The purpose of this document is to help ensure timely processing and payment of invoices to all Paper Suppliers. These guidelines will need to be followed by all Paper Suppliers. Failure to comply with these guidelines will result in payment delays.

**Invoice Requirements**

* Invoices should be submitted within 1 day of the service/materials rendered to: [vendoreppo@hess.com](mailto:vendoreppo@hess.com)
  + Submission more than 30 days after service/material rendered may result in payment delays
* 1 invoice per email (with supporting documentation) in TIFF or PDF format
* 1 PO number per invoice
* Supporting documentation should include but not be limited to:
  + 3rd party charge receipts,
  + Signed delivery tickets (PODs) for material delivered and services as required,
  + Inspection reports,
  + Time sheets, etc.

**Required Invoice Information**

* Correct Billing Information (must be obtained from Hess Representative or PO prior to work being performed or materials delivered unless otherwise specified in the order):
  + Billed to the correct legal entity
  + Includes cost coding:
    - PO# (separate POs for Materials and Services) **PLUS**
    - Network and Activity Code **OR**
    - Work Order # (in lieu of a Network and Activity)
    - Well/Pad Location
    - Hess Contact Person
  + Invoice price, quantity, and unit of measure needs to match those in the Agreement/Order, PO Line Item #
* Ship to Address is required, when applicable
* Each invoice item must reference correct PO line item

**Reasons for Invoice Rejection**

* Invoices without a PO number
* Invoices referencing an incorrect PO number
* Invoices with incorrect Hess Legal Entity
* Invoices without properly signed and dated work/field/delivery tickets (POD)
* Invoices referencing multiple PO numbers
* Invoices with items that do not reference correct PO line item
* Invoices with incomplete supporting documentation

**Invoice Format Requirements**

* 8-1/2” x 11” White Paper (No Color or Carbon Copies)
* Black Font (No Color)
* Portrait Orientation

**Where to Get PO number**

* Top right corner of any PO
* Hess company representative at time of order

**Contact Information**

* The contract (buyer) representative assigned to your account is the first line of communication
* Vendor query @ [vendorqueryep@hess.com](mailto:vendorqueryep@hess.com) if you have questions about the status of an invoice

**Hess Legal Entities**

* Use the “Invoice Address” section of the PO header to determine the correct Hess entity to bill to

**Domestic (US) Locations**

* Hess Corp/E&P Division
* Ohio:
  1. Hess Ohio Resources, LLC
  2. Hess Ohio Developments, LLC
* North Dakota:
  1. Hess Corp Head Office
  2. Hess Bakken Investments II LLC
  3. Hess Trading Corp.
  4. Hess Tioga Gas Plant LLC
  5. Solar Gas LLC
  6. Hess Mentor Storage LLC
  7. Hess North Dakota Export Logistics LLC
  8. Hess North Dakota Pipelines LLC
  9. Hess Tank Cars LLC
* Seminole/Permian:
  1. Hess Corp/SSAU Div
  2. Hess Corp/SGPP Div
  3. Hess Seminole Assets
  4. Hess Permian Gas Proc. LLC
  5. Hess Permian Energy LLC
  6. Hess CO2 Resources LLC
* Gulf of Mexico:
  1. Hess Corp/Shenzi
  2. Hess Corp/Llano
  3. Hess Corp/GoM Deepwater
  4. Hess Corp/Baldpate- Penn State
  5. Hess Corp/Conger
  6. Hess Corp/Tubular Bells
  7. Hess Corp/Stampede
  8. Hess Corp/GoM Exploration

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| C:\Users\tvnh627\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDP24RIS\MC900239475[1].wmf | Invoice  **Good Invoice** | | | |
| ***Professional Service, Inc.*** | | | | **Date: 4/4/2015**  **INVOICE: 1001** |
| **To**  **PO# 4510000000 (10 Digits)**  **Network: (8 Digits), Activity Code (4 digits)**  **Or**  **Work Order: (8 Digits)**  **Location: Well/Pad Name** | | **John Smith**  **Hess Legal Entity**  **[Street Address]**  **[City, ST ZIP Code]**  **[Phone]** | **SHIP  TO** | **John Smith**  **Hess Legal Entity**  **[Street Address]**  **[City, ST ZIP Code]**  **[Phone]** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Salesperson** | **Job** | **Shipping Method** | **Shipping Terms** | **Delivery Date** | **Payment Terms** | **Due Date** |
| Dave Williams | 3444 | FOB Destination |  |  | 30 Days | 05/04/2015 |

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| **Qty** | **Item #** | **Description** | **Unit Price** | **Discount** | **Line Total** |
| 1  **Good Invoice**   * 8-1/2” x 11” White Paper (No Color or Carbon Copies) * Black Font (No Color) * Portrait Orientation * Correct Billing Information (*Obtain from Hess Representative prior to work being performed or materials delivered*):   + Billed to the correct legal entity   + Includes cost coding:     - PO#     - Network and Activity Code     - Work Order # (in lieu of a Network and Activity)     - Well Location     - Hess Contact Person * Attach supporting documentation (i.e. 3rd party charge receipts, signed delivery tickets, inspection reports, timesheets, etc.) * Submit Invoice within 1 day of service/materials rendered to: [Vendoreppo@hess.com](mailto:Vendoreppo@hess.com)   + One Invoice per email (TIFF format) | 1 | Perfect Invoice | 500.00 |  |  |
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| **Total Discount** | | | |  |  |
| **Subtotal** | | | | |  |
| **Sales Tax** | | | | |  |
| **Total** | | | | |  |
| **Professional Services, Inc 1234 Commerce Street, Houston, TX 77101 Phone 888-123-4567**  **Fax 888-457-1234 ProServInc@email.com** | | | | |  |

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| INVOICE | | | | | | | | Date: October 6, 2015  Invoice # [1010] | | | | | |
| Professional Services, Inc  C:\Users\tvnh627\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDP24RIS\MC900436057[1].wmf | | TO: | | John M.  Hess Corporation  [Street Address]  [City, ST ZIP Code]  [Phone] | | | | SHIP To: | | | John M.  Hess Corporation  [Street Address]  [City, ST ZIP Code]  [Phone] | | |
|  | | | | | | | | | | | | | |
| Salesperson | Job | | sHIPPING mETHOD | | sHIPPING tERMS | | dELIVERY dATE | | | pAYMENT tERMS | | | dUE dATE |
| Dennis Smith | 1234 | | FOB Destination | |  | |  | | | Due on Receipt | | |  |
|  | | | | | | | | | | | | | |
| Quantity | Item # | | Description | | | Unit PRice | | | Discount | | | Line Total | |
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| Total Discount | | | | | | | | |  | | |  | |
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|  | | | | | | | | | Sales Tax | | |  | |
|  | | | | | | | | | Total | | |  | |

**Unacceptable Invoice**

* Color Font and Paper (Carbon Copy)
* Landscape Format
* Missing Correct Billing Information:
  + Correct legal entity
  + No cost coding included on the invoice (PO#, Network and Activity Code or Work Order #, Well Location,

Hess Contact Person is incomplete)

* No attached supporting documentation (i.e. 3rd party charge receipts, signed delivery tickets, inspection reports, timesheets, etc.)
* Submitted invoice 30 days from the date of service/materials rendered to office location or incorrect address

**Unacceptable Invoice**