



STATE OF DELAWARE Check Cancellation Request

***This Form Must be completed in its entirety to request a payment cancellation. Incomplete forms will not be accepted.**

Date: _____	Organization: _____	Dept ID: _____
Name of Requestor: _____		Telephone Number: _____
Requestor's Email Address: _____		Fax Number: _____

CHECK INFORMATION

Check Number: _____
Date of Check: _____
Payee: _____
Voucher Number: _____
Amount: _____

REQUESTED ACTION

<input type="checkbox"/> Cancel Check and Do Not Reissue Check (must have possession of Check)
<input type="checkbox"/> Stop Payment on Check and Reissue Check
<input type="checkbox"/> Stop Payment on Check and Do Not Reissue Check
Reason for Requested Action: _____

FOR REISSUE CHECK

<input type="checkbox"/> RE Mail Directly to Vendor	<input type="checkbox"/> RA Return Check to Agency
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Return this form electronically or by mail. All forms should include a copy of the voucher. Cancellations should also include the original check. Send forms and documentation to Lynsey Smith at Lynsey.Smith@state.de.us or to the Office of the State Treasurer, 820 Silver Lake Blvd. Suite 100, Dover (SLC D570D).

For Questions, contact Lynsey Smith at Lynsey.Smith@state.de.us or 302-672-6718

OFFICE USE ONLY

Date of Stop Payment: _____	Reissued Check Number: _____	Date: _____
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