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