KMR1 3/20/23

## **Aitkin County**

21



**Audit List for Board** 

MANUAL WARRANTS/VOIDS/CORRECTIONS

Page 1

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

2 - Department (Totals by Dept)

3 - Vendor Number 4 - Vendor Name

Explode Dist. Formulas?: Y

12:49PM

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

3/20/23 12:49PM General Fund

## **Aitkin County**



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 0	Account/Formula Description On Bhf # On Behalf of Name	1099
8410	Bremer Bank						
1	01-044-904-0000-6360		20.95	MED FSA CLAIMS 2023	03152023	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		272.00	MED FSA CLAIMS 2023	03172023	Flex Plan Withdrawals	N
8410	Bremer Bank		292.95	2 Transactions			
1 Fund Total:			292.95	General Fund		1 Vendors 2 Transactions	
Final	Total:		292.95	1 Vendors	2 Transactions		

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## **Aitkin County**



Audit List for Board

MANUAL WARRANTS/VOIDS/CORRECTIONS

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Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>		
	1	292.95	General Fund		
	All Funds	292.95	Total	Approved by,	