

PROCEDURES FOR COMPLETING THE CONCUR GOVERNMENT EDITION (CGE) SYSTEM ACCESS REQUEST FORM

NOTE: GSA employee and Invitational Traveler User Accounts must have an Employee/ Vendor ID number before completing the CGE Access Request Form. If you do not have an Employee/Vendor ID number, complete the attached Electronic Funds Transfer (EFT) Enrollment Form and fax it to the number on the bottom of the form.

Section 1. Type of Access Request

Check the appropriate box for the type of access request. If this is a Revise User request, enter the Employee/Vendor ID and only complete the new or updated information in Section 2 below.

Section 2. Requestor Information

- a. Name:** Enter your name as it appears on your photo identification that you will present to airport security.
- b. Email Address:** Enter your @gsa.gov email address. For Invitational Travelers, this will be an email address of a GSA employee from the sponsoring office (usually a Travel Arranger).
- c. Work Phone:** Enter numbers only. The form will automatically format the numbers.
- d. Correspondence/Office Symbol:** Enter your Correspondence/Office Symbol found in box 40 of your SF-50. Invitational Travelers and Contractors will use the Correspondence/Office Symbol of the sponsoring office.
- e. Employee/Vendor ID:** Enter your Employee/Vendor ID number provided by the Financial Operations and Disbursement Division. (Only required for users who will be claiming reimbursement as a Traveler. All others leave blank.)
- f. User Role:** Select all applicable roles requested.
 - Note 1. Invitational Traveler roles and Contractor roles must be completed and digitally signed (Section 3) by a GSA employee from the sponsoring office.*
 - Note 2. The only user role permitted for an Invitational Traveler is Traveler. Invitational Travelers cannot be assigned a Travel Arranger, Super User or View Only Auditor role.*
 - Note 3. Contractors are only permitted to have Travel Arranger roles.*
- g. User Type:** Select only one user type.

Section 3. Requestor – Certification and Signature

After verifying that all fields are correct, make sure your GSA ID card is inserted in the card reader, and then click on the Signature line to digitally sign the document.

When the Sign Document box appears, verify your name is correct as it appears and click on the “Sign” button.

If your name does not appear in the space next to digital verification information, click on the drop-down menu next to the “**Sign As:**” heading at the top of the Sign Document box, select your name from the drop-down list and then click the “Sign” button.

You will next be prompted to save the document. Please assign a file name that identifies the employee who the document is for (i.e., CGE Access Form_John Doe.)

Enter your GSA ID PIN when prompted and click OK.

Your digital signature should now appear on the digital signature line of the document.

Close the document and e-mail it to your supervisor for approval.

Section 4. Supervisor – Certification and Signature

After receiving the form from your employee/requester, verify all fields are correct, make sure your GSA ID card is inserted in the card reader, then click on the Signature line to digitally sign the document.

When the Sign Document box appears, verify your name is correct as it appears and click on the “Sign” button.

If your name does not appear in the space next to digital verification information, click on the drop-down menu next to the “**Sign As:**” heading at the top of the Sign Document box, select your name from the drop-down list and then click the “Sign” button.

You will next be prompted to save the document. Please assign a file name that identifies the employee who the document is for (i.e., CGE Access Form_John Doe.)

Enter your GSA ID PIN when prompted and click OK.

Your digital signature should now appear on the digital signature line of the document. Close the document and e-mail it to cge-access-requests@gsa.gov for processing.

Concur Government Edition (CGE) Access Request Form

** All fields must be completed*

1. Type of Access Request* (select only one)

☐ Add User ☐ Revise Current User (i.e., name change, office change, additional user roles)

2. Requestor Information

a. Name* (As it appears on your photo identification you will present to airport security)

b. Email Address*

c. Work Phone*
(enter numbers only)

First

Middle

Last

Suffix

**d. Correspondence/
Office Symbol***

e. Employee/Vendor ID*
(Not required for contractors)

f. User Roles* (select all roles needed)

☐ Traveler ☐ Travel Arranger ☐ Travel Approver ☐ Super User ☐ View Only Auditor (OIG Staff Only)

g. User Type* (select only one)

☐ GSA Employee ☐ Invitational Traveler ☐ Contractor

☐ Regular
☐ Virtual

3. Requestor - Certification and Signature*

I certify that I have read the GSA IT Security Rules of Behavior and have taken the Mandatory IT Security Awareness Training/ Privacy Act Training. I agree to protect the confidentiality of my User ID and password and to not share these with any other individuals. I will exercise care to protect all system assets while performing my duties.

Signature

Date

4. Supervisor - Certification and Signature*

I certify that the work duties of this requestor align with the need for access to the above-indicated system and that the Mandatory IT Security Awareness Training/Privacy Act Training has been completed.

Printed Name

Signature

Work Phone
(enter numbers only)

Date

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

Use this form to enroll in Direct Deposit of your federal payment from the General Services Administration

Privacy Act Statement Collection of this information is authorized by 31 U.S.C. 3332(g), 3325(d) and 7701(c). The information will be used by the Government to make payments by EFT to a vendor. This information may also be used for income reporting and for collecting and reporting on any delinquent amounts arising out of a vendor's relationship with the Government. Disclosure of the information by the vendor is mandatory. Failure to provide the requested information may result in the delay or withholding of payment to the vendor.

Last Name	First Name	M.I.	Social Security Number (SSN)	
Home Address		City	State	ZIP

Financial Institution Name	Financial Institution Routing Transit Number (RTN) 9 digits
Depositor Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payee Email	Work Phone

Return to Heartland Finance Center, Financial Operations and Disbursement Division

Fax to: 816-823-5415

Finance Helpdesk Phone Number 816-926-7287 or 1-800-676-3690, option 3