

**New Supplier:
Self On-Boarding**

New Supplier: Self On-Boarding



New Supplier Email - Introduction

New Supplier Email

From: CVSHealth@cloudmail.stibo.com <CVSHealth@cloudmail.stibo.com>

Subject: [EXTERNAL] CVS Health - Invitation to register as a new CVS Health supplier

**** External Email - Use Caution ****

Hi Test Supplier,

Your merchandising partner at CVS Health has initiated an invitation for you to register as an agent on our Stibo platform. This platform will allow you to provide all required information to be set-up as a CVS Health supplier.

In the near future you will receive two emails, one with your user name details and instructions and other with your password and one time verification token.

In the interim, please review the information contained at: <https://cvssuppliers.com/> to begin preparing for the registration process.

Thanks,
CVS Team

***Important: This is a system-generated notification. Please do not reply this email.

Description / Steps

- *When an invitation to a new supplier has been finalized an email is sent informing the supplier of two future emails containing the user's ID, temporary password and token for one-time verification.*

Tips

New Supplier Email - Username

New Supplier Email

From: CVSHealth@cloudmail.stibo.com <CVSHealth@cloudmail.stibo.com>
Subject: [EXTERNAL] CVS Health - Supplier registration credentials

**** External Email - Use Caution ****

Hi Test Supplier,

We have created a new user in our Stibo system. Below are the details

Username: TSUPPLIER

Note: We recommend that you change your password after your first login.

URL Details https://cvs-production.scloud.stibo.com/webui/WEBUI_CVSSupplierPortal *Requires Google Chrome (Preferred), Microsoft Edge or Mozilla Firefox browser

Thanks,
CVS Team

***Important: This is a system-generated notification. Please do not reply this email.

Description / Steps

- When an invitation to a new supplier has been finalized and the user has been created, an email will be sent to the new supplier with the Username and URL details

Tips

A separate email is sent containing the user's temporary password and token for one-time verification

New Supplier Email – Password and Verification Token

New Supplier Email

From: CVSHealth@cloudmail.stibo.com <CVSHealth@cloudmail.stibo.com>

Subject: [EXTERNAL] CVS Health - Supplier verification token

**** External Email - Use Caution ****

Hi Test Supplier,

We have created a new user in our Stibo system. Below are the password and one time verification token details

Password: A&2UZkv1kDd

One Time Verification Token : 205990813

Note: We recommend that you change your password after your first login.

URL Details https://cvs-production.scloud.stibo.com/webui/WEBUI_CVSSupplierPortal **Requires Google Chrome (Preferred), Microsoft Edge or Mozilla Firefox browser

Thanks,

CVS Team

***Important: This is a system-generated notification. Please do not reply this email.

Description / Steps

- When an invitation to a new supplier has been finalized and the user has been created, an email will be sent to the new supplier with the following:
- Temporary password
- Verification Token
- URL Details

Tips

A separate email is sent containing the username

User should change the password after first login

User Login

User Login

The screenshot shows a web browser window with the URL `auth.mdm.stibosystems.com/auth/realms/cvs-uat/protocol/openid-connect/auth?response_type=code&client_id=Step&state=10a5f2c0-2434-4ab7-963a-bb65568a58ec&login=true&scope=openid&redirect_uri=https%3A%2F%2Fcvts-uat.scloud.stibo.c...`. The page features the STIBO SYSTEMS logo and the text "MASTER DATA MANAGEMENT". The main heading is "STEP managed user log in". Below this, it says "Please log in using the form". There are two input fields: "Username" with the value "TSUPPLIER" and "Password" with masked characters. A "Log In" button is located below the password field. At the bottom, there is a section for "IDP managed user log in" with a link "CVS Internal Colleagues - Click here". Red numbered callouts are placed over the page: 1 points to the browser address bar, 2 points to the "Please log in using the form" text, 3 points to the Username input field, and 4 points to the Password input field.

1

STIBO SYSTEMS
MASTER DATA MANAGEMENT

STEP managed user log in

Please log in using the form

2 Username

3 TSUPPLIER

Password

4

Log In

IDP managed user log in

CVS Internal Colleagues - Click here

Description / Steps

1. Enter URL for Stibo
2. Enter Username from email
3. Enter temporary password from email
4. Click "Log In"

Tips

Do not save the temporary password in Google/browser password manager pop-up.

Next pages will provide direction on changing your temporary password.

Password Change

Click One Time Agent Verification link

Welcome to the STEP Web UI

Supplier-17908912 • Test Supplier • English US • Main

Links	New Supplier Onboarding	New Agent Onboarding	Supplier Maintenance	Clarification Workflow
Supplier self onboarding process guidelines Link to CVSSuppliers.com Advanced Search	<div>One Time Agent Verific... 1</div> <div>Supplier Self Onboarding 0</div> <div>Total 1</div>	<div>One time Agent Verifica... 0</div>	<div>Maintain Supplier Data 0</div>	<div>Review 0</div>

Welcome to the STEP Web UI

Supplier-17908912 • Test Supplier • English US • Main

Links	New Supplier Onboarding	New Agent Onboarding	Supplier Maintenance	Clarification Workflow	Manage Your Account
Supplier self onboarding process guidelines Link to CVSSuppliers.com Advanced Search	<div>One Time Agent Verific... 0</div> <div>Supplier Self Onboarding 0</div> <div>Total 0</div>	<div>One time Agent Verifica... 1</div>	<div>Maintain Supplier Data 0</div>	<div>Review 0</div>	<div>Logged in: [User Name]</div> <div>User Details</div> <div>Logout</div>

Description / Steps

One Time Agent Verification link will be enabled in one of two places -

- 1. New Supplier Onboarding** – click One Time Agent Verification

OR

- 2. New Agent Onboarding** – click One Time Agent Verification

Tips

- New Supplier Onboarding** – is initiated thru CM Invite
- New Agent Onboarding** – New user Id created by MDM Stibo Team

Password Change

Password change

Supplier Creation - One Time Agent Verification - Available						
↶	ID	•	Supplier Name	•	Initiated By	•
			Team Name	•	Date Of Entry	•
	Supplier-17908912		TEST SUPPLIER		RPDM CM 1	
			CVS Internal Team		Mon Jan 03 2022 09:57:09 GMT-0500 (EST)	
						No Of days In Queue
						1 hr 3 min

Description / Steps

1. Click on the hyperlink 'Supplier - xxxxxxxx'

Tips

Password Change

Password change

User Details

Email

CVS Recommends Password reset on first login

1

* Have you changed your password upon first time login?

2 Please click on below change password link to reset your password

Change Password [Click here](#)

* One Time Verification Token

Description / Steps

1. Enter 'N' against the question "Have you changed your password upon first time login?"
 - Entering 'N' will populate the section to change your password
2. Click on "Click here" (a new window will be opened to change your password)

Tips

- Do not enter 'Y' if you have not changed your password. The system will not allow successful one-time verification until the password has been changed

Password Change

Password change

User Details

User ID

TSUPPLIER

* Email Address

1 Test_Supplier@Test.com

Old password

2

New password

3

Repeat new password

.....

Use the save button to reset your password. The reset will log you out of the system Please log in with your new credentials.

4

▶ Save

Reset

Description / Steps

1. Enter temporary password from email
2. Enter new password of your choice
3. Re-enter new password
4. Click 'Save' (**do not click 'Reset'**)

You will be logged out and redirected to the login screen and are required to log in with your new password

Tips

The next page outlines steps to complete One-time agent verification using the token

One time agent verification

New password login

The screenshot shows the Stibo Systems login page. The URL in the browser is `auth.mdm.stibosystems.com/auth/realms/cvs-uat/protocol/openid-connect/auth?response_type=code&client_id=Step&state=10a5f2c0-2434-4ab7-963a-bb65568a58ec&login=true&scope=openid&redirect_uri=https%3A%2F%2Fcvs-uat.scloud.stibo.c...`. The page features the Stibo Systems logo and the text "MASTER DATA MANAGEMENT". Below the logo, there are two login options: "STEP managed user log in" and "IDP managed user log in". The "STEP managed user log in" section includes a form with fields for "Username" (containing "TSUPPLIER") and "Password" (masked with dots). A "Log In" button is located below the password field. The "IDP managed user log in" section includes a link for "CVS Internal Colleagues - Click here". Red numbered callouts are placed over the page: 1 points to the browser address bar, 2 points to the "STEP managed user log in" heading, 3 points to the "Username" field, and 4 points to the "Log In" button.

Description / Steps

Once the password has been changed and you have been redirected to login screen -

1. Enter URL for Stibo
2. Enter Username from email
3. Enter newly created password
4. Click 'Log-in'

Tips

One time agent verification

ES

Select One-time agent verification link

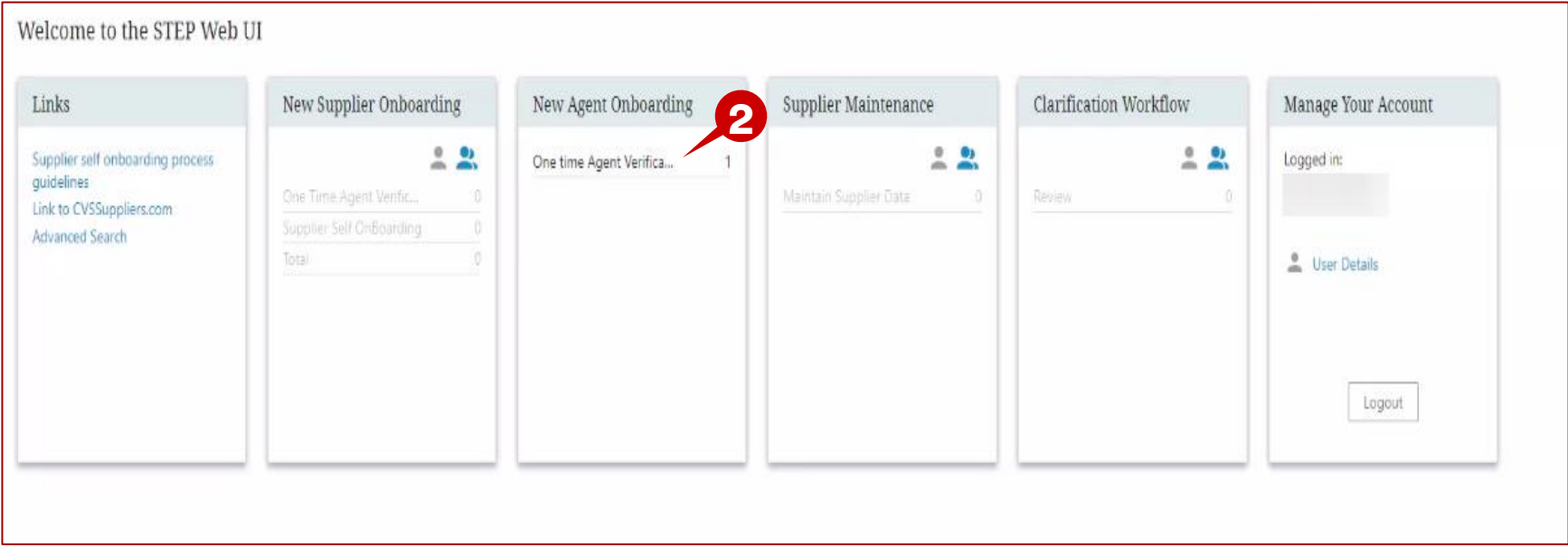
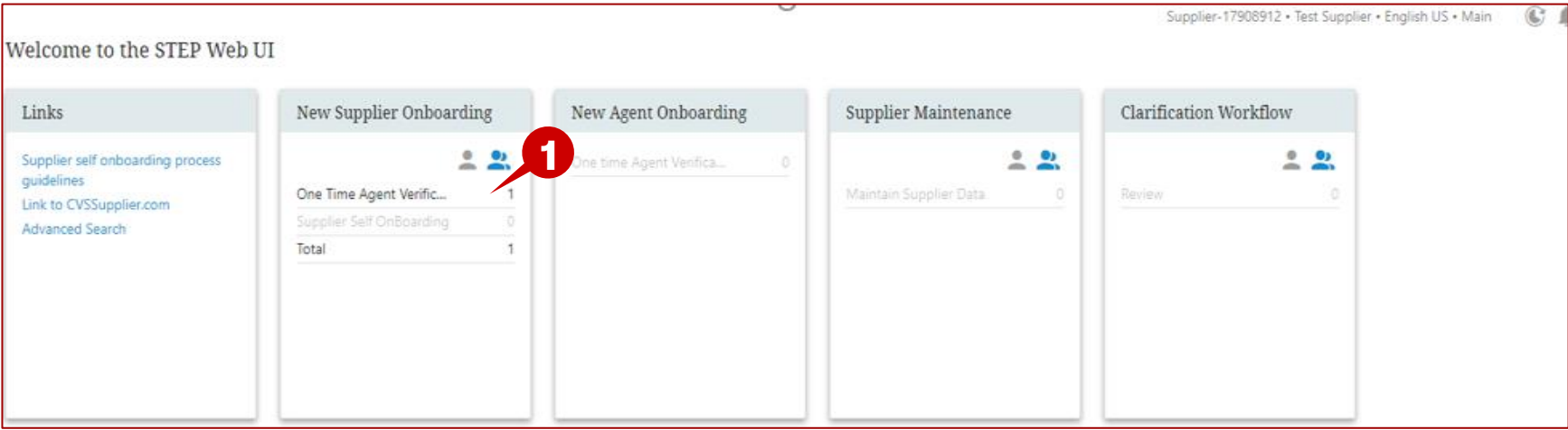
Description / Steps

One Time Agent Verification link will be enabled in one of two places -

1. **New Supplier Onboarding** – click One Time Agent Verification

OR

2. **New Agent Onboarding** – click One Time Agent Verification



Tips

One time agent verification

Enter One-time verification token

Supplier Details

ID	Supplier-17908912
Supplier Name	TEST SUPPLIER

CVS Recommends Password reset on first login

1

* Have you changed your password upon first time login?

