CHAPTER 13

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CLAIM

On Accour	t of Appropria	ation for	To Address	Dr.
			HOW, KIND OF SERVICE, WHERE PERFORMED, DAT JR, PRICE PER FOOT, PER YARD, PER HUNDRED, P	
DATE	ORDER NO.		ITEMIZED CLAIM	DOLLARS CTS.
I hereb	y certify that the		s of Chapter 155, Acts of 1953. and correct, that the amount claimed is legal paid.	lly due, after allowing all just
			(SIGNATUI	RE OF CLAIMANT)
Date				TITLE

CLAIM NO WARRANT NO	I have examin	ed the within claim and hereby	
	certify as follows:	,	
IN FAVOR OF	That it is in proper for That it is duly auther	orm. nticated as required by law.	
	That it is based upor		
		Statutory Authority	
\$	That it is apparently	correct	
· <u></u>	,	incorrect	
ON ACCOUNT OF APPROPRIATION	Signature		Title
ALLOWED	Date	I certify that the within bill is true and correct; that the supplies and materials therein itemized and for which charge was made were ordered by me and were necessary to the public business; that each and every item has been delivered to me and was in accordance with contract, except:	

ACOUNTS PAYABLE VOUCHER

	Payee	Purchase Order No.	
		Terms	
		Date Due	
Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount
		MA DE	
		ned invoice(s), or bill(s), is (are) true and correct and that the mater e ordered and received except	rials or services
	,	Signature	Title
I hereby ce th IC 5-11-10-1.		(s), or bill(s), is (are) true and correct and I have audited same in a	ccordance
	- ,	Clerk-Treasurer	

VOUCHER NO WARRANT NO	- =
	IN THE SUM OF \$
\$	<u>-</u> -
ON ACCOUNT OF APPROPRIATION	
FOR	
	Council Members
COST DISTRIBUTION LEDGER CLASSIFICATION IF CLAIM PAID MOTOR VEHICLE HIGHWAY FUND	_
Appt	

Account Title

No.

Amount

ı	Prescribed	hv	State	Roard	of A	Accounts
ı	riescibed	Dν	State	Dualu	OI F	ACCOUNTS

General Form No. 362 (Rev. 1987)

KE	PORT OF COLLECT	IONS		
To(Title of Officer)				
(Governmental Unit)		(C	ounty)	, Indiana
Collections for Period,,	to		.,	
Description	Fund to be Credited	Collections This Period	Prior Collections	Year to Date Collections
Total Amount Collected				
I hereby certify that the fo above named governmental unit for the per		rrect report of co	llections due t	:he
Dated this	day of	,		
NOTE This is not to be used as a receipt for collection official to whom the report is made much official require for the collections remitted.	ıst issue		(Signature)	
an official receipt for the collections remitte	su.		(Title of Office	er)

Prescribed by State Board of Accounts

General Payroll Form No. 99 (Rev. 1993)

PAYROLL SCHEDULE AND VOUCHER

For Pe	(Ceriod Beginning			, Departme _, ai		,		,		r C	olus au under columi	: Total hou uthorized le the leave p n will apply th days.	eave to woolicies e	hich a stablis	n emplo hed by tl	yee might he govern	be ending bo	titled by	y la e "E	w and Days Los	st"	F	Page	_ of	Page: Fun
					[DAYS OF	R HOURS I	N PERIC					Ī		1	1		PEDUCT							
N	AME OF EMPLOYEE	Approp No. or Class Title	C 0	Noncash	Worked	Sick Leave	Vacation Leave		Other Leave C D D D H D D H D D D D D D D D D D D D	Total Days or Hours To Be Paid	of	Gross Pay	Total	Fed. W/H Tax	Social Security Tax	Medicare Tax	State W/H Tax	County W/H Tax	C o d	surance Amount	C o d			Amount of Warrant (Gross Pay) Less Deductions)	Warrant Number
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16.			Ш																					<u> </u>	

CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT

Totals

A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

REGULAR TIME AND OVERTIME

Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

See following page for reverse side of this form.

