KMR1 12/1/21 **Aitkin County** 

**2N** 



Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 1

Print List in Order By: 1 1 - Fund (Page Break by Fund)

2:42PM

2 - Department (Totals by Dept)

3 - Vendor Number

4 - Vendor Name

FSA Claims 2021 #40039504

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

KMR1

12/1/21 2:42PM General Fund

## **Aitkin County**

INTEGRATED FINANCIAL SYSTEMS

Audit List for Board

## MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 2

Vendor <u>No.</u>	Name Account/Formula	<u>Rpt</u> <u>Accr</u>	<u>Amount</u>	Warrant Description Service Dates	<u>Invoice #</u> Paid O	Account/Formula Description on Bhf # On Behalf of Name	<u>1099</u>
8410	Bremer Bank						
1	01-044-904-0000-6360		625.02	Dep Care FSA Claims 2021	40039504	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		311.75	Med FSA Claims 2021	40039504	Flex Plan Withdrawals	N
8410	Bremer Bank		936.77	2 Transactions			
1 Fund Total:	:		936.77	General Fund		1 Vendors 2 Transactions	
Final	Total:		936.77	1 Vendors	2 Transactions		

KMR1 12/1/21

2:42PM

## **Aitkin County**



Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 3

Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>		
	1	936.77	General Fund		
	All Funds	936.77	Total	Approved by,	