

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Concur Government Edition (CGE) User Profile Request and FBMS Vendor Master Setup

DATE	
DAIL	

REQUEST TYPE NEW USER TRANSFER WITHIN BLM CHANGE VENDOR MASTER		
TRAVELER INFORMATION		
Must Use Full Legal Name		
FIRST LAST LAST		
SOCIAL SECURITY DATE OF BIRTH MALE FEMALE		
BLM EMAIL ORGANIZATION CODE		
CHECK ALL APPLICABLE BOXES I AM A BLM EMPLOYEE (INCLUDES ADs & TEMPS) I AM A SUPERVISOR AND APPROVE TRAVEL DOCUMENTS		
I AM A TRAVEL ARRANGER I AM AN INVITATIONAL TRAVELER (RAC MEMBERS, LOCAL GOVERNMENT, POLITICAL APPOINTEES.)		
I AM A BLM EMPLOYEE THAT WILL BE TRAVELING WITHIN THE FIRST 2 WEEKS OF EMPLOYMENT (MUST COMPLETE FINANCIAL INFO SECTION)		
I WILL BE ISSUED A GOVERNMENT TRAVEL CHARGE CARD: Yes No		
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HOME RESIDENCE INFORMATION		
CITY STATE ZIP CODE		
OFFICE INFORMATION		
ADDRESS CITY		
STATE ZIP CODE OFFICE PHONE OFFICE FAX		
FINANCIAL INSTITUTION INFORMATION FOR DIRECT DEPOSIT OF TRAVEL REIMBURSEMENTS		
DO NOT complete this section if you are a BLM employee and would like your travel reimbursement to deposit in the same bank account as your payroll currently does.		
This section is only required if you are an Invitational Traveler, a new BLM employee that will be traveling within the first two weeks of your employment, or if you want your travel reimbursements to deposit in a different bank account other than where your payroll deposit is going.		
FINANCIAL INSTITUTION NAME		
FINANCIAL INSTITUTION ADDRESS		
CITY STATE ZIP CODE		
NINE DIGIT ROUTING NUMBER ACCOUNT NUMBER		
ACCOUNT TYPE CHECKING SAVINGS FOR TRAVEL DEPOSITS ONLY		
EMPLOYEE SIGNATURE:		
*** FEDERAL AGENCY TRAVEL ADMINISTRATOR USE ONLY ***		
PERMISSION LEVELS DATE ENTERED		
ROUTING LIST ENTERED BY		