



Office of the  
State Treasurer

## 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: _____
Federal: _____	State: _____
OASDI: _____	Medicare: _____
Reason for Reissue: _____	Misc. Deductions: _____

#### MAILING OPTIONS \*Requests made after 11 AM will be processed the next business day\*

Mailing Address (check one option): <input type="checkbox"/> Agency's address (include SLC) <input type="checkbox"/> Employee's address _____ _____ _____
--

#### AGENCY CONTACT INFORMATION

Agency Name: _____
Agency Contact: _____
Email Address: _____
Phone Number: _____

Email this completed stop payment form, the DPR011 form, and any other necessary documentation to [Treasury\\_RTM\\_HelpDesk@delaware.gov](mailto:Treasury_RTM_HelpDesk@delaware.gov), using the subject line - **Payroll Stop Payment Reissue Request**.

Clear Form

#### For the Office of the State Treasurer Use Only

#### NEW ISSUE

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