

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

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.: _____

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

4. APPROVALS

Signature: _____ Date: _____

Position Title: Director of Student Business Services