

KMR1  
8/25/21 3:15PM

# 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

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

## Camping Refunds & FSA Claims 2021 #3993389



# Aitkin County

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

1 General Fund

Vendor	<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>	
	<b>8410 Bremer Bank</b>					
2	01-044-904-0000-6360		149.76	Dep Care FSA Claims 2021	39933889	Flex Plan Withdrawals N
3	01-044-904-0000-6360		383.94	Med FSA Claims 2021	39933889	Flex Plan Withdrawals N
	<b>8410 Bremer Bank</b>		<b>533.70</b>			
				2 Transactions		
<b>1 Fund Total:</b>			<b>533.70</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>



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21 Parks

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

<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>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
1	8410 Bremer Bank		190.00			
	21-520-000-0000-5510					
	8410 Bremer Bank		190.00	1 Transactions		N
<b>21 Fund Total:</b>			<b>190.00</b>	<b>Parks</b>	<b>1 Vendors</b>	<b>1 Transactions</b>
<b>Final Total:</b>			<b>723.70</b>	<b>2 Vendors</b>	<b>3 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	533.70	General Fund
	21	190.00	Parks
	<b>All Funds</b>	<b>723.70</b>	<b>Total</b>

Approved by, .....

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