



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: _____ Misc. Deductions: _____
Reason for Reissue: _____

MAILING or PICK-UP *Requests made after 11 AM will be processed the next business day*

Mailing or Pick-up Information: _____

AGENCY CONTACT

Agency Contact: _____
Phone Number: _____

After filling in all the information then click on submit. There then will pop up a screen for "Send Mail" click the continue button. This will give you an email that already has the stop payment form attached.

HERE YOU WILL ATTACH THE ADDITIONAL DOCUMENTATION (DPR011).

After attaching, the DPR011 and any other forms necessary hit the send button just like any other email.

For the Office of the State Treasurer Use Only

NEW ISSUE

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