



**United States Department of the Interior
INTERIOR BUSINESS CENTER**



Note: Please fill out completely. (* Required Data) - To enter data, click on line to be completed and type information.

Interior Business Center
Department of the Interior
OS/BTFA FBMS Vendor Update Form - Travel Vendors Only

***Date:** _____

Attention: CONCURGOV Administrator
EMAIL TO: ibc_fatas_do_concuregov_support@ibc.doi.gov

Note: CONCURGOV Admin provides form to - IBC Vendor Update Team

***From:** _____
Email: _____
***Phone:** _____
Vendor # : _____
***(If already entered in FBMS)**

***Vend Type: (Check only 1 option)**
_____ (E) OS Employee / Interns
_____ (E) BTFA Employee / Interns
_____ (V) Invitational Traveler - Federal (DOI/Non-DOI)
_____ (V) Invitational Traveler - US Citizen
_____ (V) Invitational Traveler - Not a US Citizen
_____ (V) Other _____

Employee / Volunteer / Interns / Invitational Travelers 24 characters max per line Including spaces

***Employee Name:** _____
(Name should be exactly as it appears on your Social Security Card)
***SSN #:** _____
Required
***Address Line 1:** _____
Address Line 2: _____
Address Line 3: _____
***Address Line 4:** _____
City State Zip
***E-Mail Address:** _____

***Telephone Number:** _____

ACH Bank Information Financial Institution Information Check if new: _____
Waiver Requested: _____ (to follow via fax) ***Account Type:** Checking _____ Savings _____
***Bank Name:** _____
***Bank Address:** _____
City State Zip
***Nine Digit Routing Number:** _____
***Depositor Account Number:** _____
***Depositor Account Title:** _____

Traveler Certification/Signature:
By signature below, I certify that the above personal and banking information is accurate for my Travel reimbursements.
Traveler
***Signature:** _____

IBC Use Only:
The above information has been added/updated into FBMS and data input verified for accuracy according to IBC procedures.

Data entered by: _____ DATE: _____

Passed verification by: _____ DATE: _____

Verification Notes (include initials/date for each entry; Remedy Ticket #):

Privacy Act Statement:

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 33Z and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.