



Hexion Inc.  
180 East Broad Street  
Columbus, OH 43215  
hexion.com

## **- Supplier Notification - Supplier Invoice Standard Requirements**

Dear Supplier,

Hexion Inc. (“Hexion”) is dedicated to implementing strategic improvements in the management of our vendor accounts, allowing us to provide the benefit of more consistent, on-time payments to suppliers. To drive this improvement, it is imperative that we partner with our suppliers to receive and process invoices in the most effective manner. The information detailed below provides the standard invoice requirements for goods and services provided to Hexion. Please review and share this information with all personnel involved in customer invoicing to ensure that your billing systems are updated accordingly.

### General Policies:

- Failure to provide accurate and complete invoice detail as outlined in this document may result in payment issues and delays, including rejected or returned invoices.
- All purchases require a Purchase Order.
- All invoices presented to Hexion must reference a valid Purchase Order and a current Hexion employee email address.
- All invoices should be printed in black and white or greyscale with a plain background. Invoices printed in color and on a textured background may degrade scanned image quality resulting in rejection of the invoice.
- All invoices are paid in accordance with the Hexion standard terms and conditions.

### Supplier Invoice Requirements:

The following detail is the minimum required on all invoices:

1. Supplier company name and address
2. Unique invoice number
3. Invoice date
4. Hexion Bill To address as indicated on the Purchase Order
5. Hexion Ship To address where goods were delivered or services were performed
6. Valid Hexion Purchase Order number

7. Hexion Purchase Order line item number, material part number and line item description as listed on the Purchase Order
8. Quantity delivered for each line item in the unit of measure as listed on the Purchase Order
9. Unit price for each line item
10. Subtotal of all line items charges, shipping, sales or value added tax, miscellaneous charges as well as invoice total
11. Invoice currency as listed on the Purchase Order
12. Email address of Hexion employee requesting the goods or services
13. Supplier remittance address and banking instructions

Supplier Invoice Recommended Fields:

14. Federal Tax Identification number
15. Valid company Phone Number
16. Valid company Email address
17. Company Web address

Invoice Submission Guidelines:

- All original invoices should be submitted to [Hexion.InvoicesUS@Hexion.com](mailto:Hexion.InvoicesUS@Hexion.com)
- All invoices should be submitted only once. Sending duplicate copies of invoices will result in payment issues and delay.
- Invoice images must be submitted in either the PDF (preferred) or TIFF format
- Invoice images must be submitted as a separate and unique file (i.e. one invoice per one file.) Multiple attachments per email is acceptable.
- Invoices should be machine-printed and should not include hand-written or manual alterations
- Credit memos should clearly state "CREDIT MEMO".
- All inquiries, including account statement submission, should be sent to [AccountsPayable@Hexion.com](mailto:AccountsPayable@Hexion.com). Please note that invoices sent to this email address will not be processed.
- Email size cannot exceed 10 megabytes

If you have any questions or concerns, please contact accounts payable by phone at 888-524-8800 Opt 3 or email to [AccountsPayable@Hexion.com](mailto:AccountsPayable@Hexion.com)

Sincerely,

Hexion Accounts Payable Team

Sample Invoice:

# INVOICE

**1** Supplier Name

Street Address  
City, State Zip Code  
Phone, Fax  
Email  
Federal Tax Identification number  
Web Address

**2** INVOICE NO. 12345  
DATE  
CUSTOMER ID

May 2, 2016 **3**  
ABC123

**4** BILL TO Hexion Inc.  
Attn: Accounts Payable  
PO Box XXXXX  
City, State Zip Code

**5** SHIP TO Hexion Inc.  
Attn: Hexion Employee Name  
Street Address  
City, State Zip Code  
**12** Hexion.Employee@Hexion.com

PURCHASE ORDER	JOB	SHIPPING METHOD	SHIPPING TERMS	SHIP DATE	DELIVERY DATE	PAYMENT TERMS	DUE DATE
<b>6</b> 4501234567	WBS-123-ABC	XYZ Carrier	FCA	2/15/2016	2/19/16	Net 75 Days	5/4/16

  

PO LINE ITEM	QTY	UNIT	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
10	1,000	LB	130684	Item Description as per PO	10.00	\$ 10,000.00
<b>7</b> 20	<b>8</b> 300	EA	158745	Item Description as per PO	<b>9</b> 3.00	\$ 900.00
30	20	EA	45896	Item Description as per PO	2.50	\$ 50.00
40	1	EA	22587	Item Description as per PO	50.00	\$ 50.00

Payments should be sent to: **13**  
Supplier Name  
Street Address  
City, State Zip Code

Banking Instructions:  
Bank Name  
Bank Location  
SWIFT  
ABA  
Account Holder  
Account Number

Direct billing inquiries to:  
SupplierEmail@SupplierDomain.com

<b>10</b> SUBTOTAL	\$	11,000.00
SHIPPING		250.00
SALES TAX (6%)		660.00
<b>11</b> TOTAL (USD)	\$	11,910.00