

KMR1  
5/26/21 11:00AM

# Aitkin County

2K



Audit List for Board MANUAL WARRANTS/VOIDS/CORRECTIONS

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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 2021*

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



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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	39831382	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		Med FSA Claims 2021	39831382	Flex Plan Withdrawals	N
8410	Bremer Bank		2 Transactions			
<b>1 Fund Total:</b>			<b>967.11</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>
<b>Final Total:</b>			<b>967.11</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	

# Aitkin County



<b>Recap by Fund</b>	<b><u>Fund</u></b>	<b><u>AMOUNT</u></b>	<b><u>Name</u></b>
	1	967.11	General Fund
All Funds		967.11	Total

Approved by,

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