REQUEST FOR CHECK ENDORSEMENT STAMPS

Instructions:
This form should be completed when a TTUHSC El Paso cash collection point has need for an official endorsement stamp in accordance with HSCEP OP 50.10, Endorsement Stamps and Endorsement of Checks.

1. **IDENTIFICATION**
   - FOP to be Charged: _____________________________
   - Fund Name: _____________________________
   - Department/Division: _____________________________ Office Room No.: ________
   
   Total number of endorsement stamps under cash collection point’s control at this time: ________
   
   If the department has existing stamps, what is the justification for additional stamp(s)?

2. **SOURCE OF CHECKS**
   
   Please identify programs, individuals, etc. Include anticipated volume on a quarterly basis:

3. **CERTIFICATION**
   
   I certify that I have read and understand the TTUHSC El Paso policy on the use of endorsement stamps as stated in HSCEP OP 50.10.

   Signature of Cash Collection Custodian: _____________________________
   
   Type Name of Cash Collection Custodian: _____________________________

   Position Title: _____________________________ Phone: ________

   Department/Division: _____________________________ Office Room No.: ________

4. **APPROVALS**

   Signature: _____________________________ Date: ________

   Position Title: **Director of Student Business Services**

   eMail TO: STUDENT BUSINESS SERVICES at sbselp@ttuhsc.edu, = BUSINESS AFFAIRS