

RECORD OF CONSUMERS P&I FUNDS AT FACILITY

TRACY STEIN MANAGEMENT SERVICES, INC. FAX: (916) 399-9420

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DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT WITHDRAWN	BALANCE	CONSUMER	FAC REP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		