State of Kansas
Department of Administration
Office of the Chief Financial Officer
DA-6P (Rev. 12-2016)

STO Use Only

Stop Payment No.

Paycheck Stop Payment Request

TO: Office of State Treasurer: **Fax # 785-296-2014** **Attention: Warrant Section**

From: Agency No. _____ Requested by: _____

Date: _____ Fax # _____

Check One

Reprint ☐ **Reversal** ☐

If "Reprint" is checked, please issue a reprint for the following paycheck which has been:

Lost ☐ Destroyed ☐ Stolen ☐ Was not received by the payee ☐

Paycheck Information

Paycheck Number: _____ Paycheck Net Amount: $ _____

Original Issue Date: _____

Payee Name: _____

Address: _____

_____ _____
Payee Signature Line (Agency Option)

_____

Agency contact: _____

Telephone Number: _____

Reprint check #: _____

Issue date of Reprint: _____

State Treasurer's Use
Treasurer's Approval
By: _____
Date: _____

Paycheck Funding Information

Agency #	BFY	Fund #	Total per Fund	Fund #	Total per Fund