# **MASSDOT INVOICES**

IT RELATED

FY 2019

a

MASSION Commonwealth of Massachusetts Office of the Comptroller Payment Commodity Form

Period Requester ID SCH Pay Date Budget FY Header Information line #1- Commodity Information Report Note Fiscal Year PRC Code Document Description Re-Cabling 20 RMV sites Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION Dept 9 2019 2019 dota8z 0287 Unit Document I.D. INTF19J0090042N00006 Document Identifier Document Total Address Code Vendor/Customer No. Vendor Address Vendor Name Comment VC6000183131 MORPHOTRUST USA, LLC 6840 CAROTHERS PKWY STE 650 AD001 \$28,200.00 Entry Action (Please Sign In Ink) VENDORS CERTIFICATION I certify that the goods were shipped or the service rendered as set forth below: SEE ATTACHED INVOICE Single Payment City FRANKLIN Handling Code [2120367] State TN

Commodity Code 821300000000 List Price	821300000000	List Price		Description	Description   Morpho Trust Drivers License P	٦			(A) NEW CHILDREN LE L'IMPORT PROPERTIES
Line Type	Service	Unit Price		Ref Code	CT	Refvl	_	Vendor Inv. # INV23051	INV23051
Quantity		Service From 12/28/2018	12/28/2018	Ref Dept	DOT	Ref cl		lnv. Line	
Unit of Measure		Service To	12/28/2018	Ref ID	INTF00X02016J0090042			lnv. Date	12/28/2018
Contract Amount \$28,200.00	\$28,200.00		Discount Terms	Deadline to	Deadline for \$70.50 discount is 1/7/2019. Please process as	Please pr	ocess as	soon as possible	
			DAYS 1	10	PERCENT 1 0.2500	DAYS 3		PERCENT 3	The state of the s
			DAYS 2		PERCENT 2	DAYS 4		PERCENT 4	

Event Type	AP01	Ref. Line	44	Description	Re-Cabling 20 RMV sites	0 RMV sites			
Budget FY	2019	Fund		Unit	IR03	Major Program		Program	IT18120021 (Core infrastructure state of
Bank Acct		Sub Fund	402C	Object	U11	Activity	N600	Phase	P11
Dept	DOT	Program Period	EPP	Appropriation	67201307	Ref Type	Partial	Check Descr	
Sub Total Line Amount	nount	\$28,200.00		Dept Object		Function	)		

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

FOR FISCAL USEONLY

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.

(highal)

Date:

V			
^	Signed:	Signed:	
Authorized Signatory	Prepared by		7
	Title:	Title:	
	T Finance Manager	M.10- //	/ (lpifial)
	Phone Ext.: 9878	Phone Ext.: 996 Date:	•
	9878	99/m	(Initial)
	Date:	Date:	
	77.	12/19	-

Report Generated On: 1/2/2019 4:43:07 PM

Print Name:

William Yee

Print Name:

Page 1 of 1

Tracking No: TN269N205AAF

296 CONCORD RD BILLERICA MA 01821

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

Invoice	INV23051
Date	12/28/2018
Page	1

OFFICE STREET, COST

### Bill To:

Al Puccia COMMONWEALTH OF MASSACHUSETTS MassDOT - RMV 25 Newport Ave Quincy MA 02171 United States

### Ship To:

Al Puccia COMMONWEALTH OF MASSACHUSETTS MassDOT - RMV 25 Newport Ave Quincy MA 02171 United States

j		Order No.	Custome			ing Method	Net Due Date	Payment	Terms Re	q Ship Date	Master No.
-		2871909004			BEST	_WAY	1/27/2019	NET 30	12	2/28/2018	576,169
	Ordered	Shipped	B/O	Item Nun	ber	Description			Discount		Ext. Price
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 Subtotal
 \$ 28,200.00

 Tax
 \$ 0.00

 Freight
 \$ 0.00

 Less
 \$ 0.00

 Total
 \$ 28,200.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

From:

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

Sent:

Friday, December 28, 2018 10:58 AM

To:

Cadorette, John (DOT)

Cc:

Priestly, Tracey; Grochmal, Diane; Kunen, David Commonwealth of Massachusetts invoice INV23051

Subject: Attachments:

INV23051.pdf

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

Best regards, Hector Ocana

> Hector Ocana Accountant | Finance

 $\langle \langle \rangle \rangle$  IDEMIA

P. (978) \$15 2597 M. (060) 650 (1999

Hector.Ocana@us.IDEMIA.com

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				Function		Dept Object		\$357,492.00	ount	Sub Total Line Amount	<u></u>
		Check Descr	Final	Ref Type	17903004	Appropriation	EPP	Program Period	DOT	Dept	1-
1		Phase		Activity	U11	Object	402C	Sub Fund		Bank Acct	1
for the	RMV008 (Requirements definition for the	Program	OPPIT	Major Program	IR03	Unit	0210	Fund	2019	Budget FY	T (75)
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	1/8/2019	Inv. Date	-	090042	INTF00X02016J0090042	Ref ID II	1/8/2019	Service To		Unit of Measure	<del>-</del>
		Inv. Line		Ref cl	топ	Ref Dept [	1/8/2019	Service From		Quantity	
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ite MA	BILLERICA State	City BILL	0	296 CONCORD RD STE 300	296 CONC	ress	Vendor Addres		XX	Period	
			C	MORPHOTRUST USA, LLC	MORPHO	те	Vendor Name		2019	Fiscal Year	
				00	\$357,492.00	otal	Document Total		2019	Budget FY	
				1700					mation	Header Information	
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	rendered as set forth below:	rendered as s	service	Action		ntifier	Document Identifier		Unit	Code Dept	
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	MALE AND		•				n Support	S Integratio	Document Description ATLAS Integration Support	Document De	
<u>4</u>	[2128404]			***************************************	DUCTION	ENSE PRO	DRIVERS LIC	PHO TRUST	Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION	Docume	

Report Generated On: 1/23/2019 12:06:18 PM

Print Name:

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.

