



## **Schlumberger Cares** Grant Guidelines

1. Schlumberger will award, through our employees, grants of up to \$250.00 to local community organizations.
2. Each full time Schlumberger employee is eligible to apply for quarterly **Schlumberger Cares** Grants.
3. Recipient organizations should align with our 2007 Community Affairs theme focused on Education, Wellness and the Environment.
4. Employee and/or spouse must be a volunteer in the organization. i.e. player, coach, team volunteer, tour guide, IT support etc.
5. Employees are eligible for one grant per quarter.
6. Awards are only available for non- profit organizations with 501c status or teams with a TAX ID number.
7. Deposits will be paid directly to the organization.
8. The requesting employee must be registered on the Community Affairs Bulletin Board.
9. Grants will be reviewed, approved and paid on the last day of each month. Employees will be contacted at month end, when the Electronic Funds Transfers are completed (or if the grant is denied).
10. **Schlumberger Cares** Grant Funding is not available for :
  - Public or private schools.
  - Religious or political organizations.
  - Organizations that discriminate on the basis of race, sex, color or creed.
  - Bake sales, cookie sales, walks and other similar fundraisers.
11. Employee must submit Application, W-9 (or substitute W-9 form), and EDI Form (all below).
12. Applications and required forms are available online on the Houston Area Community Affairs website and completed packets should be sent to Caycee Carley – San Felipe 16<sup>th</sup> Floor.
13. The Schlumberger logo may be used on Community Affairs funded projects.



Employee Name

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Employee Business Address

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Employee Business Phone

Home Phone

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Organization/Team Name

Age/Grade Level Supported

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Organization TAX ID (Required)

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Organization Contact

Title

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Phone Number:

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1) How does the Schlumberger employee/ spouse volunteer for the organization?

2) How does this organization tie in with our 2007 Schlumberger Cares campaign highlighting Education, Wellness and Environment?

3) Will you need a copy of the Schlumberger logo for advertisement?

4) How many other grants have you previously applied for this year?

Employee's signature : *" I certify that I do not received monetary compensation in exchange for my services" and that this award will be presented to the organization."*

Schlumberger Employee Signature

Date:

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Organization's Representative Signature

Date:

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*Return application to Caycee Carley - Schlumberger Cares Grants 5599 San Felipe Houston, TX 77056. Any questions please contact Caycee Carley (713) 375-3413. Grants are paid on the last day of the month received and employee will be contacted when the deposit has been made or grant is denied.*



**SUBSTITUTE "W-9" FORM**

**THIS FORM IS TO BE COMPLETED BY TAXPAYER OR THEIR AUTHORIZED REPRESENTATIVE**

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to **28% federal income tax backup withholding**. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 28 % of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

- 1) Complete the single row that corresponds to your Tax Status.
- 2) Complete the bottom contact information, sign and date, & return via fax or mail.

**1) Tax Status :** (Complete only **ONE ROW** below, according to your Tax Status. - *PLEASE PRINT*)

If you are a Corporation : (all non-medical corporations, exempt Charities, and government agencies)

Legal Name of Entity: \_\_\_\_\_ Employer Tax Identification #: \_\_\_\_\_  
- - - - -  
[\*A corporation may use an abbreviated name or its initials, but its legal name is the name on the Articles of Incorporation.]

If you are an Individual : (all non-medical / non-legal / non-rent / non-LLC individuals which are not owners of Sole Proprietorships or part of a Partnership)

Legal Name of Individual: \_\_\_\_\_ Individual Social Security #: \_\_\_\_\_  
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If you are a Sole Proprietorship : (all non-medical / non-legal / non-rent / non-LLC single-person owned businesses)

Business Owner's Name / Business Owner's Social Security # / Business or Trade Name (DBA):  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
- - - - -

If you are a Partnership : (all non-medical / non-legal / non-rent / non-LLC dual-person owned businesses) [\*A partnership may have a "Doing Business As" trade name, based on the names of the partners.]