STATE OF INDIANA,			COL									
				1	<u>-</u>			g	Name			
	Title			2			Age	Agency				
hereby certify that I have examined the time record of each employee listed on Pages to of this payroll, that each employee has performed the services for which the salaries or compensation is paid: that to the best of my knowledge and belief no part of the salary or compensation or any employee listed hereon is being divided or paid to any person on account of or by the reason of his employment: that the compensation listed opposite the name of each employee is based upon either statutory or regulatory authority and is justly due each such employee: that the deductions have been authorized for the purpose stated: that this payroll coalling \$\infty\$ is correct and has by me been approved.	ne time record of each ni s paid: that to the t n account of or by the thority and is justly du thority and is justly du d has by me been ap	employee lis best of my kno reason of his e each such e proved.	ted on Page owledge and employme	ssto_d belief no nt: that the the the	of this part of the s compensat ductions hav	payroll, that alary or com ion listed opl e been auth	each empl pensation posite the r orized for t	oyee has por any emplants of each and he purpose	oerformed ployee list ach emplo e stated:	I the ser ted here byee is b that this	vices on is ased payroll	
Dated	ı							(Signature)	iture)			
I have examined the within claim and hereby certify as follows: This is in proper form. That it is duly authenticated as required by law.	l hereby certify as follo ed by law.	ws:						(Official title)	l title)			
contract. That it is based upon { statutory authority.	uthority.											
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Prescribed by State Board of Accounts

City or Town Form No. 206 (Rev. 1975) General Form No. 360 (Rev. 1975)

CLERK-TREASURER'S, CITY CONTROLLER'S AND CITY TREASURER'S MONTHLY FINANCIAL STATEMENT

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City or Town Form No. 206 (Rev. 1975) General Form No. 360 (Rev. 1975)

CLERK-TREASURER'S OR CITY TREASURER'S DEPOSITORY STATEMENT AND CASH RECONCILEMENT

	City or Town of				М	onth	n of _							_,		
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	ADD: Cash in Office										-1-		++	++	+	
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-	TOTAL CASH BALANCE, Plus Depository Balances Invested											-	H	++	+	
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TREASURERS DAILY BALANCE OF CASH,

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DEPOSITORIES AND INVESTMENTS

DATE ,

			Colu	mn 1					Colur	mn 2		
Cash on Hand Beginning of Day (Line 11, preceding page)	Ì					M					T	1
Add Receipts for the Day (Line 1, Col. 2, opposite page)						П						2
Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page)						П						3
Totals												4
Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page)												5
Net Cash on Hand for which Accountable								丁				6
Cash on Hand Close of Day (Per Cash Count):							7		7			7
Currency							(VÆ	7			8
Coins						abla	$^{\prime}\Box$	\Box	$\langle \nabla \rangle$	厂		9
Checks and Money Orders					\mathcal{K}	Q	VΔ	[入				10
Total Cash on Hand Close of Day				\mathcal{I}	π.	$^{\prime}$	\nearrow	`	~			1
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)			$\tilde{\mathbf{x}}$	$\mathcal{T}_{i,j}$	/ / A	(/ d	\Box	r				1:
Net Cash on Hand (After Deducting Advances)		\top	\mathcal{A}	1//	1 /	$^{\prime}\mathcal{L}^{\prime}$	\succ					13
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)		egthanking	1 V)	4/,	$\sqrt{\ \ }$	\mathcal{N}						1.
Total Cash on Hand an in Depository		α	7 4	7	γŤ							1:
Add Cash Under		$\overline{}$	71 5	1								10
Deduct Cash Over		₹┙	\mathcal{T}									1
Total		T				П						1
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)												1
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)												2
												2
INSTRUCTIONS:												2
(1) Lines 1, 2 and 3 reflect the transactions each day for the ledgers for all cash funds and all investments	made from th	e Led	dger	Fund	ds.	-						2
(2) Lines 4A through 4J will be used for the various depositories and will reflect the transactions each day						-						2
(3) Lines 6A through 6J will reflect the transactions each day of investments for each fund affected.	·	•				-						2
(4) Line 7 will reflect the transactions each day of the investment made from the total of all monies on dep	osit, except fo	r inve	estme	ents		-						2
made from fund balances under (3) above.	•					-						2
(5) Line 8 will reflect the Transactions of Investments by Funds and from the depository balances in total.						-						28
(6) Line 9 reflects the transactions in Totals-Depositories and Investments.						-		一		口		29
(7) Line 2, Col. 3, reflects Investments Purchased from Ledger Balance-Cash Funds as a portion of the Di	sbursements	for				-		一		口		3
the day as shown on Line 1, Col. 4, and line 4A, Col. 4. On the same day investments are purchased			refle	ct		-		一十		口	\top	32
Investment Purchased-Cost, Line 6A, Col. 3.						-		一十		口	\top	3
(8) When any investments are cashed belonging to a certain fund, the amount shall be shown on line 2, C	ol. 5, and Line	B, C	ol. 5	j.		-	\neg	一十	\top		\top	34
(9) Under the Names of Depositories section, Line 4, for each depository affected, Cols. 3 and 5, will be us					are					-		╅

