

Mattawan Consolidated School
2026-2027 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):	