TO: THE OFFICE OF TREASURY  
Tech Plaza, Suite 501

1. NUMBER OF STAMPS REQUIRED: __________  Phone: __________________

2. NAME OF DEPARTMENT: ________________________________

3. SOURCE OF CHECK/S (e.g., programs):

4. Total number of endorsement stamps under department's control at this time is: ________________  Date: __________________
   If the department has stamps, what is the justification for additional stamp/s?

5. I certify that I have read and understand the university policy on the use of endorsement stamps (OP 62.18).
   a. Name of Department Head (please type)

   b. Title

   c. Signature  
      ____________________________ Date: __________________

6. Approval: ____________________________________________
   Office of Treasury