2

* One Time Verification Token

205990813

3

Verify

Description / Steps

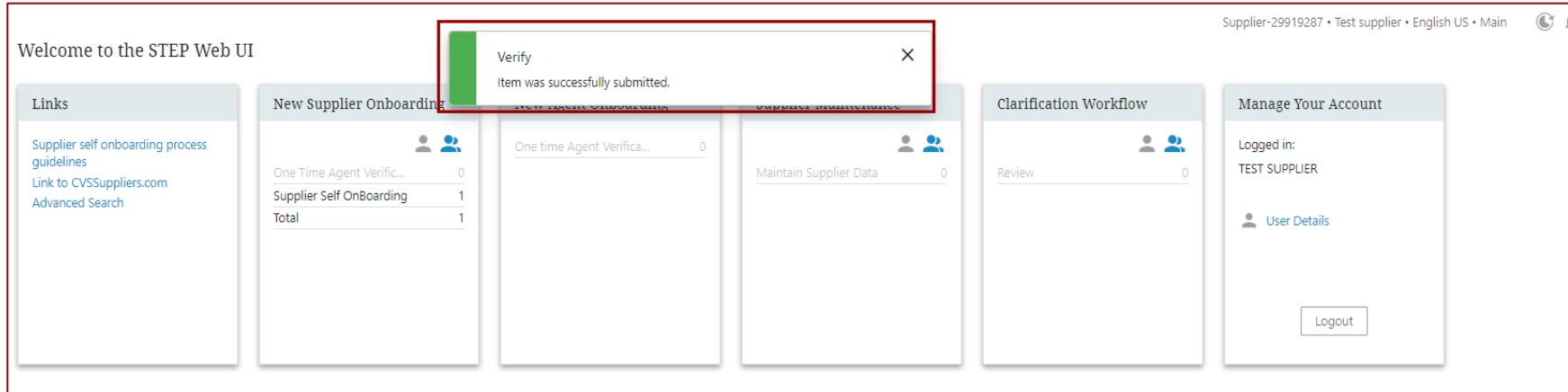
1. Select 'Y' from the dropdown to verify that the password was changed after first login
2. Enter the token number provided in the email and click outside the box/anywhere on the page
3. Click 'Verify'

Tips

- **One-time verification token should be typed in** to avoid extra spaces being copied in if copied and pasted directly from email
- **Supplier data will not be accessible until One-time verification has been completed**

One time agent verification

One-time verification token – successful



Description / Steps

You will be navigated back to the main screen with a pop-up which indicates that verification was completed successfully.

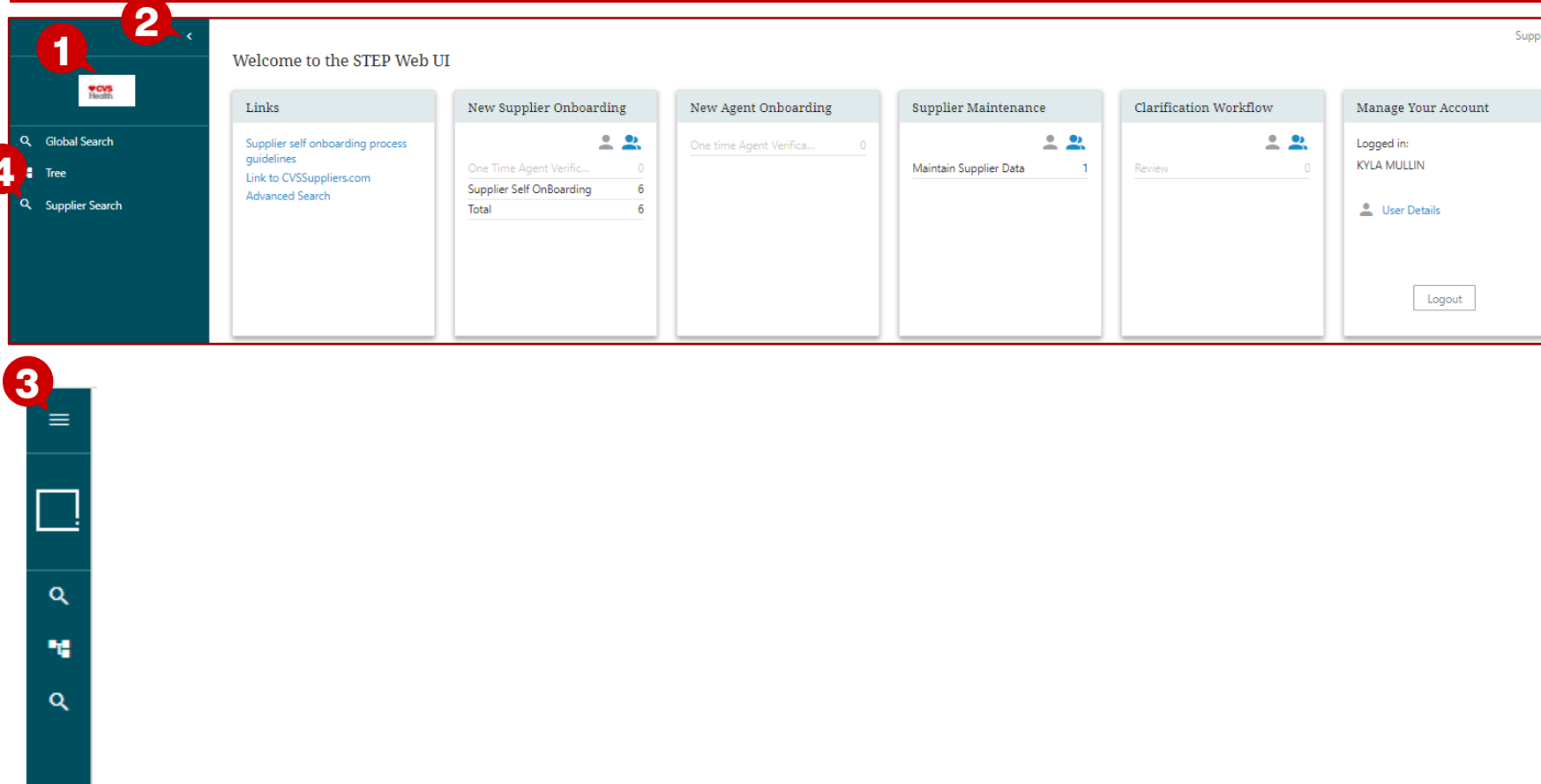
Tips

User setup is completed.

Next slides will provide an overview of Stibo Homepage Navigation

STIBO – Navigation Overview

Navigation – Tool Bars



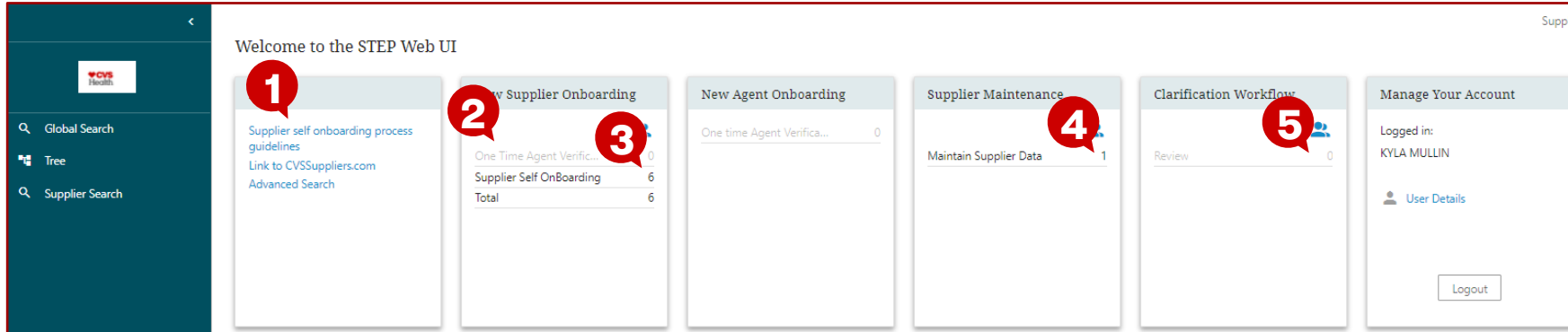
Description / Steps

1. Click CVS logo to get to this homepage
2. Click the Arrow to collapse the menu for additional workspace
3. Click the 3 stacked lines to expand the menu back to size
4. Click the Supplier Search to search for a vendor

Tips

STIBO – Navigation Overview

Navigation - Workflow



Description / Steps

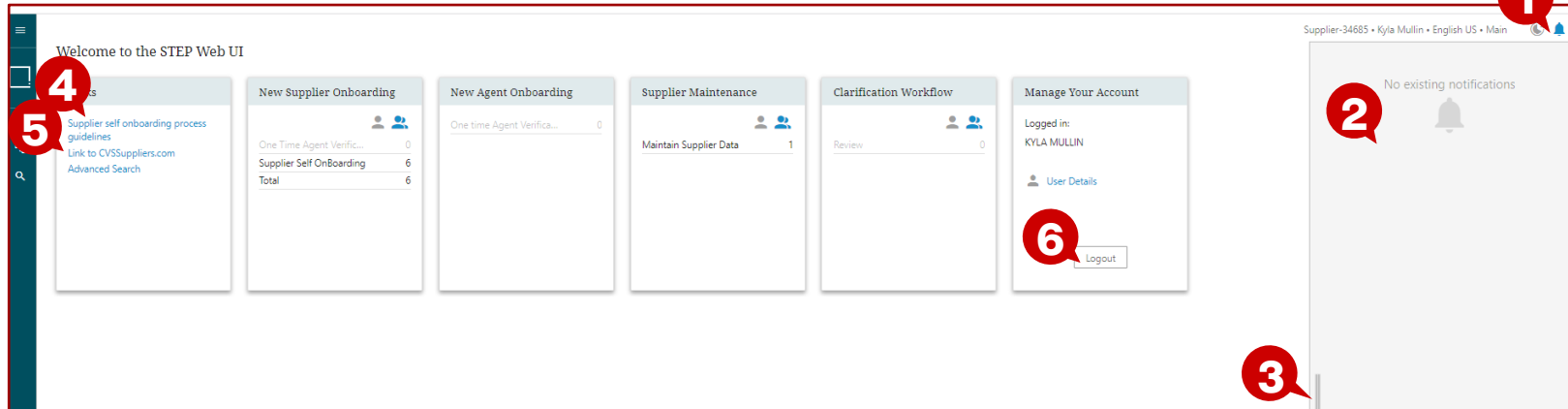
1. Self onboarding training documents
2. One Time verification – first time sign in only
3. Self Onboarding to complete
4. Supplier Maintenance to complete
5. Clarification workflow

Tips

Each section will show the number of requests with outstanding tasks

STIBO – Navigation Overview

Navigation - Notifications



Description / Steps

1. Notifications will be identified by a Red Bell
2. Click the bell to expand the notification box
 - Click the Bell again to collapse the notification box
3. Drag the bar to close the Notification box
4. Supplier training document link – Available for download
5. Link to CVSSuppliers.com site – short cut to the vendor set up section
6. Log out of Stibo

Supplier Self Onboarding

Welcome to the STEP Web UI

Welcome to the STEP Web UI Supplier-17908912 • Test Supplier

Links

- [Supplier self onboarding process guidelines](#)
- [Link to CVSSupplier.com](#)
- [Advanced Search](#)

New Supplier Onboarding

One Time Agent Verifica...	0
Supplier Self OnBoarding	1
Total	1

New Agent Onboarding

One time Agent Verifica...	0
----------------------------	---

Supplier Maintenance

Maintain Supplier Data	0
------------------------	---

Clarification Workflow

Review	0
--------	---

Manage Your Account

Logged in:
TEST SUPPLIER

[User Details](#)

Logout

Description / Steps

1. Click "Supplier Self Onboarding" within the New Supplier Onboarding option

Tips

The number next to the Supplier Self Onboarding option indicates that there is 1 task to perform

Supplier Self Onboarding

Supplier Creation – Supplier Self Onboarding

Supplier Creation - Supplier Self OnBoarding - Available

Clear all filters

	ID	Supplier Name	Supplier Type	Supplier Sub Type	Status of Registration	Initiated By	Team Name	Date Of Entry	No Of days In Queue
	Supplier-17908912	TEST SUPPLIER	Merchandise Warehouse	Domestic	Pending Supplier Response	Test Supplier	Supplier	Mon Jan 03 2022 11:15:41 GMT-0500 (EST)	3 min

Description / Steps

- Click the “Supplier-#####” hyperlink

Tips

The next page will provide continued guidance to begin the Supplier Self Onboarding process

Supplier Self Onboarding – Navigation Tips

Supplier Overview

1 Supplier

3 TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

2

Supplier Overview ² Address Payment & Banking Supply Chain ¹ Ship Lane Compliance ⁴ EDI ¹ Contact Documents Ownership

Details

* Supplier Name

Name of the Supplier that might appear on the Purchase Order or Remittance

* Supplier Type

Status

* Supplier Sub Type

PO Name

* Pay Name

Name of the Pay Supplier

DBA

Doing Business As- Informational Only

* Legal Status

The field defines the legal status of the supplier's company.

