

Project Number(s)

Encumbrance Document ID			
Trans	Dept	Unit	Identification Number
CT	DOT	0287	INTF00X02016J0090042

681

7/11/2017

Funding Source

Capital Tolls Capital Tolls General Federal Grant
 Operating Tolls Operating Expendable Trust

Approp No	Obj	Unit	Activity	Program	Phase	N/P	Amount Allocated
67201307	J03 V10	IR03		IT170A6	P11		\$5,664.78
							\$5,664.78

Obligation By Fiscal Year for Multi-Year Contracts


	67201307	Total
2018	\$5,664.78	\$5,664.78
MMARS Total	\$5,664.78	\$5,664.78

Reason for Request: Increase for Pin Pads(4) & Key Pads(6)

Contract #: 90042
 Vendor ID & Adress Code: VC6000183131 AD001
 Vendor Name: MORPHOTRUST USA, LLC
 Contract Location:
 Contract Description: Morpho Trust Drivers License Production
 Report Notes:

Cost Reduction %:
 Current Year Savings:

Recommended by:  7/11/2017
 (Signature / Date)

Approved by: 
 (Signature / Date)

Completed by the Budget Office:

Expense Budget Entered By: _____ Approved by: _____
 (Signature / Date) (Signature / Date)



Commonwealth of Massachusetts Office of the Comptroller
Contract Commodity Encumbrance Form

(1860491)

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION
Document Description: Increase for Pin Pads(4) & Key Pads(6)

Code		Dept	Unit	Document Identifier	Action	Code	Department	Identification Number	Vendor Line
CT	DOT	0287		INTF00X02016J0090042	Mod	MA			

Header / Vendor Information

Budget FY: 2018 Document Total: MORPHOTRUST USA, LLC
 Fiscal Year: 2018 Vendor Name: MORPHOTRUST USA, LLC
 Period: 1 Vendor Address: 6840 CAROTHERS PKWY STE 650 City: FRANKLIN State: TN
 Board Award: 0090042 Vendor/Customer No.: VC6000183131
 Requester ID: dotabz Address Code: AD001
 Report Note: Comment:

Line #1 - Commodity Information

Commodity Code	821300000000	List Price	Description	Contract Amount	Commodity Ref Line
Line Type	Service	Unit Price			0
Quantity		Service From	08/20/2015	Action (Incl/Dec)	1
Unit of Measure		Service To	10/23/2021	Incl/Dec Amount	\$5,664.78

Line #23 - Accounting Information

Event Type	PR05	Budget FY	2018	Unit	IR03	Major Program	Location
Line Amount	1	\$5,664.78	Fiscal Year	2018	U10	Program	IT170A6
Dept	DOT	DOT	Period	1	67201307	Program Period	P11
Line Description	Increase for Pin Pads(4) & Key Pads(6)		Dept Object		Function		15587

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

Print Name: John Cholet Signed: [Signature] Title: MA
 Prepared By: [Signature] Title: MA
 Phone Ext: 9940 Date: 7/12/17

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager
 Authorized Signatory: [Signature] Phone Ext: 9878 Date: 7.12.17

FOR FISCAL USE ONLY			
Entered By:	Date:	Verified By:	Date:
(Initial)	(Initial)	(Initial)	(Initial)



COMMONWEALTH OF MASSACHUSETTS
 MASSACHUSETTS DEPARTMENT OF TRANSPORTATION
 PURCHASE ORDER
 FOR COMMODITIES AND/OR SERVICES

*Amendment
 Increase in
 Pin Pallets + Key Pallets*

* COMMODITY/EQUIPMENT SERVICE

THIS PURCHASE ORDER CONFIRMS AN ORDER THAT WAS PREVIOUSLY PLACED. PLEASE DO NOT DUPLICATE.

*Purchase Order Issue Date:	*Purchase Order Number: CTDOT028718090042	
	Statewide Contract Number:	
Contract Start Date: 7/1/2015	Contract End Date: 10/23/2021	Reference MA or Contract:

Vendor Information

*Name: MorphoTrust USA LLC	Contact Person: John Corson
*Address: 6840 Carothers Pkwy, Ste 650	Telephone: 678-575-1586
*City, State, Zip Code: Franklin, TN 37067	Fax:
	Email: jcorson@morphotrust.com
	Quote Number (if applicable): FQ20170628MA07

Department Information

*Ship to Department Name: MassDOT - RMV	*Bill to Department Name: MassDOT - IT
*Contact Person: Al Puccia	*Contact Person: Antonia Pires
*Address: 25 Newport Ave	*Address: 10 Park Plaza, Room 5231
*City, State, Zip Code: Quincy, MA 02171	*City, State, Zip Code: Boston, MA 02116
*Telephone: 857-368-7806	Telephone: 857-368-9897
Email: al.puccia@state.ma.us	Email: antonia.pires@state.ma.us
Delivery Instructions: Loading Dock Available	Prompt Payment Discount (Terms & %):

Instructions to the Vendor:

- The vendor's invoice must include the following minimum information: Purchase order number, quantity and description of item(s) shipped, unit of measure, unit price, total dollar amount of any discount, total price and the vendor's invoice number.
- The purchase order number must appear on the vendor's packing list.
- See attached specifications, if any, related to this purchase order. If this purchase order is for services, please see the section entitled Engagement of Services below. Additional specifications are not necessary if the details of the performance are covered in the contract.
- Vendor assumes risk of loss for commodities in transit. All commodities are subject to inspection upon delivery. Commodities delivered after the Requested Delivery Date above may be rejected. Rejected commodities will be returned at the vendor's expense.

