

KMR1
3/31/26 10:20AM

Aitkin County



2J

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

Page 1

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

Aitkin County



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			
	10785 Old National Bank						
3	01-044-904-0000-6360		186.01	MED FSA CLAIMS 2026	03/21/2026	Flex Plan Withdrawals	N
4	01-044-904-0000-6360		208.18	DEP FSA CLAIMS 2024	03/21/2026	Flex Plan Withdrawals	N
5	01-044-904-0000-6360		625.02	DEP FSA CLAIMS 2026	03/21/2026	Flex Plan Withdrawals	N
1	01-044-904-0000-6360		13.76	MED FSA CLAIMS 2026	03/29/2026	Flex Plan Withdrawals	N
2	01-044-904-0000-6360		15.00	MED FSA CLAIMS 2026	03/30/2026	Flex Plan Withdrawals	N
	10785 Old National Bank		1,047.97	5 Transactions			
44	DEPT Total:		1,047.97	Central Services	1 Vendors	5 Transactions	
1	Fund Total:		1,047.97	General Fund		5 Transactions	
	Final Total:		1,047.97	1 Vendors	5 Transactions		

Aitkin County



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
1	1,047.97	General Fund
All Funds	1,047.97	Total

Approved by,
.....
.....