

Paycheck Stop Payment Request

TO: Office of State Treasurer:

Fax # 785-296-6639

Attention: Cash Management

Email: Cash@treasurer.state.ks.us

From: Agency No.

Requested by:

Date: _____

Fax #

Phone #

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

[illegible]