund	1 Vendors	2 Transactions
Final Total:			540.55	1 Vendors	2 Transactions	

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Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	540.55	General Fund
All Funds	540.55	Total

Approved by, _____