(9) Under the Names of Depositories section, Line 4, for each depository affected, Cols. 3 and 5, will be used only when investments are purchased or cashed from the total of all funds deposited in a depository account. The totals shown on Line 5, Col. 3, shall appear on Line 7, Col. 5, and the total shown on Line 5, Col. 5, shall appear on Line 7, Col. 3.

	OF ACCOUNTS		PURCHA	SE OB	DED				GENERAL FORM NO.	98 (REV. 1998
NOTE: NO CLAIM WILL BE APP	ROVED		PURCHA	ISE OR	DEK					
FOR PAYMENT UNLESS ORIGINA										
OF THIS ORDER OR THE P.O. NU	IMBER IS		GOVERN	IMENTAL UN	NIT			P.O. NO.		
MADE A PART OF THE CLAIM.							_		This number must be shown on invoice, claim and delivery memos.	.,
			ΑC	DDRESS					and denies, memosi	
то					_			DATE		
ADDRESS					_			REQ.		
								IN ACCO	RDANCE WITH BID AND	
CITY									CT DATED	
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SHIP TO					_			If subject to	discount please	
SHIP VIA									Invoice or Claim.	
CHARGE TO										
APPROPRIATION FO						APP	ROPRIAT			
QUANTITY	UNIT		DESCRIPTIO	N			UNIT PR	ICE	AMOUNT	
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			5/11		<u></u>					
					OTAL AMOU	NT OF	OPDER	- \$		
I HEREBY CERTIFY THAT	THERE IS AN UNOBI	IGATED BALANCE IN TI	HIS		OTAL AMOU				ACCORDING TO PRICES SHOWN ABOVE	
APPROPRIATION SUFFICIE	NT TO PAY FOR THE	ABOVE ORDER				ORD	ER BY			
										_
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		MPT					INE	IANA RET	AIL TAX EXEMPT	
FEDERAL E	XCISE TAX EX	-1411 1							1	
FEDERAL E	XCISE TAX EXI						C	ERTIFICAT	F NO.	

Prescribed by the State Board of Accounts		General Payroll	Form No. 99A (Rev. 1985)				
	(Unit)						
EMPLO	DYEE'S SERVICE RECORD	YEAR					
REMARKS	NAME AS ON SOCIAL SECURITY CARD		EMPLOYEE NUMBER				
Workweek Begins: Hour of Day ; Day of Week	(Mr., Mrs., Miss) ADDRESS		ZIP CODE				
Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month)							
Date of Birth:	SOC. SEC. NO.	CLASSIFICATION					
Normal Work Schedule *	OFFICE, BOARD OR DEPT.	BEGIN. DATE EMPL.	LEAVE ACCRUAL DATE				
1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13	REGULAR VACATION LEAVE 8 29 30 31 EARNED TAKEN BALANCE	SICK LEAVE	OTHER LEAVE				
16 17 18 19 20 21 22 23 24 25 26 27 27 27 27 27 27 27	8 29 30 31 EARNED TAKEN BALANCE	EARNED TAKEN BALANCE	TAKEN EXPLANATION				
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FEB.							
MAR.	 						
APR.							
MAY	 						
JUNE							
JULY H							
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ост.							
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V - VACATION LEAVE S - SICK LEAVE L - LOST TIME OL - OTHER AUTHORIZED LEAVE SHOW VACATION, SICK LEAVE AND OTHER ABSENCES IN DAYS AND HALF DAYS.

* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

DEC.