* Product/Service Description

Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date

* Is this Supplier onboarding due to Merger?

* Supplier Manages Data

Parent Supplier

CVS Comments

Supplier Comments

Category

Clear all filters

Code	Name	Is Primary ?
04	ORAL HYGIENE	Y
71	TRIAL TRAVEL	

Number of items: 2

Pay Supplier

☒ Select all Clear all filters Add Pay Supplier Remove Pay Supplier

Supplier Reference	Name
No existing records	

Number of items: 0; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?

4

Save Submit Clone Supplier

Description / Steps

- 1. Supplier Profile** – provides general information about the supplier
- 2. Blurbs** – these call-outs are guides and **DO NOT** indicate all mandatory entries to complete the Self Onboarding
- 3. Worksheets / Tabs** – System is designed to navigate to each worksheet from left to right prior to submitting the registration
- 4. Save** – provides the ability to save your progress as you go

Tips

The next page will provide continued guidance to begin the Supplier Self Onboarding process

Supplier Self Onboarding

Supplier Overview

Supplier

TEST SUPPLIER

SUPPLIER PROFILE • ID: Supplier-17908912

CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

1

Details

Supplier Name

TEST SUPPLIER

Name of the Supplier that might appear on the Purchase Order or Remittance

Supplier Type

Merchandise Warehouse

Status

Pre-Active

Supplier Sub Type

Domestic

PO Name

TEST SUPPLIER

Pay Name

TEST SUPPLIER

Name of the Pay Supplier

DBA

TEST SUPPLIER

Doing Business As- Informational Only

Legal Status

The field defines the legal status of the supplier's company.

Product/Service Description

Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date

03-Jan-2022

Is this Supplier onboarding due to Merger?

N

Supplier Manages Data

Y

Parent Supplier

N

CVS Comments

Supplier Comments

2

Address

3

Payment & Banking

4

Supply Chain

5

Ship Lane

6

Compliance

7

EDI

Contact

Documents

Ownership

Category

Clear all filters

Code	Name	Is Primary ?
04	ORAL HYGIENE	Y
71	TRIAL TRAVEL	

Number of items: 2

Pay Supplier

Select all Clear all filters Add Pay Supplier Remove Pay Supplier

Supplier Reference	Name
No existing records	

Number of items: 0; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?

Save

Submit

Clone Supplier

Description / Steps

Required entries:

- Supplier Name** – review / update
- PO Name** – review / update
- Pay Name** – review / update
- DBA** – review / update
- Legal Status** – select from dropdown
- Product/Service Description** – enter a brief description about the product you plan to offer

Best Practice:

- Pay Supplier** (for existing vendors self-onboarding a **new** PO Vendor number) – Add the Pay Supplier number associated with your company

Tips

The next page will provide continued guidance to begin the Supplier Self Onboarding process

Supplier Self Onboarding

Supplier Overview - Complete

Supplier

TEST SUPPLIER

SUPPLIER PROFILE • ID: Supplier-17908912

CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

1

Details

Supplier Name

TEST SUPPLIER

Name of the Supplier that might appear on the Purchase Order or Remittance

Supplier Type

Merchandise Warehouse

Status

Pre-Active

Supplier Sub Type

Domestic

PO Name

TEST SUPPLIER

Pay Name

TEST SUPPLIER

Name of the Pay Supplier

DBA

TEST SUPPLIER

Doing Business As- Informational Only

Legal Status

C-Corporation

The field defines the legal status of the supplier's company.

Product/Service Description

Oral Care Products

Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date

03-Jan-2022

Is this Supplier onboarding due to Merger?

N

Supplier Manages Data

Y

Parent Supplier

N

CVS Comments

Supplier Comments

2

3

4

5

6

Category

Clear all filters

Code	Name	Is Primary ?
04	ORAL HYGIENE	Y
71	TRIAL TRAVEL	

Number of items: 2

Pay Supplier

Select all Clear all filters Add Pay Supplier Remove Pay Supplier

Supplier Reference	Name
No existing records	

Number of items: 0; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?

7

Save

Submit

Clone Supplier

Description / Steps

Required entries:

- Supplier Name** – review / update
- PO Name** – review / update
- Pay Name** – review / update
- DBA** – review / update
- Legal Status** – select from dropdown
- Product/Service Description** – enter a brief description about the product you plan to offer

Optional entry:

- Pay Supplier** (for existing vendors self-onboarding a new PO Vendor number) – Add the Pay Supplier number associated with your company

Tips

Click “Save” to save your progress before updating the next worksheet / tab

The next page will provide continued guidance to enter addresses

Description / Steps

TEST SUPPLIER

SUPPLIER PROFILE • ID: Supplier-17908912


CVS Reference ID : 38340 • Status : Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER Name Change • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Comments Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

▼ Create New Address

 Select all
 Clear all filters
 Create New Address
 Save New Address





	Name	*Line 1	Line 2	*City	*Country	*State	*Zip	Zip Extension
---	------	---------	--------	-------	----------	--------	------	---------------

No existing records 

Number of items: 0; Selected items: 0

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

▼ HO Address

 Select all
  Clear all filters
  Add Existing Address
  Remove Address

	Name	*Line 1	Line 2	*City	*Country	*State	*Zip	Zip Extension
---	------	---------	--------	-------	----------	--------	------	---------------

No existing records

Number of items: 0: Selected items: 0

Required Addresses:

- **HQ (Headquarters)**
- **Remit / Pay**
- **PO Address** (if shipping to our Distribution Center)
- **Ship From Address** (if shipping to our Distribution Center --- Multiple addresses can be added if shipping from multiple locations)
- **W9 Address**

Tips

Use the scroll bar on the right to move down the page to different address types

Use the triangle to the left of the address type to compress / expand the section

MCR address is optional

Supplier Self Onboarding – Create New Address

Address

Supplier
KYLA'S UAT 1
SUPPLIER PROFILE • ID: Supplier-11860320
CVS Reference ID: 31081 • Status: Active • Pay Name: KYLA'S UAT 1 • PO Name: KYLA'S UAT 1 • Primary Category: 12-DIET/NUTRITION • Type: Merchandise Warehouse • Sub Type: Domestic

Comments Supplier Overview **Address** Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

▼ Create New Address

☒ Select all ☐ Clear all filters ▶ Create New Address ▶ Save New Address

Name	*Line 1	Line 2	*City	*Country	*State	*Zip	Zip Extension
<input type="checkbox"/> 123 Holly Lane, Boston, MA	123 Holly Lane	PO Box 123	Boston	United States of America	MA-Massachusetts	02777	

Number of items: 1; Selected items: 0

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

Supplier
KYLA'S UAT 1
SUPPLIER PROFILE • ID: Supplier-11860320
CVS Reference ID: 31081 • Status: Active • Pay Name: KYLA'S UAT 1 • PO Name: KYLA'S UAT 1 • Primary Category: 12-DIET/NUTRITION • Type: Merchandise Warehouse • Sub Type: Domestic

Comments Supplier Overview **Address** Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

▼ Create New Address

☒ Select all ☐ Clear all filters ▶ Create New Address ▶ Save New Address

Name	*Line 1	Line 2	*City	*Country	*State	*Zip	Zip Extension
No existing records							

Number of items: 0; Selected items: 0

NOTE: Click on 'Create New Address' to create a new address and click 'Save New Address' to use in additional address fields below

Address created successfully

Description / Steps

1. Click Create new Address
2. Double click in the line 1 box to begin adding the address
3. Line 2 can be used for PO Box information or skipped
- City, State and Zip Code are required
4. **Click Save address when done**
5. **Pop-up to indicate that the address was created successfully.**
6. **Address info will then clear out**
 - Repeat steps 1 thru 6 for each address that is needed to represent your company

Tips

Once address is saved you are ready to add the new existing address

Upon clicking “Save New Address”, the address will disappear from the Create New Address section but will be available to be reused in other address fields on this page.

Supplier Self Onboarding – Add Existing Address

Address

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview **Address** Payment & Banking Supply Chain Ship Lane Compliance ⁴ EDI ¹ Contact Documents Ownership

NOTE: HQ Address, Pay/Remit Address, & W-9 Address are required. To re-use a newly entered address, please click SAVE as you go through each address.
If you are shipping Products to a CVS Distribution Center/ Warehouse, PO Address, Ship from Address are also required.

▶ HQ Address

▼ Remit/Pay Address

NOTE : If factor company or different pay supplier is linked then the Remit/Pay Address will be inherited from linked factor company or pay supplier on click of Save or Submit

Is Same Pay Supplier Linked ? ^Y

☒ Select all ☐ Clear all filters **1**

Name	*Line 1	Line 2	*City	*Country
No existing records				

Number of items: 0; Selected items: 0

Add Existing Address

Reference Type: Remit/Pay Address

2 Reference Target: 999 Main Street, Anytown, RI (Address-17908927)

3

Description / Steps

For the address that was previously created apply it to all required address types

1. Click “Add Existing Address”
2. Enter the address that was previously created by typing in the “Reference Target” field.
3. Select the address and click “OK”

Tips

Continue adding addresses for the remaining required address types

When complete, click “Save”

Guidance on completing the “Payment & Banking” worksheet begins on the next page

Supplier Self Onboarding

Payment & Banking

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address **Payment & Banking** Supply Chain ¹ Ship Lane Compliance ² EDI ³ Contact Documents Ownership

▼ Details

NOTE : If factor company or different pay supplier is linked then Payment Type ,EDI Invoicing and Banking Attributes will be inherited from linked pay supplier or factor company on click of Save or Submit

EDI Invoicing N

EDI Begin Date

1 Are you a Supplier providing alcohol products to CVS using this new Supplier number?

2 Do you want Pcard capability for Payments?

* Payment Type CHECK

3 Are you ACH Capable?

▼ Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name	Short Desc	Discount %	Due Days	Net Days
	N75 DAYS	75	0.000	000	75
	2% DSC IN 40 DAYS; N41	24041	2.000	040	41
	.25% DSC IN 64 D; N65	.256465	0.25	64.00	65.00

Number of items: 3

Preferred Payment Terms

▼ Factor Supplier

* Do you use a Factor Company for processing your payments? N

► Save Submit ► Clone Supplier

Description / Steps

Required entries:

- 1. Alcohol Supplier**– update
- 2. PCard Capability** – update
- 3. Are you ACH Capable** – review / update
- 4. Payment Terms** – select one
- 5. Factor Company** – review / update

Tips

The next page provides guidance to complete the “Details” section of the “Payment & Banking” worksheet.

Supplier Self Onboarding

Payment & Banking - Details

▼ Details

NOTE : If factor company or different pay supplier is linked then Payment Type ,EDI Invoicing and Banking Attributes will be inherited from linked pay supplier or factor company on click of Save or Submit

EDI Invoicing N

EDI Begin Date

1 Are you a Supplier providing alcohol products to CVS using this new Supplier number? N

2 Do you want Pcard capability for Payments? N

* Payment Type CHECK

3 Are you ACH Capable? N

Description / Steps

Required entries:

- 1. Alcohol Supplier**– update
- 2. PCard Capability** – update
- 3. Are you ACH Capable** – review / update (If the selection = “Y”, then you will be prompted to provide additional banking information and IAT Affirmation)

Tips

The next page provides guidance to complete the “Payment Terms” and “Factor Company” sections

Supplier Self Onboarding

Payment & Banking – Payment Terms and Factor Company

▼ Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

Clear all filters

	Choice	Name	Short Desc	Discount %	Due Days	Net Days
1	Y	N75 DAYS	75	0.000	000	75
		2% DSC IN 40 DAYS; N41	24041	2.000	040	41
		.25% DSC IN 64 D; N65	.256465	0.25	64.00	65.00

Number of items: 3

Preferred Payment Terms 2

▼ Factor Supplier

* Do you use a Factor Company for processing your payments? 3 N

Description / Steps

Required entries:

- 1. Payment Terms (Required)** – double-click in the “Choice” field of the payment terms that the supplier accepts and select “Y”.
- 2. Preferred Payment Terms (Not Required)** – If a Supplier would like to request alternate payment terms, supplier must indicate “Y” on an existing payment term and enter a comment requesting alternate payment terms for CVS Health to consider.
- 3. Factor Company** – change to “Y” if the supplier uses a Factor Company to process payments. You will be prompted to details

Tips

The next page shows the completed “Payment & Banking” worksheet

Supplier Self Onboarding – Payment & Banking Completed

Payment & Banking - Complete

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address **Payment & Banking** Supply Chain ¹ Ship Lane Compliance ⁴ EDI ¹ Contact Documents Ownership

▼ Details

NOTE: If factor company or different pay supplier is linked then Payment Type, EDI Invoicing and Banking Attributes will be inherited from linked pay supplier or factor company on click of Save or Submit

EDI Invoicing N

EDI Begin Date

1 Are you a Supplier providing alcohol products to CVS using this new Supplier number? N

2 Do you want Pcard capability for Payments? N

* Payment Type CHECK

3 Are you ACH Capable? N

▼ Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name	Short Desc	Discount %	Due Days	Net Days
4 Y	N75 DAYS	75	0.000	000	75
	2% DSC IN 40 DAYS; N41	24041	2.000	040	41
	.25% DSC IN 64 D; N65	.256465	0.25	64.00	65.00

Number of items: 3

Preferred Payment Terms

▼ Factor Supplier

5 * Do you use a Factor Company for processing your payments? N

Save Submit Clone Supplier

Description / Steps

Completed Required entries:

- 1. Alcohol Supplier** – update
- 2. PCard Capability** – update
- 3. Are you ACH Capable** – review / update
- 4. Payment Terms** – select one
- 5. Factor Company** – review / update

Tips

Click “Save” to save progress.

