

**Mattawan Consolidated School  
2024-2025 Authorized Activity Account Representative(s)**

<b>Activity Account Name</b>	
<b>Activity Account ASN#</b>	

**Activity Account Treasurer (required)**

Printed Name:	
Signature:	
Email Address (Reports/Questions):	
Contact Phone Number(s):	

If someone other than the activity account treasurer submits a payment request, it will not be processed unless those authorized representatives are indicated below.  
**Note: This individual can submit a payment request to be processed without an Activity Account Treasurer's signature.**

**Alternate Authorized Representative (optional)**

Printed Name:	
Signature:	
Email Address (Reports/Questions):	
Contact Phone Number(s):	