



RECORD OF CONSUMERS P&I FUNDS AT FACILITY

TRACY STEIN MANAGEMENT SERVICES, INC.
FAX: (707) 998-9532

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DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT WITHDRAWN	BALANCE	CONSUMER	FAC REP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