Stibo Additional Vendor Access Request

**Purpose – To request for access to additional Vendor #s that are already created in the system.**

* **Send requests to** [**MDM\_STIBO@cvshealth.com**](mailto:MDM_STIBO@cvshealth.com)
* **Subject: Stibo Additional Vendor # Access Request. Pay Vendor # <add your PV #>**
* **Contents of email:**
  + **User ID**
  + **First Name**
  + **Last Name**
  + **Email Address**
  + **List of Pay Vendor #s that you need access to**
* Do not use this form –
* If you do not have an existing user Id/login to Stibo
* If you want to request for a new Vendor #/Category created in Stibo

Please do not send this form as an attachment in your email.