Refer steps outlined in ‘Clarification flow’ to change your Payment Terms

The next page provides guidance to complete the “Supply Chain” worksheet

Supplier Self Onboarding

Supply Chain

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking **Supply Chain** Ship Lane Compliance EDI Contact Documents Ownership

1 Details

2 Do you plan to offer Saleable products to CVS?

3 RX DEA Number
 A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances.

4 List 1 Chemical DEA#
 A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances. This is specific for List 1 Chemical substances

5 Damage Disposition Code
 Disposition of Product Instructions.

Damage Payment Type
 How funds will be received

Return Handling Fees

6 Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
<input type="checkbox"/>	Prepaid

Number of items: 1

Preferred Freight Terms

Save Submit Clone Supplier

Description / Steps

Required entries:

- 1. Saleable Products** – select Y or N
- 2. Rx DEA Number (if applicable)**
- 3. List 1 Chemical DEA # (if applicable)**
- 4. Damage Disposition Code** – options based on the Damage Payment Type selected
- 5. Damage Payment Type** – select from options
- 6. Freight Terms** – enter “Choice” of Y or leave blank and complete the “Preferred Freight Terms”

Tips

The next page provides guidance to complete the “Details” section of the “Supply Chain” worksheet

Supplier Self Onboarding

Supply Chain - Details

1

* Do you plan to offer Saleable products to CVS ?

2

RX DEA Number

3

List 1 Chemical DEA#

4

Damage Disposition Code

5

Damage Payment Type

Return Handling Fees*

0

▼ Details

Y

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances.

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances. This is specific for List 1 Chemical substances

Donate

Disposition of Product Instructions.

Deduct

How funds will be received

Description / Steps

Completed required entries:

- Saleable Products** – select Y or N
- Rx DEA Number (if applicable)**
- List 1 Chemical DEA # (if applicable)**
- Damage Disposition Code** – options based on the Damage Payment Type selected
- Damage Payment Type** – select from options

Tips

The next page provides guidance to complete the “Freight Terms” section of the “Supply Chain” worksheet

Supplier Self Onboarding

Supply Chain – Freight Terms

▼ Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
Y	Prepaid

Number of items: 1

Preferred Freight Terms

Description / Steps

Completed required entries:

- 1. Freight Terms** – double-click in the “Choice” box and enter your choice of Y or enter “Preferred Freight Terms”. Please enter a choice only if Supplier accepts the offered Freight term.
- 2. Preferred Freight Terms (Not Required)** – If Supplier would like to request an alternate freight term, supplier may enter a comment requesting alternate freight terms for CVS Health to consider

Tips

If only one Freight Term is presented a selection of Y or N is still required

The next page shows the completed “Supply Chain” worksheet

Supplier Self Onboarding – Supply Chain Completed

Supply Chain - Complete

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking **Supply Chain** Ship Lane Compliance ⁴ EDI ¹ Contact Documents Ownership

1 Details

2 Do you plan to offer Saleable products to CVS?

3 RX DEA Number

4 List 1 Chemical DEA#

5 Damage Disposition Code

6 Damage Payment Type

Return Handling Fees ^{fx}

Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
<input type="text" value="Y"/>	Prepaid

Number of items: 1

Preferred Freight Terms

Description / Steps

Completed required entries:

- 1. Saleable Products**
- 2. Rx DEA Number**
- 3. List 1 Chemical DEA #**
- 4. Damage Disposition Code**
- 5. Damage Payment Type**
- 6. Freight Terms**

Tips

Click "Save" to save progress

The next page provides guidance to complete the "Ship Lane" worksheet

Supplier Self Onboarding

Ship Lane

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance ⁴

EDI ¹

Contact

Documents

Ownership

1

Address

2

Warehouse

3

Lead Time(days)

Clear all filters

Create New Ship Lane

Remove Reference

Populate all DC's

Address	Warehouse	Freight Term	Minimum Dollars	Minimum Unit	Minimum Unit Multiple	Lead Time(days)	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
No existing records										

Number of items: 0; Selected items: 0

Save

Submit

Clone Supplier

Description / Steps

The “Ship Lane” worksheet allows the new supplier to indicate which CVS Warehouses will be shipped.


Required field entries:

1. Address (where the supplier ships from)
2. Warehouse (CVS Distribution center)
3. Lead Time (days) - in calendar days

Tips

The next page provides continued guidance to complete the “Ship Lane” worksheet

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Supplier Self Onboarding – Add Ship From Address

Ship Lane

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912

CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain **Ship Lane** Compliance ⁴ EDI ¹ Contact Documents Ownership

1

Select all Clear all filters Create New Ship Lane Remove Reference Populate all DC's

2	*Address	*Warehouse	Freight Term	Minimum Dollars	Minimum Unit	Minimum Unit Multiple	Lead Time(days)	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
<input type="checkbox"/>	999	3									
<input type="checkbox"/>	999 Main Street, Anytown, RI (Address-17908927)										
<input type="checkbox"/>	999 Main Street, Anytown, RI (Address-17908927)										

Description / Steps

1. Click "Create New Ship Lane"
2. Double-click in "Address" field
 - Begin typing an address that was previously created and added to the Ship From address type
3. Select Address that was found

Tips

The next page provides guidance to add a "Warehouse" to complete the "Ship Lane" worksheet

Supplier Self Onboarding – Add Warehouse

Ship Lane

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain **Ship Lane** Compliance ⁴ EDI ¹ Contact Documents Ownership

Select all Clear all filters Create New Ship Lane Remove Reference Populate all DC's

*Address *Warehouse

999 Main Street, Anytown, RI

Select Node(s)

Browse Search

- Warehouse Root (Warehouse_Root)
 - Bessemer, AL (Warehouse-141792)**
 - Chemung, NY (Warehouse-141806)
 - Conroe, TX (Warehouse-141798)
 - Ennis, TX (Warehouse-141793)
 - Fredericksburg, VA (Warehouse-141791)
 - Honolulu, HI (Warehouse-141804)
 - Indianapolis, IN (Warehouse-141799)
 - Kansas City, MO (Warehouse-141808)
 - Knoxville, TN (Warehouse-141795)
 - La Habra, CA (Warehouse-141801)
 - Lumberton, NJ (Warehouse-141789)
 - Medley, FL (Warehouse-141809)
 - North Augusta, SC (Warehouse-141796)
 - Novi, MI (Warehouse-141800)
 - Ontario, CA (Warehouse-141805)

Cancel OK

Description / Steps

1. Double-click in "Warehouse" field
2. Click the "tree" icon within the field
3. Expand "Warehouse Root"
4. Select a CVS distribution center
5. Click "OK" to add the location

Tips

The next page provides guidance to add "Lead Time (days)" to complete the "Ship Lane" worksheet

Supplier Self Onboarding – Add Lead Time

Ship Lane

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912

CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain **Ship Lane** Compliance ⁴ EDI ¹ Contact Documents Ownership

☒ Select all ☐ Clear all filters [▶ Create New Ship Lane](#) [⚙ Remove Reference](#) [▶ Populate all DC's](#)

↶	*Address	*Warehouse	Freight Term	Minimum Dollars	Minimum Unit	Minimum Unit Multiple	Lead Time(day)	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
<input type="checkbox"/>	999 Main Street, Anytown, RI	Bessemer, AL					12				fx

Description / Steps

1. Double-click in “Lead Time” field
2. Type in the number of calendar days the supplier requires to have the product arrive at the CVS warehouse from the day that the purchase order is received

Tips

If the supplier will be shipping to more than one warehouse, the next page will show how to add multiple warehouses

Supplier Self Onboarding – Add Additional Warehouses

Ship Lane

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain **Ship Lane** Compliance ⁴ EDI ¹ Contact Documents Ownership

Clear all Clear all filters Create New Ship Lane Remove Reference **Populate all DC's**

1 *Address • *Warehouse • Freight Term • Minimum Dollars • Minimum Unit

*Address	*Warehouse	Freight Term	Minimum Dollars	Minimum Unit
<input checked="" type="checkbox"/> 999 Main Street, Anytown, RI	Bessemer, AL			

2

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain **Ship Lane** Compliance ⁴ EDI ¹ Contact Documents Ownership

Select all Clear all filters Create New Ship Lane Remove Reference Populate all DC's

*Address	*Warehouse	Freight Term	Minimum Dollars	Minimum Unit	Minimum Unit Multiple	Lead Time(days)
<input type="checkbox"/> 999 Main Street, Anytown, RI	Bessemer, AL					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Chemung, NY					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Conroe, TX					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Ennis, TX					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Fredericksburg, VA					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Honolulu, HI					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Indianapolis, IN					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Kansas City, MO					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Knoxville, TN					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	La Habra, CA					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Lumberton, NJ					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Medley, FL					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	North Augusta, SC					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Novi, MI					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Orlando, FL					12
<input type="checkbox"/> 999 Main Street, Anytown, RI	Patterson, CA					12

3 Number of items: 21; Selected items: 0

Save Submit Clone Supplier

Description / Steps

1. Select the check box at the beginning of the record
 2. Click “Populate all DC’s”
 3. All warehouses will be populated with the same information as entered for the first warehouse. Click “Save”
- If the ship from address or lead time is different by warehouse, enter the updated information for each warehouse

Tips

The next page shows a completed “Ship Lane” worksheet

Supplier Self Onboarding – Completed

Ship Lane

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance ⁴

EDI ¹

Contact

Documents

Ownership

☒ Select all

Clear all filters

Create New Ship Lane

Remove Reference

Populate all DC's

	*Address	*Warehouse	Freight Term	Minimum Dollars	Minimum Unit	Minimum Unit Multiple	Lead Time(days)	Order Multiple	Permit #	Port Of Origin	CVS Warehouse
<input type="checkbox"/>	999 Main Street, Anytown, RI	Bessemer, AL					12				AL fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Chemung, NY					12				YK fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Conroe, TX					12				CR fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Ennis, TX					12				EN fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Fredericksburg, VA					12				MA fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Honolulu, HI					12				HI fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Indianapolis, IN					12				IN fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Kansas City, MO					12				KC fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Knoxville, TN					12				TN fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	La Habra, CA					12				LA fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Lumberton, NJ					12				NJ fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Medley, FL					12				XM fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	North Augusta, SC					12				SC fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Novi, MI					12				DT fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Orlando, FL					12				OR fx
<input type="checkbox"/>	999 Main Street, Anytown, RI	Patterson, CA					12				UC fx

Number of items: 21; Selected items: 0

Save

Submit

Clone Supplier

Description / Steps

Required entries completed for all warehouses

Tips

If you want to remove a record, select the check box at the beginning of the record and click “Remove Reference”

Click “Save” when ready to move to next worksheet

The next page will provide guidance on the “Compliance” worksheet.

Supplier Self Onboarding

Compliance

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane **Compliance** EDI Contact Documents Ownership

▼ Details

1 * Is your Employer Tax Identification Number also an individual's Social Security Number ?

2 * Tax Name TEST SUPPLIER
 Tax Name if different from the Vendor Name

3 * Do you service CVS Hawaii stores?

4 * Do you service CVS Puerto Rico stores?

5 * Are you a Broker?

6 Diverse Certification
 Please enter Broker information in the contact tab if you choose "Are you a Broker?" as Y
 Women Owned, Minority Owned etc.

7 Puerto Rico Waiver Certificate N

Are you a Manufacturer? N

▶ Save Submit ▶ Clone Supplier

Description / Steps

Required entries:

1. **Tax ID # also Social Security #** – select Y or N
2. **Tax Name** – review / update
3. **Hawaii Supplier?** – select Y or N
4. **Puerto Rico Supplier?** – select Y or N
5. **Are you a Broker?** – select Y or N
6. **Diverse Certification** – leave blank unless you are a certified diverse supplier
7. **Puerto Rico Waiver Certificate** – review / update

Tips

The next page will provide continued guidance on completing the "Compliance" worksheet

Supplier Self Onboarding - Completed

Compliance

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane **Compliance** EDI ¹ Contact Documents Ownership

▼ Details

1 * Is your Employer Tax Identification Number also an individual's Social Security Number?

Please enter your Tax Identification Number (TIN)

TIN#

The format should be equivalent to 00-0000000

2 * Tax Name

Tax Name if different from the Vendor Name

3 * Do you service CVS Hawaii stores?

4 * Do you service CVS Puerto Rico stores?

5 Are you a Broker?

Please enter Broker Information in the contact tab if you choose "Are you a Broker?" as Y

6 Diverse Certification

Women Owned, Minority Owned etc.

