

# Society for Collegiate Travel & Expense Management (SCTEM)

## Collegiate Board Member Application

Employees from collegiate institutions need to have their applications accompanied with or followed up by a statement of support from their supervisors (director level or higher). Completed applications and statement of support should be submitted via email to SCTEM's Executive Director: Debbie Gulliver, University Travel Manager, Michigan State University: [gullive5@msu.edu](mailto:gullive5@msu.edu).

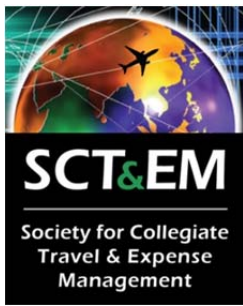
### SECTION 1: NOMINEE'S CONTACT INFORMATION

**1.A** Provide your contact information.

First Name	
Last Name	
Title	
Name of University	
City	
State	
Zip	
Email	
Phone	
Fax	

**1.B** Provide some demographics about your institution:

Entity's Governance:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Institution's Travel-Related Expenditures	> \$20 million <input type="checkbox"/>	\$10-20 million <input type="checkbox"/>	\$5-10 million <input type="checkbox"/> < \$5 million <input type="checkbox"/>
Comments about university's program (2,000 character max):			



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### SECTION 2: NOMINEE'S BIOGRAPHY / STATEMENT OF INTEREST / EXPERTISE

**2.A** Provide a brief biography of your professional and educational experiences (2,000 character max).

**2.B** Explain why you are interested in serving on the SCTEM Advisory Board (2,000 character max).

**2.C** Identify SCTEM Advisory Board functions to which you are interested in contributing (select top three areas of interest).

Speaker / Conference Agenda	<input type="checkbox"/>	Sponsors	<input type="checkbox"/>
Registration / Conference Logistics	<input type="checkbox"/>	Resource Development *	<input type="checkbox"/>
Marketing / Advertising	<input type="checkbox"/>	Governance **	<input type="checkbox"/>
Tradeshow	<input type="checkbox"/>	Other	<input type="checkbox"/>
Membership Development	<input type="checkbox"/>	Other	<input type="checkbox"/>

\* Resource Development: Creating RFPs templates, developing sample policies, conducting surveys, etc.

\*\*Governance: Ensuring compliance with bylaws, amending bylaws, keeping historical records, etc.

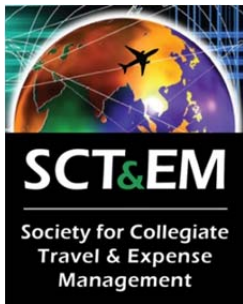
### SECTION 3: INSTITUTIONAL SUPPORT

**3.A** Confirm that your supervisor (director level or higher) supports your participation on the SCTEM Advisory Board, and will send an email to CTEM's executive director confirming his/her support.

No   
Yes

**3.B** Confirm that your organization will cover your costs to attend the annual SCTEM conference, including transportation, lodging, and conference registration.

No   
Yes



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**3.C** Confirm that your organization can cover your costs to attend the annual SCTEM Advisory Board meeting, including transportation and some meals. (Lodging and most meals for Board Meetings are paid for by SCTEM).

No   
Yes

**3.D** The Advisory Board appointments are for three (3) years, with two (2) year extensions upon approval. It is my intention to serve on the Advisory Board at least for the duration of the initial term.

No   
Yes

**3.E** I have read the SCTEM Bylaws, and agree that if I am selected to serve on the Board to uphold the Bylaws and actively contribute to fulfillment of SCTEM's mission.

No   
Yes