

Safeway Companies Employee Association  
Portland Division  
Office: 503-657-6265  
Fax: 503-557-4004



Revised November 2011  
**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: \_\_\_\_\_

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): \_\_\_\_\_

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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 sign contracts.** Forward to SCEA Office for SCEA Coordinator's signature.
- 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 the SCEA Follow-Up Report within 15 days of the event as a **money order**, payable to **SCEA**. Do not send cash. It will be credited to your SCEA store account.
- Each event must be accounted for on an individual basis and the event remains "open" until all receipts, all sign up sheets, all activity waiver form (if applicable), all F120 (Pick Up and Correction Report Form-if applicable) and other supporting documentation to SCEA Office is processed. SCEA **may withhold** Event Funds until the previous Event paperwork is completed and the Event "Closed" on the books.

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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 # \_\_\_\_\_