

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

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