(GOVERNMENTAL UNIT) OFFICE, BOARD, DEPARTMENT OR INSTITUTION) POATE POINT POINT POINT POINT	TC ON ODO!		APPROPRIATION NO. NATURE OF BUSINESS		
OFFICE, BOARD, DEPARTMENT OR INSTITUTION) FROM TO DATE	ON ODO! REA!	ACCOUNT OF A	APPROPRIATION NO.	FOR	MILEAGE @
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AUTO LICENSE NO.	•		TOTALS		

F	ursuant to the provisions and penalties of Chapter 155, Acts 1953,	I hereby certify that the foregoing accour	nt is just and correct, that the amount cl	laimed is legally due, after allowin	g all just credits
and t	nat no part of the same has been paid.				

Date	

Voucher No	Warrant No	I have examined the within claim and hereby certify as follows: That it is in proper form.
	IN FAVOR OF	That it is duly authenticated as required by law.
		That it is based upon statutory authority
		correct That it is apparently incorrect
	\$	Disbursing Officer
On Account of Appropr	riation No for	
		itemiz to the
Allowed	,	l certify the ed and for public busi
	(Board or Commission) FILED	I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except
	(Official Title)	

Prescribed by State Board of Accounts

General Form No. 350
(Revised 1983)

REGISTER OF INVESTMENTS

Name of Unit	Fund
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(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

Date	Nature	,	SAFEKEEPII	NG RECEIP	Т	Rate			AMOUNT P	AID		Date		AM	OUNT RECE	Date AMOUNT RECEIVED			REST	CEIVEI	D
of	of Investment	Serial No.	Issued By	No.	Maturity Date	of Interest	Maturity Value	Principal	Accrued		Daid	Sold or	d Dri	ncipal	Interest	Total		AMOUNT		Amo	
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FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS					GE	NERAL FORM	NO. 352 (REV. 1997)					
RECEIPT												
Name of UNIT, AGENCY, BOARD OR DEPARTMENT												
NO												
, IN,	Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other						
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RECEIVED FROM	RECEIVED FROM											
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ON ACCOUNT OF		70)//				100						
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EMPLOYEE'S EARNINGS RECORD BASIS OF PAY (PER MONTH, WEEK, HOUR) MR., MRS., MISS ____ UNIT OFFICE, BOARD OR DEPARTMENT_ OTHER COMPENSATION TYPE ADDRESS (SEE OTHER SIDE FOR INSTRUCTIONS) ZIP CODE _ AMOUNT CITY EXEMPTION STATUS FEDERAL STATE ___ SOC. SEC. NO. FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS General Payroll Form 99B (Rev. 1993) DATE PAYROLL DEDUCTIONS o d OF PERIOD NONCASH GROSS FEDERAL SOCIAL STATE COUNTY AMOUNT OF WARRANT ENDING BENEFITS TOTAL SECURITY MEDICARE WITH. TAX WITH. TAX INSURANCE RETIREMENT WARRANT NUMBER WARRANT PAY WITH. TAX FORWARD 10 11 12 13 14 TOTAL 1ST QUARTER 10 11 13 TOTAL 2ND QUARTER TOTAL TO DATE

ACCOUNTS PAYABLE VOUCHER REGISTER

	,	Governmental Unit Agency		for entering a	natures of governing meeting in which lemorandum column is disallowed in whole or poard, or for other			
For Period		, to				Page	of Page	S
	State Board or Ac	ccounts	OFFICE,		<u> </u>	CHECK/	General Form No. 364 (199	7)
DATE FILED	VOUCHER NUMBER	NAME OF CLAIMANT	DEPARTMENT OR FUND	AMOUNT OF VOUCHER	AMOUNT ALLOWED	WARRANT NUMBER	MEMORANDUM (See Note (2) Above	
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	y certify that ead	ach of the above listed vou 5-11-10-1.6.	chers and the invo	pices, or bills att	ached thereto,	are true and c	orrect and I have audited	
					Fiscal Of	fficer		
C 5-11-10-2	permits the go	ALLOWANG verning body to sign the A	CE OF VOUCHER counts Payable \		r in lieu of signi	ng each claim	the governing body is allo	wing.)
We ha	ve examined to allowed as sho	he vouchers listed on the form	orgoing accounts pouchers are allowe	payable vouche ed in the total ar	r register, consi	isting of	pages, and except for	
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SIGNATURES OF GOVERNING BOARD

