

Office of the STATE OF DELAWARE State Treasurer Payroll Stop Payment Reissue Request

*Please subn	nit the detailed check register info	rmation from PHRST (Report DPR011)
Dept. #:	Division:	Section:
ORIGINAL ISSUE		
		e Issued:
RE-ISSUE INFORMATION	ON	
Employee Name:		Net Amount:
Employee ID#:	Pay Period:	Gross Amount:
Federal:	State:	Local:
OASDI:	Medicare:	Misc. Deductions:
Reason for Reissue:		
MAILING OPTIONS *R	Requests made after 11 AM will be	processed the next business day*
AGENCY CONTACT		
After filling in all the informate button. Thi		vill pop up a screen for "Send Mail" click the continue as the stop payment form attached.
		hit the send button just like any other email.
J.	Submit	Reset
For the Office of the State	Treasurer Use Only	
NEW ISSUE		
New Check #:	Date Issued:	Net Amount: