



STATE OF DELAWARE
Payroll Stop Payment Reissue Request

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

Dept. #: _____ Division: _____ Section: _____

ORIGINAL 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

Mailing or Pick-up Information: _____

AGENCY CONTACT

Agency Contact: _____

Phone Number: _____

***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: _____