KMR1 2/9/23

Aitkin County 3:12PM



Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 1

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

2 - Department (Totals by Dept)

3 - Vendor Number

4 - Vendor Name

Explode Dist. Formulas?: Y

Paid on Behalf Of Name

on Audit List?: Ν

Type of Audit List: D D - Detailed Audit List

S - Condensed Audit List

Save Report Options?: Ν KMR1

2/9/23 3:12PM General Fund **Aitkin County**

INTEGRATED FINANCIAL SYSTEMS

Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 2

Vendor <u>No.</u>	Name Account/Formula	Rpt Accr	<u>Amount</u>	Warrant Description Service Dates	Invoice # Paid C	Account/Formula Description On Bhf # On Behalf of Name	<u>1099</u>
8410	Bremer Bank						
1	01-044-904-0000-6360		107.20	MED FSA CLAIMS 2022	02.08.2023	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		1,392.80	MED FSA CLAIMS 2023	02.08.2023	Flex Plan Withdrawals	N
8410	Bremer Bank		1,500.00	2 Transactions			
1 Fund Total:			1,500.00	General Fund		1 Vendors 2 Transactions	
Final Total:			1,500.00	1 Vendors	2 Transactions		

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MANUAL WARRANTS/VOIDS/CORRECTIONS

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Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>		
	1	1,500.00	General Fund		
	All Funds	1,500.00	Total	Approved by,	