7 Puerto Rico Waiver Certificate

Are you a Manufacturer?

[▶ Save](#) [Submit](#) [▶ Clone Supplier](#)

Description / Steps

Completed Required entries:

1. **Tax ID # also Social Security #** – If “N” enter TIN#
2. **Tax Name** – review / update
3. **Hawaii Supplier?** – select Y or N
4. **Puerto Rico Supplier?** – select Y or N
5. **Are you a Broker?** – select Y or N
6. **Diverse Certification** – select Y or N
7. **Puerto Rico Waiver Certificate** – review / update

Tips

Click “Save”

The next page will provide guidance on completing the “EDI” worksheet

Supplier Self Onboarding – EDI Capable = “N”

EDI

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance **EDI** ¹ Contact Documents Ownership

▼ Details

NOTE : Please enter EDI TRANSMISSION CONTACT responsibility in Contact tab, if you choose “Are you EDI Transmission capable?” as Y

* Are you EDI Transmission capable?

⚠ Are you EDI Transmission capable? is mandatory
 Indicates if supplier has the ability to trade documents via EDI

▼ Details

NOTE : Please enter EDI TRANSMISSION CONTACT responsibility, if you choose “Are you EDI Transmission capable?” as Y

* Are you EDI Transmission capable?

Indicates if supplier has the ability to trade documents via EDI

EDI-enablement is a critical component of doing business with CVS Health. If you do not have internal EDI capabilities, we strongly suggest that you work with an appropriate EDI provider to send and receive Purchase Orders, Invoices, and other business transactions. If you do not have EDI, you will automatically be placed on a 30-Day Trial Account with Graceblood, LLC an unaffiliated third-party EDI provider. Please download the introductory letter for more information.

▶ Save Submit ▶ Clone Supplier

Description / Steps

Required entries – conditional based on the answer to “Are you EDI Transmission Capable”?

1. *If the supplier is not EDI Transmission capable, supplier will be directed to find an EDI provider or use a 30-Day Trial Account with Graceblood, LLC.*

Tips

Click “Save”

The next page will provide guidance on completing the “EDI” worksheet for suppliers that are EDI Capable

Supplier Self Onboarding – EDI Capable = “Y” using a VAN

EDI

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance **EDI** Contact Documents Ownership

▼ Details

NOTE : Please enter EDI TRANSMISSION CONTACT responsibility in Contact tab, if you choose “Are you EDI Transmission capable?” as Y

* Are you EDI Transmission capable?
Indicates if supplier has the ability to trade documents via EDI

It is imperative that you engage your EDI and data transmission professionals for proper completion of the following screens. Any incorrect information will result in a delay in onboarding.

1 EDI ISA/GS ID
ISA ID - provides the identity of who is transmitting the documents

3 EDI ISA Qualifier
Associated with the ISA ID - prefix that is part of the EDI ID

4 EDI Communication Protocol

5 Vendor Value Added Network (VAN)
VAN - where the suppliers mailbox resides

▶ Save Submit ▶ Clone Supplier

Description / Steps

Required entries – conditional based on the answer to “Are you EDI Transmission Capable”?

1. If the supplier is EDI Transmission capable, additional information is required
2. EDI ISA/GS ID
3. EDI ISA Qualifier
4. EDI Communication Protocol
5. Vendor Value Added Network

Tips

Click “Save”

The next page will provide guidance on completing the “EDI” worksheet for suppliers that use SFTP

Supplier Self Onboarding – EDI Capable = “Y” using SFTP

EDI

Description / Steps

EDI Communication Protocol

SFTP

CVS Health prefers SSH Key Authentication, Password Authentication considered on an exception basis. CVS EDI will

EDI SFTP PRODUCTION ENVIRONMENT

SFTP PROD File Locations

prod/file_loc

Ex: <root>, /<sub-directory>, other

SFTP PROD Server Host Name / IP Address

b2b-prod.testsupplier.com

EDI details if Communication Protocol is SFTP

SFTP PROD Server Login Username

CVS_B2B

SFTP PROD Server Port 22

22

CVSHealth requires SFTP over standard port 22, non-standard ports considered on an exception basis

You will be contacted by CVS EDI for SSH Key exchange and further setup information.

EDI SFTP TEST ENVIRONMENT

SFTP TEST File Locations

test/file_loc

Ex: <root>, /<sub-directory>, other

SFTP TEST Server Host Name / IP Address

b2b-test.testsupplier.com

EDI details if Communication Protocol is SFTP

SFTP TEST Server Login Username

CVS_B2B

SFTP TEST Server Port 22

22

CVSHealth requires SFTP over standard port 22, non-standard ports considered on an exception basis

If the supplier is using SFTP as the EDI Communication Protocol

1. SFTP PROD File Locations
2. SFTP PROD Server Host Name / IP
3. SFTP PROD Server Login Username
4. SFTP PROD Server Port 22
5. SFTP Test File Locations
6. SFTP Test Server Host Name / IP
7. SFTP TEST Server Login Username
8. SFTP Test Server Port 22

Tips

Click “Save”

The next page will provide guidance on completing the “EDI” worksheet for suppliers that use AS2

Supplier Self Onboarding – EDI Capable = “Y” using AS2

EDI

ABCDEFG

HIJKLM

EDI Communication Protocol

AS2

CVS Health EDI will exchange digital certificates and encryption information with your provided transmission team contact

AS2 Identifier Prod

TESTSUPPLIER_B2B_PROD

Max Retries Prod

5

Retry Interval Prod

300

URI Prod

/as2

URL and Port Prod

https://b2b-prod.yourcompany.com

MDN Receipt Prod

Y

EDI AS2 related attributes (Message Disposition Notification)

CVS Health EDI requests Message Disposition Notifications (MDN) for data transmitted over AS2.

You will be contacted by CVS EDI for digital certificate exchange and further AS2 setup information.

AS2 Identifier Test

TESTSUPPLIER_B2B_TEST

Max Retries Test

5

Retry Interval Test

300

URI Test

/as2

URL and Port Test

https://b2b-test.yourcompany.com

MDN Receipt Test

Y

EDI AS2 related attributes (Message Disposition Notification)

CVS Health EDI requests Message Disposition Notifications (MDN) for data transmitted over AS2.

▶ Save
Submit
▶ Clone Supplier

Description / Steps

If the supplier is using AS2 as the EDI Communication Protocol

- A. EDI Communication Protocol
- B. AS2 Identifier Prod
- C. Max Retries Prod
- D. Retry Interval Prod
- E. URL Prod
- F. URL and Port Prod
- G. MDN Receipt Prod
- H. AS2 Identifier Test
- I. Max Retries Test
- J. Retry Interval Test
- K. URL Test
- L. URL and Port Test
- M. MDN Receipt Test

Tips

Click “Save”

Guidance on completing the “Contact” tab begins on the next page

Supplier Self Onboarding

Contact

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

NOTE: Warehouse NFR, Warehouse and DSD Suppliers: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If EDI Capable, EDI TRANSMISSION CONTACT is required to be filled.

Select all

Clear all filters

Create New Contact

Add Existing Contact

Remove Contact

	*Responsibility	*First Name	*Last Name	M.I	*Primary Phone Number	*Email	Cellphone	Fax	Extension	Primary Contact	Name
<input type="checkbox"/>	SALES REPRESENTATIVE	Test	Supplier		401-999-9999	Test_Supplier@Test.com				Y	Test Supplier

Number of items: 1; Selected items: 0

▶ Save

Submit

▶ Clone Supplier

Description / Steps

Required Contacts (Responsibility):

- *Sales Representative*
- *A/R Contact*
- *Inventory Contacts*
- *EDI Transmission Contact (if supplier is EDI Capable)*

Tips

The Sales Representative contact is typically used when CVS invites a new supplier to self onboard, if it is not present, it must be added

The next page shows the steps to create a new contact

Supplier Self Onboarding – Create New Contact

Contact

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI **Contact** Documents Ownership

NOTE: Warehouse NFR, Warehouse and Suppliers: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If EDI Capable, EDI TRANSMISSION CONTACT is required to be filled.

Select all Clear all filters Create New Contact Add Existing Contact Remove Contact

*Responsibility	*First Name	*Last Name	M.I	*Primary Phone Number	*Email	Cellphone	Fax	Extension	Primary Contact	Name
<input type="checkbox"/>									Y	
<input type="checkbox"/> SALES REPRESENTATIVE	Test	Supplier		401-999-9999	Test_Supplier@Test.com				Y	Test Supplier

Value editor - 1 item selected

Number of items: 2; Selected items: 0

A/R CONTACT

Value editor - 1 item selected

A/R CONTACT

Add value

Cancel Save

Save Submit Clone Supplier

Description / Steps

1. Click "Create New Contact"
2. Double-click in the "Responsibility" field and select the type of contact
3. Click "Save"

• Enter required fields:

- First Name,
- Last Name,
- Primary Phone Number
- Email

Tips

The next page shows the steps to Add Multiple Responsibilities to a contact

Supplier Self Onboarding – Add multiple responsibilities

Contact

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI **Contact** Documents Ownership

NOTE: Warehouse NFR, Warehouse and DSD Suppliers: SALES REPRESENTATIVE, A/R CONTACT & INVENTORY CONTACTS are required to be filled. If EDI Capable, EDI TRANSMISSION CONTACT is required to be filled.

Select all Clear all filters Create New Contact Add Existing Contact Remove Contact

*Responsibility	*First Name	*Last Name	M.I	*Primary Phone Number	*Email	Cellphone	Fax	Extension	Primary Contact	Name
<input checked="" type="checkbox"/> A/R CONTACT	Test	Account		401-999-8888	Test_Account@Test.com				Y	Test Account
<input type="checkbox"/> SALES REPRESENTATIVE	Test	Supplier		401-999-9999	Test_Supplier@Test.com				Y	Test Supplier

Number of items: 2; Selected items: 0

Value editor - 1 item selected

A/R CONTACT

INVENTORY

Add value

Sequence values...

Cancel Save

Save Submit Clone Supplier

Description / Steps

There exists the ability to add multiple responsibilities to the same contact

1. Double-click the “Responsibility” of the contact to add
2. Click “Add Value”
3. Select value from the dropdown
4. Click “Save”

Tips

The next page shows the steps to complete the “Documents” worksheet

Supplier Self Onboarding

Documents

Supplier

TEST SUPPLIER

SUPPLIER PROFILE

ID: Supplier-17908912

CVS Reference ID :

Status : Pre-Active

Pay Name : TEST SUPPLIER

PO Name : TEST SUPPLIER

Primary Category : 04-ORAL HYGIENE

Type : Merchandise Warehouse

Sub Type : Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

Required Documents

Required Documents

Certificate Of Insurance

W-8 Or W-9

Company Letter Head

Documents

Additional Documents

Bank Letter Confirming Account Number

Certificate Of Insurance

Company Letter Head

Evidence Of FCPA Compliance

Factor & Supplier Relationship Letter

Indemnification Agreement

Packing List Sample

PR Waiver

Product Liability

QA Agreement

Signed MSA

Signed NDA

Store Brand Agreement

Supplier Contract/Purchase Agreement

Vendor Profile Letter

W-8 Or W-9

Save

Submit

Clone Supplier

Description / Steps

The “Documents” worksheet identifies required documents that must be uploaded to CVS to activate a new supplier.

