

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 and MN Care Tax

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  
7/27/22 2:21PM

# 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
	<b>8410 Bremer Bank</b>						
1	01-044-904-0000-6360		91.58	Dep Care FSA Claims 2022	40309213	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		215.00	Med FSA Claims 2022	40309213	Flex Plan Withdrawals	N
	<b>8410 Bremer Bank</b>		<b>306.58</b>	<b>2 Transactions</b>			
<b>1 Fund Total:</b>			<b>306.58</b>	<b>General Fund</b>	<b>1 Vendors</b>	<b>2 Transactions</b>	

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# Aitkin County



5 Health & Human Services

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

Page 3

Vendor No.	Name Account/Formula	Accr	Rpt	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name	1099
3	90465 Bremer Bank, N.A. 05-400-400-0402-6360			111.05	2022 Est MN Care Tax 07/01/2022 09/30/2022	Type 399	Services, Labor, Contracts	N
	90465 Bremer Bank, N.A.			111.05	1 Transactions			
<b>5 Fund Total:</b>				<b>111.05</b>	<b>Health &amp; Human Services</b>	<b>1 Vendors</b>	<b>1 Transactions</b>	
<b>Final Total:</b>				<b>417.63</b>	<b>2 Vendors</b>	<b>3 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	306.58	General Fund
	5	111.05	Health & Human Services
<b>All Funds</b>		<b>417.63</b>	<b>Total</b>

Approved by, .....

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