

**Mattawan Consolidated School  
2023-2024 Authorized Activity Account Representative(s)**

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

**Activity Account Treasurer (required)**

|                                       |  |
|---------------------------------------|--|
| Printed Name:                         |  |
| Signature:                            |  |
| Email Address<br>(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<br>(Reports/Questions): |  |
| Contact Phone Number(s):              |  |