The required documents are identified by Category Management and listed in the “Required Documents” section on the left

Tips

The next page will provide guidance on uploading required documents

Supplier Self Onboarding – upload required documents

Documents

Supplier

TEST SUPPLIER
SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview
Address
Payment & Banking
Supply Chain
Ship Lane
Compliance
EDI
Contact
Documents
Ownership

Required Documents

Required Documents

Certificate Of Insurance

W-8 Or W-9

Company Letter Head

Documents

Additional Documents

Bank Letter Confirming Account Number

Certificate Of Insurance

Company Letter H

Evidence Of FCPA

Factor & Supplier

Indemnification Agreement

Packing List Sample

PR Waiver

Product Liability

1

2

3

Insert asset

Upload and insert asset

Select file

Classification

Supplier-70757 assets

File

Choose File

No file chosen

Cancel

Upload

Save

Submit

Clone Supplier

Description / Steps

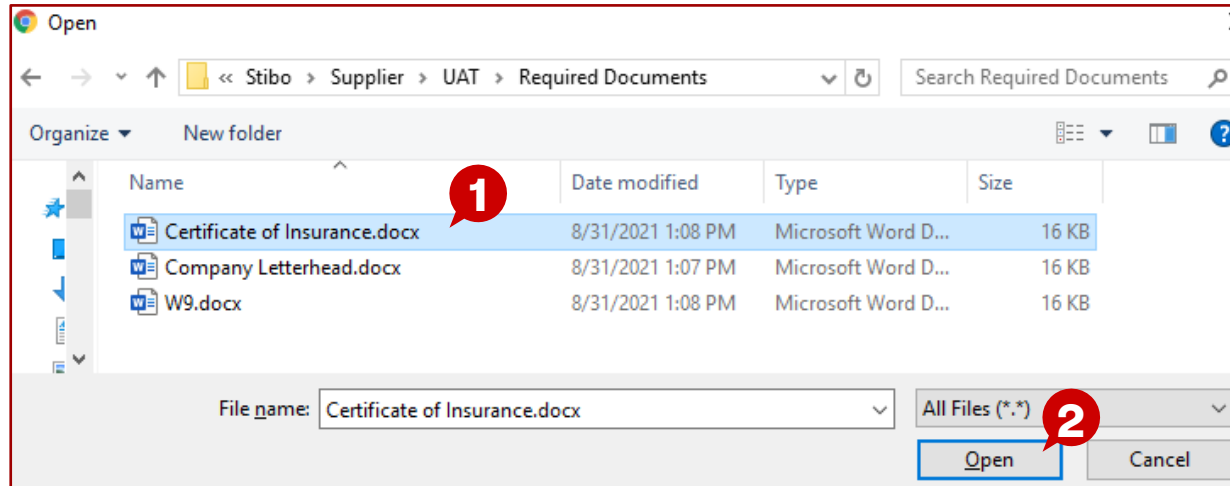
1. For each required document, one at a time, click the “plus” icon
2. Select “Upload and insert asset” option
3. Click the “Choose File” option

Tips

The next page will provide continued guidance on uploading required documents

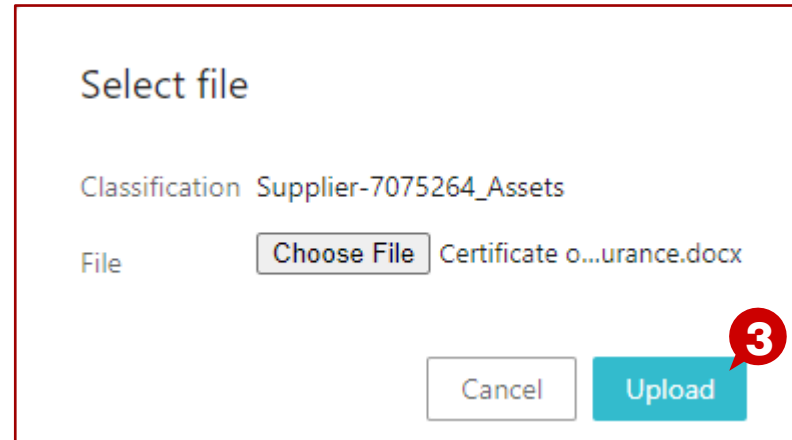
Supplier Self Onboarding – upload required documents

Documents



Description / Steps

1. Browse for the document on your local computer or company's network to upload and select it
2. Click the "Open" option
3. Click "Upload"



Tips

The next page will provide guidance on the "Ownership" worksheet

Supplier Self Onboarding

Ownership

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

▼ Buyer

↶

Clear all filters

	Code	Name	DMM	VPMM
1		THOMAS SULLIVAN	STEVE DIVIRGILIO	MALY BERNSTEIN

Number of items: 1

▶ Save

Submit

▶ Clone Supplier

Description / Steps

The “Ownership” worksheet is for reference only and will provide the names of the:

- Category Manager
- Divisional Merchandise Manager
- Vice President Merchandise Manager

Tips

The next page will provide guidance to “Submit” the information for CVS Health’s review

Supplier Self Onboarding – “Submit”

SUBMIT

Supplier

TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

▼ Buyer

Clear all filters

	Code	Name	DMM	VPMM
1		THOMAS SULLIVAN	STEVE DIVIRGILIO	MALY BERNSTEIN

Number of items: 1

Have You Reviewed all the information after clicking the save button ?

Submit message

Cancel OK

1

2

Save Submit Clone Supplier

Description / Steps

When all required entries have been completed:

1. Click “Submit”
2. Click “OK”

Tips

The next page will provide guidance if information was not provided

Supplier Self Onboarding – Missing one piece of information

SUBMIT

Supplier

TEST SUPPLIER

SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

1

TEST SUPPLIER
 Submit error: Reference Remit/Pay Address is mandatory for TEST SUPPLIER

Details

* Do you plan to offer Saleable products to CVS?

Y

RX DEA Number

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing Items involving Controlled Substances DEA number is solely to be used for tracking controlled substances.

List 1 Chemical DEA#

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing Items involving Controlled Substances DEA number is solely to be used for tracking controlled substances. This is specific for List 1 Chemical substances

Damage Disposition Code

Donate

Disposition of Product Instructions.

Damage Payment Type

Deduct

How funds will be received

Return Handling Fees

0.36

Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

 If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
Y	Prepaid

Number of items: 1

Preferred Freight Terms

Save

Submit

Clone Supplier

Description / Steps

If information was not provided prior to clicking "Submit" you will be alerted to the information to provide

- If only one piece of information is missing it will indicate the requirement on the main screen*

Tips

The next page will provide guidance on missing multiple pieces of information

Supplier Self Onboarding – Missing multiple information

SUBMIT

The screenshot shows the 'Supplier Self Onboarding' interface. At the top, a red banner reads 'SUBMIT'. Below it, the 'Supplier' section displays 'TEST SUPPLIER' with various profile details. A yellow warning box at the top center states 'Warning - cannot be submitted' with a 'Click for details' link. A red circle with the number '1' points to the warning box. A red circle with the number '2' points to the 'Click for details' link. A red circle with the number '3' points to a bell icon in the top right corner. Below the warning box, a table lists buyers. The first buyer is 'THOMAS SULLIVAN' with a 'DMM' of 'STEVE DIVIRGLIO'. At the bottom, there are buttons for 'Save', 'Submit', and 'Clone Supplier'.

Code	Name	DMM
1	THOMAS SULLIVAN	STEVE DIVIRGLIO

Description / Steps

If information was not provided prior to clicking “Submit” you will be alerted to the information to provide

- 1. If multiple pieces of information are missing it will display a warning*
- 2. Select “Click for details”*
- 3. Clicking the “bell” or the “Click for details” will display the messages for correction*

Tips

If the messages are being displayed, clicking the “bell” will hide the messages

The next page will provide guidance on a successful submission

Supplier Self Onboarding – “Submit” Successful

SUBMIT

The screenshot displays the STEP Web UI interface. At the top right, it shows 'Supplier-17908912 • Test Supplier • English US'. A modal box in the center-left contains a green bar with a red circle containing the number '1' and the text 'Submit' and 'Item was successfully submitted.' Below this, a red circle with the number '2' points to the 'New Supplier Onboarding' section, which shows a table with three rows: 'One Time Agent Verifica...' with a value of 0, 'Supplier Self OnBoarding' with a value of 0, and 'Total' with a value of 0. Other sections visible include 'Links', 'Clarification Workflow', and 'Manage Your Account'.

Description / Steps

When all required entries have been completed and the new supplier has successfully submitted the self onboarding:

1. *“Item was successfully submitted” message presented*
2. *“Supplier Self Onboarding” has zero tasks to be performed*

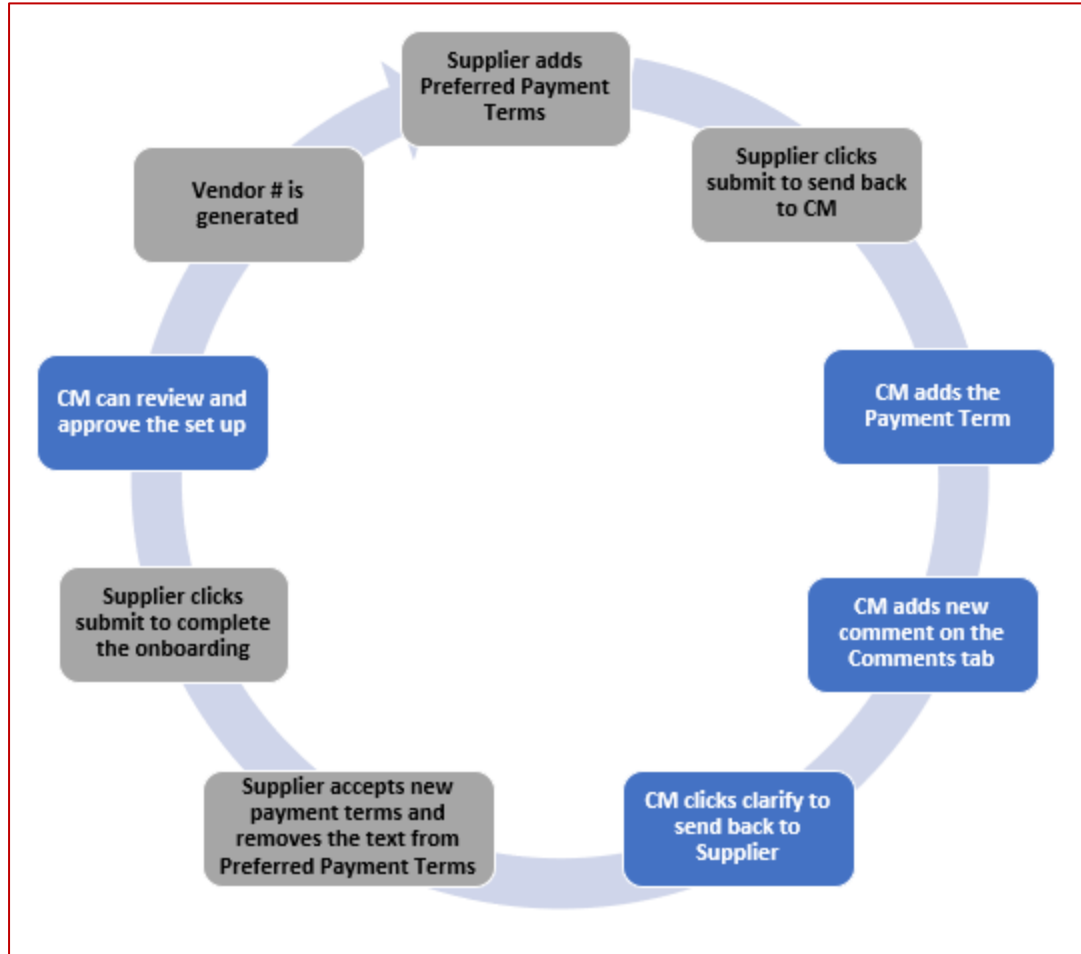
Tips

A workflow notification will be sent to the Category Manager to either:

- *Approve the self onboarding information*
- *Review and indicate updates that are required before it can be approved*

Supplier Self Onboarding – Clarification flow

The process illustrates how the clarify option works as a communication tool between the Category Manager and the supplier to update Payment Terms



Supplier Self Onboarding – Clarification flow

Adding Preferred Payment Terms

▼ Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name	Short Desc	Discount %	Due Days	Net Days
<input type="checkbox"/>	7 DAYS	7	0.000	000	7
<input type="checkbox"/>	N30 DAYS	30	0.000	000	30
<input type="checkbox"/>	N15 DAYS	15	0.000	000	15
<input type="checkbox"/>	N10 DAYS	10	0.000	000	10
<input type="checkbox"/>	DUE IMMEDIATELY	0	0.000	000	0

Number of items: 5

Preferred Payment Terms

Description / Steps

1. Enter details in 'Preferred Payment Terms'

Click 'Submit' to send back to Category Manager

Supplier Self Onboarding – Clarification flow

Clarify after CM Review – Supplier approve Changes

Welcome to the STEP Web UI

Links

- Supplier self onboarding process guidelines
- Link to CVSSuppliers.com
- Advanced Search

New Supplier Onboarding

One Time Agent Verifica...	0
Supplier Self OnBoarding	5
Total	5

New Agent Onboarding

One time Agent Verifica...	0
----------------------------	---

Supplier Maintenance

Maintain Supplier Data	3
------------------------	---

Clarification Workflow

Review	0
--------	---

Manage Your Account

Logged in: KYLA MULLIN

User Details

Logout

Description / Steps

Below steps are applicable after the CM has added new Payment Terms and sent the workflow back to you

1. Click CVS logo to get to this home page
2. Click supplier Self Onboarding link
3. Click the supplier link to complete the onboarding

Supplier Creation - Supplier Self OnBoarding - Available

Clear all filters

ID	Supplier Name	Supplier Type	Supplier Sub Type	Status of Registration	Initiated By	Team Name	Date Of Entry	No Of days In Queue
Supplier-20156382	KYLA DSD UAT	Merchandise DSD	Domestic	Pending Supplier Response	RPDM CM 1	CVS Internal Team	Tue Mar 22 2022 10:14:59 GMT-0400 (EDT)	33 min
Supplier-20156388	KYLA UAT ALCOHOL DSD	Merchandise DSD	Alcohol	Pending Supplier Response	RPDM CM 1	CVS Internal Team	Tue Jan 25 2022 10:50:56 GMT-0500 (EST)	55 d 23 hrs 57 min
Supplier-20156389	KYLA ALCOHOL WHSE	Merchandise Warehouse	Alcohol	Pending Supplier Response	RPDM CM 1	CVS Internal Team	Tue Jan 25 2022 10:57:06 GMT-0500 (EST)	55 d 23 hrs 51 min
Supplier-20156394	KYLA IMPORT	Merchandise Warehouse	Imports / Direct Imports	Pending Supplier Response	RPDM CM 1	CVS Internal Team	Tue Jan 25 2022 10:58:59 GMT-0500 (EST)	55 d 23 hrs 49 min
Supplier-20981880	KYLA DSD 2	Merchandise DSD	Domestic	Pending Supplier Response	RPDM CM 1	CVS Internal Team	Mon Jan 31 2022 13:30:46 GMT-0500 (EST)	49 d 21 hrs 18 min

Supplier Self Onboarding – Clarification flow

Accepting new Payment Terms

Supplier

KYLA DSD UAT SUPPLIER PROFILE • ID: Supplier-201558 • CVS Reference ID: • Status: Pre-Active • Pay Name: KYLA DSD • Name: KYLA DSD UAT • Primary Category: 52-OPTICAL • Type: Merchandise DSD • Sub Type: Domestic

Supplier Overview Address **Payment & Banking** Supply Chain Compliance EDI SBT Contact Documents Ownership

Details

NOTE: If factor company or different pay supplier is linked then Payment Type, EDI Invoicing and Banking Attributes will be inherited from linked pay supplier or factor company on click of Save or Submit

EDI Invoicing N

EDI Begin Date

Are you a Supplier providing alcohol products to CVS using this new Supplier number?