		RETURNED WHEN YOU PAY.		BOARD OF ACCOUNTS FO	
DATE	DATE	READING PRESENT	GAL. OR CU. FT.	WATER CHARGE	AMOUNT
RECEIPT No METER No		PREVIOUS		WATER CHARGE	
ACCOUNT No.		CONSUMED		1	
			SEWAGE DISP	OSAL CHARGE	
	Received Paymo	ent	ARREARS SE	EWAGE	
DUE 30TH OF MONTH IN WHICH BILL IS RECEIVED. WATER UTILITY 10% OF THE FIRST \$3.00 AND 3% OF THE BALANCE OF BILL WILL BE ADDED IF NOT PAID WHEN DUE. SEWAGE PENALTY 10% OF BILL	ByNAME		ARREARS W	ATER ECTION CHARGE TOTAL	
	MUNICIPAL	WATER & SEWA	GE UTILITIES	CHURUBUSC	O, INDIANA
Note:	The sewage of to sales tax.	disposal charge is	not subject		

ACCOUNTS RECEIVABLE CONTROL

When utility records are kept on a cash or single-entry basis, a separate control account should be carried on General Ledger Sheet, General Form Number 315, in the front of the Consumer's Ledger. This account will be debited with the total monthly billing to all customers for utility services including penalties and sales tax. This account will be credited with the total accounts receivable collections, penalties and sales tax shown by the Register of Daily Cash Receipts - Consumers.

Under normal conditions the individual active accounts of customers should at all times show debit balances and at the end of each month the individual active accounts should be added and the total so obtained checks against the balance of the control account. If any adjustments are necessary to be made either to the control or to the individual active accounts, proper explanation should be recorded in the records.

When any adjustment is made to a customer's account in order to correct an error in a previous charge or credit, a like entry should be made to the control account; debiting the control to increase the charge and crediting the control to decrease the charge in order to keep the total of the individual active accounts in agreement with the control.

After all efforts have been exhausted to effect collection of delinquent accounts, and after service has been discontinued and meter deposits applied, a list of uncollectible accounts should be submitted to the board for approval before being written off and transferred to an uncollectible accounts file. After approval has been made a matter of record the total of these accounts, including the sales tax thereon, will be credited to the control account.

The foregoing procedure for handling uncollectible accounts is not applicable to delinquent sewage disposal charges assessed by a Conservancy District, discussed on page 1-4, or to delinquent charges assessed by a Regional District, discussed on page 2-10.

When utility records are kept on an accrual or double-entry basis the Accounts Receivable account in the General Ledger serves as a control of all individual accounts in the Consumer's Ledger and the foregoing procedure would not be applicable.

REGISTER OF DAILY CASH RECEIPTS - CONSUMERS

ater-Mun	3-C-D icipal Sewage Utility		DE	EPAR	TMEN	١T			N	MONT	H OF _							_			PAGE			
																					UTIL	ITY FO	RM NO. :	313A (
	NAME				ACC	OUN	TS RI	ECEIV	ABLE	<u> </u>			RFEIT											
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GUARANTEE DEPOSIT REGISTER

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Prescribed by State Board of Accounts

SHEET No.

CLASSIFICATION CONTROL ACCT.	NAME OF ACCOUNT	ACCOUNTS RECEIVABLE CONTROL	
DATE ITEMS FOL.	DEBITS DATE ITEMS	FOL. CREDITS	BALANCE
Note:	The procedure to prove and cross balance is as follows:	L holongo	
	eginning balance plus total debits less total credits equals ending Example: \$ 6 3 0.00	J Dalatice.	
	5 1 7 8 .00 \$ 5 8 0 8 .00 4 6 8 6 .00		
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Form 315

PAGE _____

SIMPLIFIED CASH JOURNAL WATER UTILITY - CLASS C

		IOARD OF ACCOUNT			CASH O	PERATI	NG FUI	ND	BO	ND & INT	TEREST (SINKIN	G) FUND		DEPF	RECIATION	ON FUI	ND		CONST	RUCTION	FUND		ME	TER DE	EPOSIT	FUND					CASH	OPERAT	TING REC	EIPTS				TR	ANSFER	R RECEIP	TS	1 0	THER RE	CEIPTS
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SIMPLIFIED CASH JOURNAL WATER UTILITY - CLASS C RECEIPTS, DISBURSEMENTS AND FUND BALANCES

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