

**Mattawan Consolidated School
2019-2020 Authorized Activity Account Representative(s)**

Activity Account Name	
Activity Account ASN#	

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):	



Required Monthly Reporting

Indicate the two individuals who will receive a monthly report that shows all account activity including deposits and payments. Typically, these individuals could include the board president, building principal, athletic director, or an assistant coach and yourself.

Printed Name:	
Email Address:	

Printed Name:	
Email Address:	