

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER**  
**APPLICATION FOR 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: \_\_\_\_\_

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: \_\_\_\_\_

**MAIL TO: STUDENT BUSINESS SERVICES, STOP 6288 – LUBBOCK**  
**OR EMAIL TO: [SBSCashReceipts@ttuhsc.edu](mailto:SBSCashReceipts@ttuhsc.edu)**

**4. APPROVALS (For Student Business Services use only)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_