masspor Payment Commodity Form

MMARS schedule payment date is Deadline for \$31.51 discount is 4/27/2018.

Print Name:	Print Name:		hereby certify und the regulations then	TO THE COMP	Sub Total Line Amount	Dept	Bank Acct	Budget FY	Event Type	Line #1- Acc			Contract Amount	Unit of Measure	Quantity	Line Type	Commodity Code	Line #1- Con	Report Note	Requester ID	SCH Pay Date	Period	Fiscal Year	Budget FY	Header Information	PRC DOT	Code Dept		Document D	Docum
William Yee	dehe (ad))	l 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.	TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS	mount	DOT		2018	AP01	Line #1- Accounting Information			\$12,604.05			Service	821300000000	Line #1- Commodity Information		dota8z		9	2018	2018	rmation)T 0287	pt Unit		Document Description Verifone VX915(15)	Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION
6	ada tu s	\	rjury that all laws of i	THE COMMON	\$12,604.05	Program Period	Sub Fund	Fund	Ref. Line	nation				Service To	Service From	Unit Price	List Price	nation								Z		Docu	one VX915(1	PHO TRUST
Signed:	Signed:	-	the Commonwealth	WEALTH OF M		EPP	402C		24	SALITABLE DE	DAYS 2	DAYS 1	Discount Terms	3/15/2018	3/15/2018					Address Code	Vendor/Customer No	Vendor Address	Vendor Name	Document Total		INTF18J0090042N00021	Document Identifier	Document I.D.	5)	DRIVERS LIC
Propared by) '	\	governing disburn	IASSACHUSE	Dept Object	Appropriation	Object	Unit	Description			10 F	Deadline for s	Ref ID I	Ref Dept [Ref Code (Description r			de	tomer No.	ress	ne	otal		2N00021	ntifler			ENSE PRO
11			sements of public	STTS		67201307	U10	IR03	Verifone VX915(15)		PERCENT 2	PERCENT 1 0.2500	Deadline for \$31.51 discount is 3/26/2018. Please process	INTF00X02016J0090042	TOOT	СТ	maint		Comment	AD001	VC6000183131	6840 CAR	MORPHO	\$12,604.05	200202000000000000000000000000000000000					DUCTION
Title: IT Finar	Title: 6	Γ		FO	Function	Ref Type	Activity	Major Program	15(15)				rt is 3/26/2018.	10090042						•	33131	6840 CAROTHERS PKWY STE 650	MORPHOTRUST USA, LLC	5		Entry (Peas	Action			
IT Finance Manager	4	(Initial)	Entered By:	FOR FISCAL USE		Partial	N600	m			DAYS 4	DAYS 3	Please proces		Ref cl 1	Ref vi						Y STE 650	LLC			(Please Sign in ink)	ų			_
		 	Date:	ONLY		Check Descr	Phase	Program			PERCENT 4	PERCENT 3	s as soon as possible.	Inv. Date	Inv. Line	Vendor Inv. #	:			Single Payment	Handling Code	City FR				0 0 0 0 0	service rendered as set forth below	INDORS CERTIFICATION		
Phone Ext.:	Phone Ext.:		Verified By:				P11	IT170A6 (S 74000			ible.	3/16/2018	1	INV21451				yment	Code	FRANKLIN				Susa Cick	set forth bet			
9878	8960	(IIIIIIII)	Date:					IT170A6 (Card payment processing		8			Call Control							:							ow.	ON		
Date:	Date:		. PR				i	processing					1000							_		State			State of the					[1983944]
3/8	3/16/18	_	<u> </u>					_					0.000000									e TN		i						لگ

MorphoTrust USA

296 CONCORD RD BILLERICA MA 01821

Tel 978-215-2400 Fax 978-215-2500 Federal ID#: 04-3320515

Invoice	INV21451
Date	3/15/2018
Page	1

MAK 152018 AMIO:24

Bill To:

COMMONWEALTH OF MASSACHUSETTS
COMMONWEALTH OF MASSACHUSETTS
200 ARLINGTON ST
STE 2200
CHSB - FISCAL DEPT
CHELSEA MA 02150
United States

Ship To:

COMMONWEALTH OF MASSACHUSETTS
COMMONWEALTH OF MASSACHUSETTS
200 ARLINGTON ST
STE 2200
CHSB - FISCAL DEPT
CHELSEA MA 02150
United States

 Subtotal
 \$ 12,604.05

 Tax
 \$ 0.00

 Freight
 \$ 0.00

 Less
 \$ 0.00

 Total
 \$ 12,604.05

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Cadorette, John (DOT)

From:

Ocana, Hector < Hector. Ocana@us.idemia.com>

Sent:

Friday, March 16, 2018 10:48 AM

To:

Cadorette, John (DOT); Pires, Antonia (DOT)

Cc:

McDonough, Maura; Grochmal, Diane

Subject: Attachments: Commonwealth of Massachusetts invoice INV21451 INV21451.pdf

Attached you will find your invoice. If you have any questions, please feel free to contact me.

INV21451

Best regards, Hector Ocana

> Hector Ocana Accountant | Finance

P. (978) 215 2597 M. (000) 000 0000

E. Hector.Ocana@us.IDEMIA.com

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