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**
* **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.