Name of Partnership (DBA) / Partnership's Name on IRS records / Partnership's Tax ID #  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
- - - - -

If you are an Other : (all medical / legal / rent or LLC businesses)

Name of Entity: \_\_\_\_\_ Employer Tax ID #: \_\_\_\_\_  
- - - - -

**2) SIGN & DATE :** I certify under penalty of perjury that the Tax Identification # I have provided is correct.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_ **\*E-MAIL** \_\_\_\_\_

**REMIT TO ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**Correspondence (if different) :** \_\_\_\_\_

Please fax this form **ATTN CAYCEE CARLEY : (713) 375-3500** or mail to : **ATTN CAYCEE CARLEY Schlumberger Community Affairs 5599 San Felipe, 16<sup>th</sup> Floor Houston, TX 77056.**



Caycee Carley  
5599 San Felipe, 16<sup>th</sup> Floor  
Houston, Texas 77056  
[CCarley@houston.oilfield.slb.com](mailto:CCarley@houston.oilfield.slb.com)  
Phone: 713.375.3413  
Fax: 713.375.3500  
Cell: 832.928.4816

Dear Vendor:

Subject: Electronic (EDI/EFT) Payments

Our company has been paying all of our vendors electronically for many years and has had overwhelming success with this program. It is due to this success and the security it provides that we would like initiate electronic payments to your organization via ACH credit transactions. We feel that the benefits of having payments deposited directly into designated bank accounts is the only ideal way to transfer money between organizations, as checks are quickly becoming outdated, due to their high security risk. Rather than send out our payables account number and routing information through the mail, inter-office personnel, and others with 3<sup>rd</sup> party access to sensitive information, we elect to have our bank provide the money directly to your bank. As they do not provide proper protection to either party and have created consistent delays and tracking issues in the past, we highly recommend the practice and prefer to not have your organization's highly sensitive information sent through our mail rooms and offices and fax machines, either.

With an ACH electronic transfer, the same information is submitted to your bank as would be on a check. In addition to the guaranteed security, you will also receive an additional email which provides the usual check stub information and other details, such as a Federal Wire Reference Number and posting date. This "Electronic Remittance Advice" will be sent to your depository institution if an e-mail address is not provided to us at the bottom of this form when it is submitted.

**\*Please provide the name and email address you prefer to have deposit notifications sent to, at the bottom of this form, if you wish to view the details of our payments yourself.**

In order for us to begin making electronic payments to your company, please take a moment to fill out, sign, and return the enclosed "Electronic Funds Transfer Authorization and Payment Agreement" to my attention (at the address, fax, or email listed above). Your own current W-9 form and a voided check from your active depository account is also sufficient, if it is easier for you to obtain and send. (Please note that ACH transactions are NOT Wire Transfers and may require a different **routing number** from your banking institution. They will provide you the correct routing number according to the type of deposit you are expecting.)

If special information would be required as part of the remittance detail information to effect electronic transmission of funds, please let us know so that we can determine whether or not your needs can be accommodated. Our preferred NACHA Payment Format is **CTX**. If you require any other format, contact me at the numbers below for special instructions.

Once I have received the signed form, we can begin making electronic payments immediately. If you should have any questions when filling out the enclosed form please feel free to contact me at your convenience.

Sincerely,

Caycee Carley

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AND PAYMENT AGREEMENT**

AGREEMENT made this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, between SCHLUMBERGER TECHNOLOGY CORPORATION, a Texas corporation, with offices at 300 Schlumberger Drive, Sugar Land, Texas, 77478-3136, hereinafter referred to as "Schlumberger",

and \_\_\_\_\_

(Company Name)

with offices at \_\_\_\_\_

(Company Address)

hereinafter referred to as "Payee".

