

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 Paid 06.08.2022

# Aitkin County



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

1 General Fund

	<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	<u>1099</u>
	<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
44	DEPT			Central Services		
	8410 <b>Bremer Bank</b>					
1	01-044-904-0000-6360		824.05	Med FSA Claims	40256029	Flex Plan Withdrawals N
	<b>8410 Bremer Bank</b>		<b>824.05</b>	1 Transactions		
44	<b>DEPT Total:</b>		<b>824.05</b>	<b>Central Services</b>	<b>1 Vendors</b>	<b>1 Transactions</b>
1	<b>Fund Total:</b>		<b>824.05</b>	<b>General Fund</b>		<b>1 Transactions</b>
	<b>Final Total:</b>		<b>824.05</b>	<b>1 Vendors</b>	<b>1 Transactions</b>	

# Aitkin County



**Recap by Fund**

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	824.05	General Fund
<b>All Funds</b>	<b>824.05</b>	<b>Total</b>

Approved by, .....

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