

KMR1  
8/11/21 9:14AM

# Aitkin County

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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

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 #39918402

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# Aitkin County



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	
1	8410 Bremer Bank 01-044-904-0000-6360		Med FSA Claims 2021	39918402	Flex Plan Withdrawals	N
	8410 Bremer Bank		1 Transactions			
<b>1 Fund Total:</b>			<b>131.73</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>1 Transactions</b>
<b>Final Total:</b>			<b>131.73</b>	<b>1 Vendors</b>	<b>1 Transactions</b>	

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

<b>Recap by Fund</b>	<b><u>Fund</u></b>	<b><u>AMOUNT</u></b>	<b><u>Name</u></b>
	1	131.73	General Fund
<b>All Funds</b>		<b>131.73</b>	<b>Total</b>

Approved by,

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