* Engagement of Services (may be required for services): If this Purchase Order is for the provision of services which have been negotiated with the vendor, provide a brief description here of those services (attach detailed specifications, if appropriate). Also, include the dates of service, the number of hours and the hourly rates associated with this engagement. The vendor must sign this form for the engagement of services. Note: This form or additional specifications are not required if the RFR and contract contain all of the required Purchase Order information.

Line #	Vendor Item Number	Item Description	Unit of Measure	Quantity	Unit Price	Subtotal (Quantity x Unit Price)	** Discount	Total Price (Subtotal minus Discount)
1	SEE ATTACHED							
2								
3								

Department Approval Signature: <u><i>[Signature]</i></u> *Printed Name: William Yee, IT Finance Manager *Date: <u>7/1/2017</u>	Subtotal: Shipping and Handling: 0.00 Total Order Amount: \$5,664.78 <i>Increase</i>
* Vendor Approval (only required for the Engagement of Services) *Signature: _____ *Printed Name: _____ *Date: _____	

* Indicates required field. ** Discount includes any Prompt Payment Discounts.



SAFRAN

MorphoTrust USA

July 7, 2017

Sarah Zaphiris
Deputy Registrar for Operations
Registry of Motor Vehicles
25 Newport Avenue Extension
Quincy, MA 02171

Quotation Reference Number:

FQ20170628MA07

Dear Ms. Zaphiris,

MorphoTrust USA, LLC ("MorphoTrust") is pleased to provide the Massachusetts Registry of Motor Vehicles ("MA RMV") with this quote to supply the MA RMV with 4 VeriFone MX915 Signature Pads with Point SCA software and 6 VeriFone VX805 with Point SCA software, as well as any necessary accessories.

DESCRIPTION OF GOODS AND SERVICES:

MA RMV has requested pricing for 4 VeriFone MX915 signature pads. Pricing includes the below accessories and maintenance and support through the end of the current DL/ID Contract.

Component	Part Number
MX 915 terminal	M177-409-01-R
Communication Module	P132-602-00-R
A/C Power Supply	PWR132-003-01-B
Purple Cable	24173-02-R
Deployment with Encryption	999-DEP-00185
VTP Encryption License	A-VSPROTECT-LI
VTP Device Encryption	999-DEP-00150
5 Year Buyer Protection	999-DEP-00425

Additionally, MA RMV has requested pricing for 6 VeriFone VX805 signature pads. Pricing includes the below accessories and maintenance and support through the end of the current DL/ID Contract.

MorphoTrust USA, Inc.
296 Concord Road Ste 300
Billerica, MA 01821 USA

T: +1 978-215-2400
F: +1 978-215-2500
www.morphotrust.com

Component	Part Number
VX 805 terminal, 192 MB, SC CTLS	M280-703-AD- WWA-3
VX 805 Cable RS 232/Ethernet 3 Meter	CBL282-006-02-B
A/C Power Supply	PWR282-001-01-A
Privacy Shield	PPL280-032-01-A
Deployment with Encryption	999-DEP-00185
VTP Encryption License	A-VSPROTECT-LI
VTP Device Encryption	999-DEP-00150
Extended Warranty, VX 805, 5 years	999-BPP-00354

ASSUMPTIONS:

- This quote is dependent on agreement of final specifications with the MA RMV
- MorphoTrust will not handle the install of these units as part of this quote.

Prices specified in this quotation shall remain fixed for a period of 60 days from the date of this quotation. Prices quoted herein are based upon the information that has been provided to MorphoTrust by RMV. Changes to this information may require a re quoting of the effort.

MorphoTrust standard terms and conditions which govern all purchases made pursuant to this quotation are listed below. To the extent such terms directly conflict with those set forth in this quotation, the terms in this quotation shall govern.

Please feel free to contact me with any questions you may have.

Sincerely,



John Corson
MorphoTrust USA
296 Concord Rd.
Billerica, MA 01821
518-956-0347
jcorson@morphotrust.com

QUOTATION

Date: July 7, 2017
 Quote No: **FQ20170628MA07**
 Valid Through: 60 days from date above
 Payment Terms: Payable within 30 days of Invoice
 Delivery: Expected within 6-8 weeks

To:
 Sarah Zaphiris
 Deputy Registrar for Operations
 Registry of Motor Vehicles
 25 Newport Avenue Extension
 Quincy, MA 02171

From:
 John Corson
 MorphoTrust USA
 296 Concord Rd.
 Billerica, MA 01821

NOTE: This is a firm fixed quotation for goods and services.

Product	Price Per Unit	Number of Units	Total
MX915 with Point SCA – w/required "purple cable" and other required accessories	\$ 840.27	4	\$3,361.08
VX805 with Point SCA –w/required cable and other required accessories	\$ 383.95	6	\$2,303.70
		Total	\$5,664.78

PAYMENT TERMS:

Payable within 30 days of invoice by MA RMV. The terms and conditions associated with Contract # 90042 will apply to this change order.

Quote Acceptance:

Print: _____

Date: _____

Title: _____

***** TO BETTER ALLOW MORPHOTRUST TO PROCESS YOUR ORDER *****

- 1) PLEASE SIGN THE ABOVE ACCEPTANCE OF THIS OFFER AND RETURN THIS DOCUMENT TO YOUR MORPHOTRUST SALESPERSON/CONTACT.
- 2) ALTERNATIVELY, IF YOU ARE PREPARING A PURCHASE ORDER OR CONTRACT AMENDMENT, PLEASE INCLUDE THIS OFFER WITH THE DOCUMENTS YOU ARE SUBMITTING.