WHEREAS, it is desired by Schlumberger and Payee to have the flexibility of Schlumberger making and Payee receiving payments for goods and services furnished by Payee to Schlumberger by electronic funds transfer ("EFT") through the electronic clearing house system.

NOW, THEREFORE, the parties have agreed as follows:

Schlumberger shall, effective \_\_\_\_\_, 200\_\_\_\_, make payment for goods and/or services covered by any purchase order or agreement, now or hereinafter in effect, by utilizing at its option, check or electronic fund transfer ("EFT"), and Payee agrees to accept as payment any such method selected by Schlumberger.

For the purposes of EFT, Schlumberger and Payee mutually agree as follows:

(1) That the following Depository Institution has been selected by Payee for the purpose of receiving an electronic business payment, and Payee hereby directs Schlumberger to transmit all remittance data and sums owing as hereinafter provided:

DEPOSITORY INSTITUTION: \_\_\_\_\_

(Please attach a voided check for account setup – NO DEPOSIT SLIPS.)

ADDRESS: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ BANK ROUTING # \_\_\_\_\_

REMITTANCE DUNS # \_\_\_\_\_ (Not Required for Activation)

NACHA PAYMENT FORMAT: CTX \_\_\_\_\_ Remittance advice data can be sent to your depository institution or to the e-mail address designated below.

(2) That the Depository Institution selected by Payee must be able to receive such payment from Schlumberger's originating bank directly and be able to receive remittance data electronically. The Depository Institution must also be able to verify electronically, or in writing as required by the information contained in Article (1), or as such information may be amended from time to time by Schlumberger pursuant to Article (3). (3) That Payee may at any time, but at least thirty (30) days prior to the effective date of the next electronic fund payment by Schlumberger change any portion of the information provided in Article (1) of this Agreement by submitting to Schlumberger at the above address an amended payment authorization in a form acceptable to Schlumberger. It is understood and agreed that Payee shall be responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information provided in Article (1) or pursuant to this Article. It is further understood and agreed that Schlumberger shall have no liability for inaccurate or incomplete information provided by Payee in Article (1) or pursuant to this Article. (4) Payee hereby authorizes Schlumberger to initiate credit entries via EFT in payment of obligations owed by Schlumberger to Payee. (5) If the electronic fund payment date is a non-banking day, at the Schlumberger's originating bank, the electronic fund transfer will occur the following banking day. For example, if the payment date is a Saturday, the electronic transfer will be made on Monday, assuming Monday is a banking day at the originating bank. "Banking day", for the purposes of this Agreement, shall mean the day in which both Schlumberger's originating bank and Payee's Depository Institution shall be available to transmit and receive electronic fund transfers. The electronic fund payment shall be deemed to have been made when the Payee's Depository Institution receives or has control of the payment. In the event of duplicate payment, overpayment, fraudulent payment, or payment made in error, Schlumberger shall have the right to cause a cancellation or reversal of any such payment to Payee after notifying Payee of such intention to cancel or cause a reversal in writing. (6) That Schlumberger shall be responsible for making all payments pursuant to this Agreement and for any loss of payment prior to the point at which the Payee's Depository Institution shall receive or have control of the payment, except as provided in Article (3) hereinbefore. Any other loss shall be borne by the Payee. In the event that payment has not been received by Payee, Payee shall notify Schlumberger immediately in writing and Schlumberger shall have a reasonable period (not to exceed 10 business days from the date of receiving the notice) in which to make said payment, and until the expiration of that period, Payee agrees that it will not have or pursue any rights or remedies against Schlumberger for any failure to make payment including, without limitation, claims for actual, incidental or consequential damages within this 10 day period.

PAYEE:

SCHLUMBERGER TECHNOLOGY CORPORATION

\_\_\_\_\_

(Company)

By:

By: Caycee Carley, Community Affairs Assistant

\_\_\_\_\_

(Signature)

Phone # \_\_\_\_\_

E-mail address for bank deposit notifications: \_\_\_\_\_