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 ______