REQUEST FOR CHECK ENDORSEMENT STAMPS

Instructions: This form should be completed when a TTUHSC cash collection point has need for an official endorsement stamp in accordance with HSC OP 50.10.

1. IDENTIFICATION
   - Number of Stamps Required: ____________  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.: __________________________

3. CERTIFICATION
   - I certify that I have read and understand the TTUHSC policy on the use of endorsement stamps as stated in HSC OP 50.10.
     - Signature of Cash Collection Custodian: __________________________
     - Type Name of Cash Collection Custodian: __________________________
     - Position Title: __________________________  Phone: __________________________
     - Department/Division: __________________________  Office Room No.: __________

MAIL TO: DIRECTOR OF STUDENT BUSINESS SERVICES, STOP 6288 - LUBBOCK

4. APPROVALS
   - Signature: __________________________  Date: __________________________
   - Position Title: Director of Student Business Services