Do you want Pcard capability for Payments?

* Payment Type CHECK

Are you ACH Capable?

Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

2

Choice	Name	Short Desc	Discount %	Due Days	Net Days
	1% DSC IN 21 DAYS; N22	12122	1.000	021	22

3 Remove the comments if the choice above is correct

Number of items: 1

Preferred Payment Terms need Net 21 days

Factor Supplier

* Do you use a Factor Company for processing your payments? N

4

Save Submit Clone Supplier

Description / Steps

1. Click Payment & Banking
2. Click in choice and select Y
3. Remove the comments
4. Click submit

Set up will go back to the CM for Review and approval

Tips

Comments need to be removed before you click submit
The system will generate an error if the comments are not removed.

Supplier Self Onboarding – Additional information needed

Comments

From: CVSHealth@cloudmail.stibo.com <CVSHealth@cloudmail.stibo.com>

Subject: [EXTERNAL] CVS Health - Supplier registration updates needed

**** External Email - Use Caution ****

Hi Test Supplier,

One or more supplier attributes requires your attention. Please login using your Stibo credentials and update your information.

URL Details: https://cvs-production.scloud.stibo.com/webui/WEBUI_CVSSupplierPortal *Requires Google Chrome (Preferred), Microsoft Edge or Mozilla Firefox browser

Thanks,

CVS Team

***Important: This is a system-generated notification. Please do not reply this email.

Description / Steps

Example of email sent to supplier indicating clarification is needed to "Approve"

Tips

Login and provide updates based on the comments from the Category Manager

User Login

User Login

The screenshot shows a web browser window with the URL `auth.mdm.stibosystems.com/auth/realms/cvs-uat/protocol/openid-connect/auth?response_type=code&client_id=Step&state=10a5f2c0-2434-4ab7-963a-bb65568a58ec&login=true&scope=openid&redirect_uri=https%3A%2F%2Fcvts-uat.scloud.stibo.c...`. The page features the STIBO SYSTEMS logo and a background image of a modern building. The login form is titled "STEP managed user log in" and includes a "Please log in using the form" instruction. It has two input fields: "Username" with the value "TSUPPLIER" and "Password" with masked characters. A "Log In" button is located below the password field. A link for "IDP managed user log in" is also present, with a sub-link "CVS Internal Colleagues - Click here". Red numbered callouts (1-4) are overlaid on the image: 1 points to the browser address bar, 2 points to the Username label, 3 points to the Username input field, and 4 points to the Password input field.

1

STIBO SYSTEMS
MASTER DATA MANAGEMENT

STEP managed user log in

Please log in using the form

2 Username

3 TSUPPLIER

Password

4

Log In

IDP managed user log in

CVS Internal Colleagues - Click here

Description / Steps

1. Enter URL for Stibo
2. Enter Username from email
3. Enter password
4. Click "Log In"

Tips

Supplier Self Onboarding

Welcome to the STEP Web UI

Welcome to the STEP Web UI

Supplier-17908912 • Test Supplier

Links

[Supplier self onboarding process guidelines](#)
[Link to CVSSupplier.com](#)
[Advanced Search](#)

New Supplier Onboarding

1

One Time Agent Verifica...	0
Supplier Self OnBoarding	1
Total	1

New Agent Onboarding

One time Agent Verifica...	0
----------------------------	---

Supplier Maintenance

Maintain Supplier Data	0
------------------------	---

Clarification Workflow

Review	0
--------	---

Manage Your Account

Logged in:
TEST SUPPLIER

User Details

Logout

Description / Steps

1. Click “Supplier Self Onboarding” within the New Supplier Onboarding section

Tips

The number next to the Supplier Self Onboarding option indicates that there is 1 task to perform

Supplier Self Onboarding

Supplier Creation – Supplier Self Onboarding

Supplier Creation - Supplier Self OnBoarding - Available

Clear all filters

ID	Supplier Name	Supplier Type	Supplier Sub Type	Status of Registration	Initiated By	Team Name	Date Of Entry	No Of days In Queue
Supplier-17908912	TEST SUPPLIER	Merchandise Warehouse	Domestic	Pending Supplier Response	Test Supplier	Supplier	Mon Jan 03 2022 11:15:41 GMT-0500 (EST)	3 min

Description / Steps

1. Click the “Supplier-#####” hyperlink

Tips

The next page will provide continued guidance to continue the Supplier Self Onboarding process

Supplier Self Onboarding – Review “CVS Comments”

Supplier Creation

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

Details

* Supplier Name: TEST SUPPLIER
 Name of the Supplier that might appear on the Purchase Order or Remittance

* Supplier Type: Merchandise Warehouse
 Status: Pre-Active

* Supplier Sub Type: Domestic

PO Name: TEST SUPPLIER

* Pay Name: TEST SUPPLIER
 Name of the Pay Supplier

DBA: TEST SUPPLIER
 Doing Business As- Informational Only

* Legal Status: C-Corporation
 The field defines the legal status of the supplier's company.

* Product/Service Description: Oral Care Products
 Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date: 03-Jan-2022

* Is this Supplier onboarding due to Merger?: N

* Supplier Manages Data: Y

Parent Supplier: N

CVS Comments: Please add EDI Transmission Contact

Supplier Comments:

1 2

Save Submit Clone Supplier

Description / Steps

1. Scroll to the bottom of the page and review the “CVS Comments”

Tips

2. New Supplier has the ability to send comments back to CVS

Based on the comments, update the requested information.

When update has been made, click “Save”

After clicking “Save” then click “Submit”

Supplier Self Onboarding – “Submit” again

Supplier Overview

Supplier
TEST SUPPLIER SUPPLIER PROFILE • ID: Supplier-17908912
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking Supply Chain Ship Lane Compliance EDI Contact Documents Ownership

Details

* Supplier Name: TEST SUPPLIER
 Name of the Supplier that might appear on the Purchase Order or Remittance

* Supplier Type: Merchandise Warehouse
 Status: Pre-Active

* Supplier Sub Type: Domestic

PO Name: TEST SUPPLIER

* Pay Name: TEST SUPPLIER
 Name of the Pay Supplier

DBA: TEST SUPPLIER
 Doing Business As- Informational Only

* Legal Status: C-Corporation
 The field defines the legal status of the supplier's company.

* Product/Service Description: Oral Care Products
 Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date: 03-Jan-2022

* Is this Supplier onboarding due to Merger?: N

* Supplier Manages Data: Y

Parent Supplier: N

CVS Comments: Please add EDI Transmission Contact

Supplier Comments: 1

2 Save Submit Clone Supplier

Category

Clear all filters

	Code
	04
	71

Number of items: 2

Pay Supplier

Select all Clear

	Supplier
<input type="checkbox"/>	

Number of items: 1; Selected items: 0

Do you want to copy Pay Supplier Name as PayName?

Description / Steps

1. Scroll to the bottom of the page and enter “Supplier Comments” if needed
2. Click “Submit”

Tips

CVS Category Management will review the updates and Approve if correct

**New Supplier:
Cloning the attributes of an
existing supplier**

Supplier Self Onboarding

Welcome to the STEP Web UI

Supplier-17908912 • Test Supplier

Welcome to the STEP Web UI

Links

[Supplier self onboarding process guidelines](#)
[Link to CVSSupplier.com](#)
[Advanced Search](#)

Manage Your Account

Logged in:

TEST SUPPLIER

User Details

Logout

New Supplier Onboarding

One Time Agent Verifica...

0

Supplier Self OnBoarding

1

Total

1

New Agent Onboarding

One time Agent Verifica...

0

Supplier Maintenance

Maintain Supplier Data

0

Clarification Workflow

Review

0

Description / Steps

- Click “Supplier Self Onboarding” within the New Supplier Onboarding section


Tips

The number next to the Supplier Self Onboarding option indicates that there is 1 task to perform

Supplier Self Onboarding – “Clone Supplier”

Supplier Creation – Supplier Self Onboarding

Supplier Creation - Supplier Self OnBoarding - Available

 Clear all filters

ID	Supplier Name	Supplier Type	Supplier Sub Type	Status of Registration	Initiated By	Team Name	Date Of Entry	No Of days In Queue
Supplier-19330907	TEST CLONE SUPPLIER	Merchandise Warehouse	Domestic	Pending Supplier Response	RPDM CM 1	CVS Internal Team	Wed Jan 19 2022 11:10:56 GMT-0500 (EST)	0 min

Description / Steps

1. Click the “Supplier-#####” hyperlink

Tips

Best Practices for cloning a supplier:

- Select a supplier that is **NOT** a Pay Supplier to clone
- Select a supplier whose attributes are complete and accurate and most closely matches the new supplier’s attributes

Supplier Self Onboarding – “Clone Supplier”

Supplier Overview

Supplier
TEST CLONE SUPPLIER SUPPLIER PROFILE • ID: Supplier-19330907
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST CLONE SUPPLIER • PO Name: TEST CLONE SUPPLIER • Primary Category: 01-PAIN RELIEVERS • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview ² Address Payment & Banking Supply Chain ¹ Ship Lane Compliance ⁴ EDI ¹ Contact Documents Ownership

Details

* Supplier Name: TEST CLONE SUPPLIER
 Name of the Supplier that might appear on the Purchase Order or Remittance

* Supplier Type: Merchandise Warehouse
 Status: Pre-Active

* Supplier Sub Type: Domestic

PO Name: TEST CLONE SUPPLIER

* Pay Name: TEST CLONE SUPPLIER
 Name of the Pay Supplier

DBA: TEST CLONE SUPPLIER
 Doing Business As- Informational Only

* Legal Status:
 The field defines the legal status of the supplier's company.

* Product/Service Description:
 Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date: 19-Jan-2022

* Is this Supplier onboarding due to Merger?: N

* Supplier Manages Data: Y

Parent Supplier: N

CVS Comments:
 Supplier Comments:
⁴

Category

Clear all filters

Clone From Supplier

Reference Type: Supplier to Clone ²

Reference Target: TEST SUPPLIER (Supplier-17908912) ³

Cancel OK

Number of items: 0; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?
¹

Clone Supplier

Select all Clear all filters Clone From Supplier Remove Reference

Supplier Reference	Name
No existing records	

Number of items: 0; Selected items: 0

Save Submit Clone Supplier

Description / Steps

If you have access to another supplier number (**Not a Pay Supplier**) you may “Clone” the attributes of another supplier to save time onboarding

1. Click “Clone From Supplier”
2. Enter Supplier Name that is to be cloned
3. Click OK
4. Click “Clone Supplier”

Tips

The next page will provide continued guidance to “Clone” the attributes of another supplier

Supplier Self Onboarding – “Clone Supplier”

Supplier Overview

Supplier

TEST CLONE SUPPLIER

SUPPLIER PROFILE • ID: Supplier-19330907

CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER Name Change • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

Details

Supplier Name

TEST CLONE SUPPLIER

Name of the Supplier that might appear on the Purchase Order or Remittance

Supplier Type

Merchandise Warehouse

Status

Pre-Active

Supplier Sub Type

Domestic

PO Name

TEST SUPPLIER Name Change

Pay Name

TEST SUPPLIER

Name of the Pay Supplier

DBA

TEST SUPPLIER

Doing Business As- Informational Only

Legal Status

C-Corporation

The field defines the legal status of the supplier's company.

Product/Service Description

Oral Care Products

Please provide a brief description about the Product & Services that you plan to offer to CVS

Supplier Status Date

03-Jan-2022

Is this Supplier onboarding due to Merger?

N

Supplier Manages Data

Y

Parent Supplier

N

CVS Comments

Supplier Comments

Category

Clear all filters

Code	Name	Is Primary ?
01	PAIN RELIEVERS	Y

Number of items: 1

Pay Supplier

Select all

Clear all filters

Add Pay Supplier

Remove Pay Supplier

Supplier Reference	Name
<input type="checkbox"/> 38340	TEST SUPPLIER

Number of items: 1; Selected items: 0

Do you want to copy Pay Supplier's Pay Name as PayName?

