



UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
*Concur Government Edition (CGE) User Profile Request  
and FBMS Vendor Master Setup*

Revised October 2013

PRINT

DATE

REQUEST TYPE: ☐ NEW USER ☐ TRANSFER WITHIN BLM ☐ CHANGE VENDOR MASTER

**TRAVELER INFORMATION**

*Must Use Full Legal Name*

FIRST  MIDDLE  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

**HOME RESIDENCE INFORMATION**

ADDRESS

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

