

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

All forms should include a copy of the voucher. Cancellations should also include the original check. Send forms and documentation via email to the Office of the Treasury at TREASURY_RTM_HELPDESK@delaware.gov.

For questions, call 302-672-6700 or 302-672-6718.

OFFICE USE ONLY		
Date of Stop Payment: _____	Reissued Check Number: _____	Date: _____