



Print List in Order By: 2  
1 - Fund (Page Break by Fund)  
2 - Department (Totals by Dept)  
3 - Vendor Number  
4 - Vendor Name

Page Break By: 1  
1 - Page Break by Fund  
2 - Page Break by Dept

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

# Aitkin County



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

1 General Fund

Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
44	DEPT			Central Services			
	8410 <b>Bremer Bank</b>						
1	01-044-904-0000-6360		625.00	Dep Care FSA	40189308	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		957.57	Med FSA Claims	40189308	Flex Plan Withdrawals	N
	<b>8410 Bremer Bank</b>		<b>1,582.57</b>		<b>2 Transactions</b>		
44	<b>DEPT Total:</b>		<b>1,582.57</b>	<b>Central Services</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	
1	<b>Fund Total:</b>		<b>1,582.57</b>	<b>General Fund</b>		<b>2 Transactions</b>	
	<b>Final Total:</b>		<b>1,582.57</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	1,582.57	General Fund
	<b>All Funds</b>	<b>1,582.57</b>	<b>Total</b>

Approved by, .....

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