

Oasis Church Check Request



Ministry Department _____ Today's Date: _____

Description of purchase(s) _____

Make Check Payable to: _____

If the check is to be mailed, please fill out the address below. If to be picked up, leave blank.

Street Address: _____

City: _____ State: _____ Zip: _____

Receipt Details: (Please list each receipt separately and attach each receipt to this form.)

Place of Purchase	Sale Date	Receipt Total	Ministry Code

Check Request Total: _____

Form Filled out by: _____ Signature: _____

This form is not complete until it has been approved and signed by the Director of the Ministry area the request is being made for.

Ministry Director: _____ Signature: _____