

**TEXAS TECH UNIVERSITY
APPLICATION FOR ENDORSEMENT STAMPS**

TO: CASH AND CREDIT MANAGEMENT SERVICES
TTU PLAZA BUILDING 201
MS 1102

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 policy on the endorsement of checks to TTU (OP 62.18).

Name of Department Head (please type)

Title

Signature

Date:

6. Approval: _____
CCMS STAMP #