Clone Supplier

Select all

Clear all filters

Clone From Supplier

Remove Reference

Supplier Reference	Name
<input type="checkbox"/> TEST SUPPLIER 38340	TEST SUPPLIER

Number of items: 1; Selected items: 0

Save

Submit

Clone Supplier

Description / Steps

All of the information from the cloned supplier has populated across all worksheets

1. PO Name – this should be **renamed** as the Supplier Name
2. Pay Name – this should remain as the associated Pay Name
3. DBA – this should be **renamed** as the Supplier Name
4. Product/Service – this should be **changed** to reflect the new supplier's products

Tips

Any attribute can be updated from the “cloned” version (**Reviewing all attributes before submission is strongly encouraged**)

The following pages indicate attributes that require confirmation before submission

71

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Supplier Self Onboarding – Payment & Banking

Supplier Overview

Supplier

TEST CLONE SUPPLIER

SUPPLIER PROFILE

ID: Supplier-19330907

CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER Name Change • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

Details

NOTE : If factor company or different pay supplier is linked then Payment Type ,EDI Invoicing and Banking Attributes will be inherited from linked pay supplier or factor company on click of Save or Submit

EDI Invoicing

N

EDI Begin Date

Are you a Supplier providing alcohol products to CVS using this new Supplier number?

N

Do you want Pcard capability for Payments?

N

Payment Type

Bank Open Account

Are you ACH Capable?

N

Payment Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Payment terms are not the agreed payment terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name	Short Desc	Discount %	Due Days	Net Days
Y	N75 DAYS	75	0.000	000	75
	2% DSC IN 40 DAYS; N41	24041	2.000	040	41

Number of items: 2

Preferred Payment Terms

Factor Supplier

Do you use a Factor Company for processing your payments?

N

Save

Submit

Clone Supplier

Description / Steps

1. A Payment Term must be confirmed

Tips

Any attribute can be updated from the “cloned” version

The following pages indicate attributes that require confirmation before submission

Supplier Self Onboarding – Supply Chain

Supplier Overview

Supplier

TEST CLONE SUPPLIER
SUPPLIER PROFILE • ID: Supplier-19330907
CVS Reference ID : • Status : Pre-Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER Name Change • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

▼ Details

* Do you plan to offer Saleable products to CVS ?

Y

RX DEA Number

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances.

List 1 Chemical DEA#

A DEA (Drug Enforcement Administration) number is a series of numbers assigned to the Suppliers providing items involving Controlled Substances DEA number is solely to be used for tracking controlled substances. This is specific for List 1 Chemical substances

Damage Disposition Code

Return to Supplier

Disposition of Product Instructions.

Damage Payment Type

Deduct

How funds will be received

Return Handling Fees

0.47

▼ Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
Y	Prepaid

Number of items: 1

Preferred Freight Terms

Collect

Save

Submit

Clone Supplier

Description / Steps

1. A Freight Term must be confirmed

Tips

Any attribute can be updated from the “cloned” version

The following pages indicate attributes that require confirmation before submission

Supplier Self Onboarding – Submit

Supplier Overview

Supplier
TEST CLONE SUPPLIER SUPPLIER PROFILE • ID: Supplier-19330907
 CVS Reference ID: • Status: Pre-Active • Pay Name: TEST SUPPLIER • PO Name: TEST SUPPLIER Name Change • Primary Category: 04-ORAL HYGIENE • Type: Merchandise Warehouse • Sub Type: Domestic

Supplier Overview Address Payment & Banking **Supply Chain** Ship Lane Compliance EDI Contact Documents Ownership

▼ Details

* Do you plan to offer Saleable products to CVS?

RX DEA Number

List 1 Chemical DEA#

Damage Disposition Code

Damage Payment Type

Return Handling Fees 0.47

▼ Freight Terms

Please confirm your choice by double-clicking and selecting "Y" on the CHOICE box against the Term.

If the offered Freight terms are not the agreed Freight terms, please reach out to the Category Manager on the CVS team

Clear all filters

Choice	Name
<input type="text" value="Y"/>	Prepaid

Collect

Please click OK if you have reviewed all information and ready to Submit.

Submit message

Cancel OK

1

2

Save Submit Clone Supplier

Description / Steps

1. After all information has been updated / reviewed click "Submit"
2. A message will appear and click "OK"

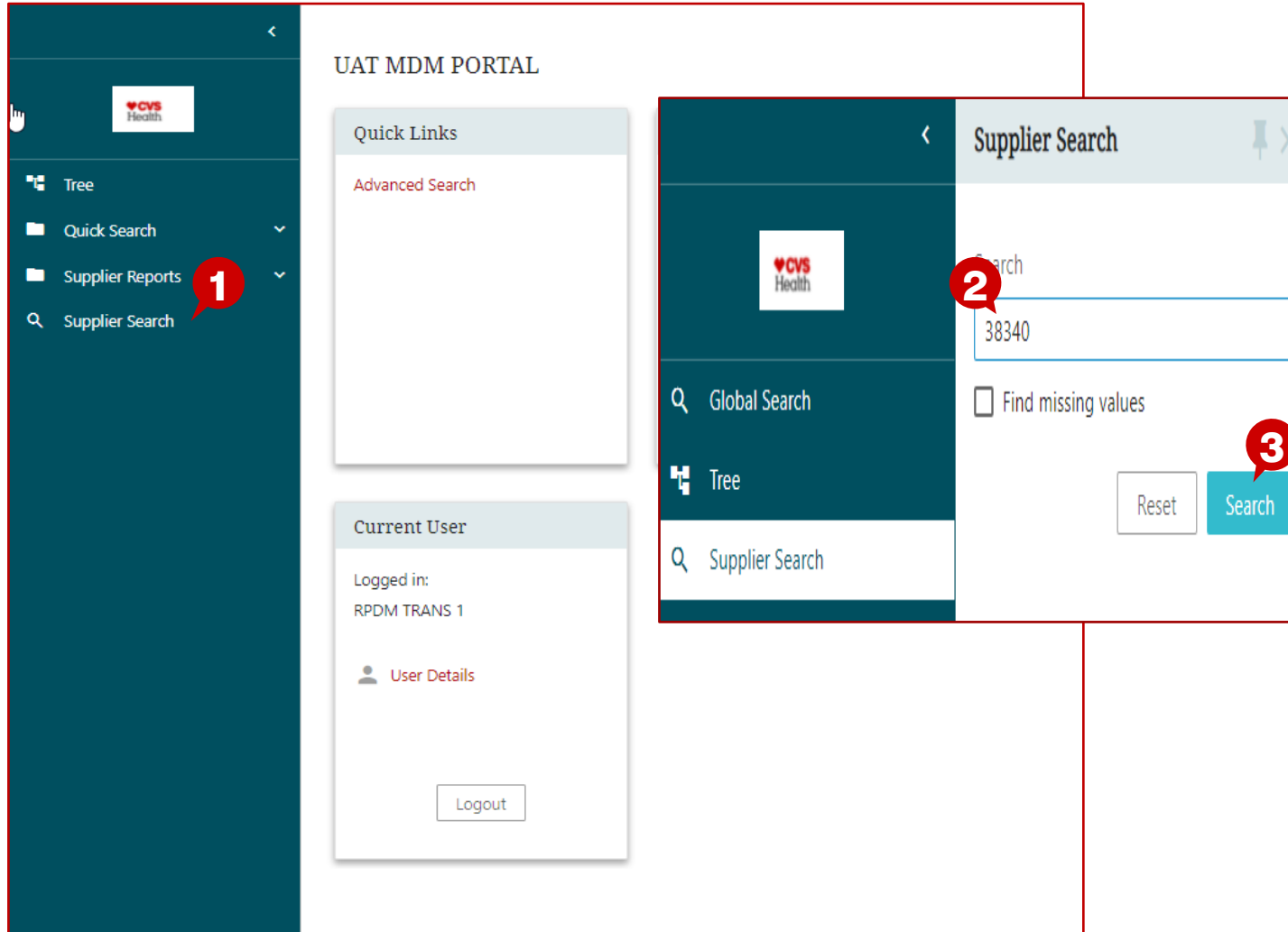
Tips

Supplier has been submitted to CVS for review and approval

**Supplier:
Data Enrichment &
Maintenance**

Supplier Data Enrichment – Search for a supplier

Stibo Home Screen



Description / Steps

Upon login the user will be in the Stibo home screen

1. Click "Supplier Search"
2. Enter supplier number or name in the "Search" box
3. Click "Search"

Tips

The next page will provide guidance to update / enrich supplier attributes

Supplier Data Enrichment

Supplier Overview

Supplier

TEST SUPPLIER

SUPPLIER PROFILE • ID: Supplier-17908912
CVS Reference ID : 38340 • Status : Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Supplier Overview
Address
Payment & Banking
Supply Chain
Ship Lane
Compliance
EDI
Documents
Ownership

Details

Supplier Name
TEST SUPPLIER

* Supplier Type
Merchandise Warehouse

Status
Active

* Supplier Sub Type
Domestic

PO Name
TEST SUPPLIER

* Pay Name
TEST SUPPLIER

DBA
TEST SUPPLIER

* Legal Status
C-Corporation

* Product/Service Description
Oral Care Products

Supplier Status Date
03-Jan-2022

* Is this Supplier onboarding due to Merger?
N

Parent Supplier
N

* Supplier Manages Data
Y

Category

Clear all filters

Code	Name	Is Primary ?
04	ORAL HYGIENE	Y
71	TRIAL TRAVEL	

Number of items: 2

Pay Supplier

Clear all filters

Supplier Reference	Name
38340	TEST SUPPLIER

Number of items: 1

Do you want to copy Pay Supplier's Pay Name as PayName?

1

Update

Description / Steps

1. Click "Update"

Tips

Supplier Data Enrichment – Update attributes

Supplier Profile

Supplier

TEST SUPPLIER

SUPPLIER PROFILE

ID: Supplier-17908912

CVS Reference ID : 38340 • Status : Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Comments

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI

Contact

Documents

Ownership

▼ Details

* Supplier Name

TEST SUPPLIER

Name of the Supplier that might appear on the Purchase Order or Remittance

* Supplier Type

Merchandise Warehouse

Status

Active

* Supplier Sub Type

Domestic

PO Name

TEST SUPPLIER

* Pay Name

TEST SUPPLIER

Name of the Pay Supplier

DBA

TEST SUPPLIER

Doing Business As- Informational Only

* Legal Status

C-Corporation

The field defines the legal status of the supplier's company.

1

Product/Service Description

2

Oral Care Products

Save

Submit

▼ Category

Clear all filters

	Code	Name	Is Primary ?
	04	ORAL HYGIENE	Y
	71	TRIAL TRAVEL	

Number of items: 2

▼ Pay Supplier

Select all

Clear all filters

Add Pay Supplier

Remove Pay Supplier

	Supplier Reference	Name
<input type="checkbox"/>	38340	TEST SUPPLIER

Number of items: 1; Selected items: 0

Description / Steps

After clicking “Update”, you will be taken to the Supplier Profile


Update / Enrich desired attributes

1. Click “Save” to save your changes for future submission to CVS for approval
2. Click “Submit” to submit your changes to CVS for approval

Tips

Review prior pages for guidance to update / enrich supplier attributes

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Supplier Data Maintenance



Stibo Home Screen

Welcome to the STEP Web UI

Links

[Supplier self onboarding process guidelines](#)
[Link to CVSSupplier.com](#)
[Advanced Search](#)

New Supplier Onboarding





One Time Agent Verific...	0
Supplier Self OnBoarding	0
Total	0

New Agent Onboarding

One time Agent Verifica...	0
----------------------------	---

Supplier Maintenance



Maintain Supplier Data	1
------------------------	---

1

Description / Steps



Upon login the user will be in the Stibo home screen. If CVS Health has made a change that requires attention, it will be in the "Supplier Maintenance" workflow

1. Click "Maintain Supplier Data"

Tips

Supplier Data Maintenance

Supplier Maintenance Workflow

Supplier Maintenance Workflow - Maintain Supplier Data - Available							
 Clear all filters							
	ID	Supplier Name	Supplier Type	Supplier Sub Type	Status of Registration	Initiated By	Team Name
	Supplier-17908912	TEST SUPPLIER	Merchandise Warehouse	Domestic	CM Approval Completed	Test Supplier	Supplier

Description / Steps

Upon login the user will be in the Stibo home screen. If CVS Health has made a change that requires attention, it will be in the “Supplier Maintenance” workflow

1. Click hyperlink

Tips

Description / Steps

TEST SUPPLIER

SUPPLIER PROFILE • ID: Supplier-17908912

CVS Reference ID : 38340 • Status : Active • Pay Name : TEST SUPPLIER • PO Name : TEST SUPPLIER Name Change • Primary Category : 04-ORAL HYGIENE • Type : Merchandise Warehouse • Sub Type : Domestic

Comments

Supplier Overview

Address

Payment & Banking

Supply Chain

Ship Lane

Compliance

EDI


Contact

Documents

Ownership

▼ Comments

NOTE : Please acknowledge you have addressed each comment(s) below before you click on SUBMIT. Your acknowledgement is required to submit your changes for CVS review. Please confirm your choice by clicking and selecting "Y" on the CHOICE box against the Acknowledgement.

 Clear all filters

Acknowledgement

1

Supplier Comments



CVS Comments

Us

Date

Comment History

PO Name Change

RPDM CM 1

05-Jan-2022

RPDM CM 1: 05-Jan-2022 02:12:09: PO Name Change

N

Y

▶ Save
Submit

Comments will indicate what has changed and the supplier will be asked to acknowledge the change. Additionally, comments can be sent back to CVS Health

- *Based on the comment, supplier can review the change in the appropriate worksheet*
1. *Double click the Acknowledgement and select “Y” or “N”*
 2. *Enter supplier comments (**optional**)*
 3. *“Submit” acknowledgement / comments*

Tips