

# SUPPLIER GUIDE

Invoice requirements  
and processes





## Introduction

The purpose of this guide is to explain Tullow Oil's invoice requirements and associated processes. It highlights what actions you need to take as a supplier to ensure invoice processing and payment runs smoothly.

This guide covers:

- **'No Purchase Order, No Pay' policy**
- **Invoice Requirements for ALL Purchase Orders**
- **Purchase Order and Framework Agreement Numbering System**
- **Existing Purchase Orders**
- **Printing and Signing Purchase Orders before returning them to Tullow Oil**
- **Processing and Payment of Invoices**
- **Remittance Advice**
- **How to Submit Invoices**
- **Invoice Requirements for Multiple Joint Ventures**
- **Invoice Requirements for Services Performed in Country, and outside of Country**
- **Credit Note Requirements**
- **Updating your Details**

## 'No Purchase Order, No Pay' policy

Tullow Oil has a **'No Purchase Order, No Pay'** policy, so it is vital that suppliers have a valid Purchase Order in place, before supplying goods or services.

The correct Purchase Order number must be quoted on the invoice and there must be sufficient funds on the Purchase Order to pay the invoice. If this is not the case, Tullow Oil will reject the invoice and payment will be delayed until the issue is resolved.

## Invoice requirements for ALL Purchase Orders

Tullow Oil has introduced a SAP system to manage its purchasing and payments.

On the SAP system, many of the documents that are used to contract with you are generated directly from SAP. This means that we require a certain level of detail from the Purchase Order to be included on the invoice. In the sample invoice below we have highlighted the key information required and then where to find this information on the following sample Purchase Order.

### Sample Purchase Order

**TULLOW** **DISCLAIMER: THIS IS A SAMPLE PURCHASE ORDER**

**GOODS AND SERVICES ORDER**

**CONTRACT No:** 4201000286 **Revision No:** 0 **Date:** 12.02.2014

**To (CONTRACTOR):** MEDICAL SUPPORT SUPPLIER  
55 High Street,  
London  
W6 8XJ

**From (COMPANY):** Tullow Group Services Limited  
3rd Floor  
9 Chiswick Park  
566 Chiswick High Road  
London  
W4 5XT  
United Kingdom

**Contact:** SUPPLIER CONTACT  
**Tel:** +44 (0) 20 3111 0000  
**Email:**

**Contact:** Tullow Contact  
**Tel:** +44 (0) 20 3249 0000  
**Email:** [Tullow\\_employee@tullowoil.com](mailto:Tullow_employee@tullowoil.com) (C&P)

**Delivery Address:** Tullow Group Services Ltd  
C/- 3rd Floor, Building 9,  
Chiswick Park, 566 Chiswick High Road,  
London  
W4 5XT  
United Kingdom

**Invoice Address:** Tullow Group Services Limited  
3rd Floor, Building 9  
Chiswick Park  
566 Chiswick High Road  
W4 5XT  
London  
United Kingdom

**Invoice Contact:** Accounts Payable

**Goods and Service Order Details**

**Commencement Date:** 01.03.2014 **Completion Date:** 30.03.2014

No	Item No	Description (Goods & Services)	DELIVERY DATE	Quantity	Unit	Unit Cost	Item Cost
1	3000007	LAB / MEDICAL EQUIPMENT	12.03.2014	2.00	EA	5,000.00	10,000.00
2		Defibrillator Training for 10 people Training to be delivered on Site	03.03.2014				
	4000214	TRAINING COURSE, TECHNICAL		1.00	AU	5,000.00	5,000.00
3		Defibrillator Maintenance Maintenance needs to be done on a quarterly basis	03.03.2014				
	4000212	MEDICAL SERVICES (INCLUDING OCC HEALTH)		1.00	AU	6,000.00	6,000.00
<b>Total CONTRACT price not to exceed (including all applicable taxes (Excluding VAT)):</b>							<b>GBP 21,000.00</b>

**Additional Information:**

**Signed for and on behalf of CONTRACTOR by:**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_\_

**Signed for and on behalf of COMPANY by:**

Signature: Approved by Authorized Tullow Representative  
Name: \_\_\_\_\_ TULLOW EMPLOYEE  
Position: \_\_\_\_\_ C&P MANAGER  
Date: \_\_\_\_\_ 12.02.2014

i) CONTRACTOR to sign and return original CONTRACT(s) to COMPANY for the attention of the above contact.  
ii) Failure to return signed original CONTRACT(s) to COMPANY may delay payment.  
iii) The CONTRACT comprises of this Goods and Services Order, Attachment A - General Terms and Conditions and any other attachments hereto.  
iv) The WORK shall be performed in accordance with the CONTRACT.  
v) CONTRACT number shall be stated on all invoices.

CONTRACT Number: 4201000286

**A**  
Contractor full name and address

**B**  
A unique invoice number and date

**C**  
The Purchase Order number

**D**  
Ensure each line item from the Purchase Order has its own line on the invoice describing the goods/services  
Each line must also include line number (No.), item number, quantity and unit cost

**E**  
Invoice amounts in the currency stated on the contract:  
i. Total Net  
ii. VAT (where applicable)  
iii. Total Gross

**F**  
Contractor's bank details

**G**  
VAT Registration number (where applicable)

### Sample Invoice

**TULLOW** **DISCLAIMER: THIS IS A SAMPLE INVOICE**

**MEDICAL SUPPORT SUPPLIER**  
55 High Street,  
London  
W6 8XJ

**INVOICE**

**Bill To:** Tullow Group Services Limited  
3rd Floor, Building 9  
Chiswick Park  
566 Chiswick High Road  
W4 5XT  
London  
United Kingdom

**Invoice No:** 251052304  
**Date:** 31.03.2014  
**PO Number:** 4201000286  
**Currency:** GBP

No	Description	Item Number	Quantity	Unit Cost	Net Amount	
1	LAB/MEDICAL EQUIPMENT	3000007	2	£5000.00	£10,000.00	
2	TRAINING COURSE, TECHNICAL	4000214	1	£5000.00	£5,000.00	
3	MEDICAL SERVICES (INCLUDING OCC HEALTH)	4000212	1	£6,000.00	£6,000.00	
					<b>Net Amount</b>	<b>£21,000.00</b>
					<b>VAT @ 20%</b>	<b>£4,200.00</b>
					<b>Gross Amount</b>	<b>£25,200.00</b>

**Remittance Details:**  
Bank:  
Account Name:  
Account No.:  
Sort Code:  
IBAN:

**VAT Registration:** GB215199905







For all queries please get in touch  
with your local Tullow Oil contact.

[www.tulloil.com/supplier\\_centre](http://www.tulloil.com/supplier_centre)