

# Aitkin County



KMR1  
9/15/21 1:34PM

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

*FSA Claims 2021-#39956314*

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

Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
<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>					
1	01-044-904-0000-6360		Dep Care FSA Claims 2021	39956314	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		Med FSA Claims 2021	39956314	Flex Plan Withdrawals	N
	<b>8410 Bremer Bank</b>		<b>459.21</b>		<b>2 Transactions</b>	
<b>1 Fund Total:</b>			<b>459.21</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>
<b>Final Total:</b>			<b>459.21</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	

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**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	459.21	General Fund
<b>All Funds</b>	<b>459.21</b>	<b>Total</b>

Approved by,

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