



Revised February 2010
REQUEST FOR SCEA FUNDS

Date: _____ Print Your Name: _____

Please Check: _____ I am the SCEA Advisor _____ I am the Assistant SCEA Advisor
_____ Other (explain) _____

Store Number or Facility Name: _____

List every Store # and/or Facility participating in the SCEA Event: _____

SCEA Event Date: _____

Briefly describe the SCEA Event (example: Holiday Party): _____

Location of SCEA Event (never a Private Home): _____

Reason for the check (example: Deposit): _____

Important Reminders: All funds must be accounted for **BY RECEIPTS SENT TO THE SCEA OFFICE**. The funds are considered your **PERSONAL RESPONSIBILITY** until receipts are received and processed within 15 days after the event.

- For IRS purposes, a Social Security Number is needed for any individual receiving payment for a service.
- **DO NOT KEEP SCEA FUNDS IN THE STORE SAFE TO "SAVE THEM" FOR THE NEXT EVENT. NO EXCEPTIONS!!** All funds not used for this event and all proceeds from the event must be sent to the SCEA Office with Event Receipts within 15 days of the event as a money order, payable to SCEA. It will be credited to your SCEA account.
- Each event must be accounted for on an individual basis and the event remains "open" until all receipts, deposits, Pick Up and Correction Report Form 120's and other event paperwork is processed. SCEA **may withhold** Event Funds until the previous Event paperwork is completed and the Event "Closed" on the books.

Amount of Check: _____

Make check payable to a business or your Safeway Store: _____

The SCEA Coordinator must receive this completed form at least 14 days prior to need. You may fax this request @ 503-557-4004 or Company Mail the completed form to SCEA Office.

I have read and **understand** the above content (your signature): _____

Print Store or Facility Manager Name: _____

Store or Facility Manager's signature acknowledging this request: _____

~ SCEA Office Use~

Request Approved: _____ Date Request Received: _____ Date Remitted: _____ Check # _____