TO: TREASURY & CASH MANAGEMENT  
Suite 501, Texas Tech Plaza

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: ___________________________________________________________________
   Treasury & Cash Management