

PAYROLL STOP PAYMENT REISSUE REQUEST

Dept. #: _____ Division: _____ Section: _____

VOIDED ISSUE

Check #: _____ Date Issued: _____

RE-ISSUE INFORMATION

Employee Name: _____

Net Amount: _____ Employee ID#: _____

Pay Period: _____ Gross Amount: _____

Federal: _____ State: _____

Local: _____ OASDI: _____

Medicare: _____ Other: _____

Reason for Reissue: _____

Mailing or Pick-up Information: _____

***Please submit the detailed check register information from PHRST (Report DPR011)**

For The Office of the State Treasurer Use Only

NEW ISSUE

New Check #: _____ Date Issued: _____ Net Amount: _____