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RECORD OF CONSUMERS P&I FUNDS AT FACILITY

TRACY STEIN MANAGEMENT SERVICES, INC.
FAX: (916) 399-9421

FACILITY NAME: **CONSUMER NAME:**

INSTRUCTIONS:

1) DATE OF TRANSACTION IS ENTERED IN 'DATE' COLUMN
2) USE A SEPARATE LINE FOR EACH TRANSACTION
3) SUPPORTING RECEIPTS SHOULD BE FILLED IN ORDER USING DATE PURCHASED OR DATE FUNDS GIVEN TO CONSUMER
4) CONSUMER SIGNATURE OR MARK IS REQUIRED
5) FACILITY REPRESENTATIVE SIGNATURE IS ALSO REQUIRED

DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT WITHDRAWN	BALANCE	CONSUMER	FAC REP
				$		
		$	$	$		
		$	$	$		
		$	$	$		
		$	$	$		
		$	$	$		
		$	$	$		
		$	$	$		
		$	$	$		
		$	$	$		
		$	$	$		
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		$	$	$		
		$	$	$		
		$	$	$		
		$	$	$		
		$	$	$		

SIGNATURE OF SERVICE PROVIDER

PRINT YOUR NAME