\_\_ Signed:

Title:

Phone Ext.: 9960

Entered By:

Werified By:

Date:

(Initial)

FOR FISCAL JUSE ONLY

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

Print Name:

William Yee

. Signed:

Authorized Signatory

Title:

IT Finance Manager

Phone Ext.:

9878

. Date:

Page 1 of 1

Tracking No: TN269N207A14

296 CONCORD RD BILLERICA MA 01821

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

Invoice	INV23135
Date	1/8/2019
Page	1

144 8 28 24 A 24

### Bill To:

**United States** 

Antonia Pires
COMMONWEALTH OF MASSACHUSETTS
Mass DOT - IT
10 Park Plaza, Room 5231
BOSTON MA 02116

Ship To:

**United States** 

Antonia Pires
COMMONWEALTH OF MASSACHUSETTS
Mass DOT - IT
10 Park Plaza, Room 5231
BOSTON MA 02116

 Subtotal
 \$ 357,492.00

 Tax
 \$ 0.00

 Freight
 \$ 0.00

 Less
 \$ 0.00

 Total
 \$ 357,492.00

From:

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

Sent:

Tuesday, January 08, 2019 4:12 PM

To:

Cadorette, John (DOT)

Cc:

Priestly, Tracey; Grochmal, Diane

Subject:

Commonwealth of Massachusetts DOT - IT invoice INV23135

**Attachments:** 

INV23135.pdf

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

Best regards, Hector Ocana

> Hector Ocana Accountant | Finance

(()) IDEMIA

P (978) 215 8597 M (000) 000 0000

Hector.Ocana@us.IDEMIA.com

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From:

Yee, Bill (DOT)

Sent:

Wednesday, January 23, 2019 12:03 PM

To:

Ennis, Kevin (DOT)

Cc:

Cadorette, John (DOT)

Subject:

RE: Customer Acceptance Form for S to SA

Kevin.

Have invoice....please confirm next step: seek approval from A Macdonald? Thanks Bill

From: Ennis, Kevin (DOT) < Kevin. Ennis@dot.state.ma.us>

Sent: Wednesday, January 23, 2019 11:34 AM
To: Yee, Bill (DOT) <Bill.Yee@dot.state.ma.us>
Subject: Fwd: Customer Acceptance Form for S to SA

Bill

Can you see if you can track this invoice down? Thanks

K

### Begin forwarded message:

From: "Macdonald, Alan (DOT)" <alan.macdonald@dot.state.ma.us>

Date: January 23, 2019 at 3:57:01 PM GMT

To: "Deveney, Erin (DOT)" < Erin.Deveney@dot.state.ma.us >, "Evans, Steve (DOT)"

<<u>Steve.Evans@dot.state.ma.us</u>>

Cc: "Primerano, John (DOT)" < John.Primerano@dot.state.ma.us>, "Ogilvie, Colleen (DOT)"

< Colleen.Ogilvie@dot.state.ma.us>, "Ennis, Kevin (DOT)" < Kevin.Ennis@dot.state.ma.us>, "Evans, Steve (DOT)"

<<u>Steve.Evans@dot.state.ma.us></u>

Subject: RE: Customer Acceptance Form for S to SA

I signed a completion of work acknowledgement form for REAL ID and the S to SA project on Jan. 4, 2019. I had a back and forth with Dave Kunen confirming that we made a previous payment of \$200,000 and that our outstanding balance is \$357,492.

I do not recall, not can I find in my emails, an actual invoice to approve payment. Hope that helps.

Α

From: Deveney, Erin (DOT) < Erin. Deveney@dot.state.ma.us>

Sent: Wednesday, January 23, 2019 10:49 AM

To: Evans, Steve (DOT) < <a href="mailto:Steve.Evans@dot.state.ma.us">Steve.Evans@dot.state.ma.us</a>

Cc: Macdonald, Alan (DOT) <a learning and alan (DOT) <a learning are alan (

<<u>John.Primerano@dot.state.ma.us</u>>; Ogilvie, Colleen (DOT) <<u>Colleen.Ogilvie@dot.state.ma.us</u>>

Subject: RE: Customer Acceptance Form for S to SA

Hi-

Checking with the ATLAS PMO this morning, we have not seen an invoice from Idemia for this work to be paid out of the ATLAS capital budget.

Do we know where we are in processing this payment?

Thanks.

From: Evans, Steve (DOT)

Sent: Thursday, December 13, 2018 10:09 AM

**To:** Deveney, Erin (DOT) **Cc:** Macdonald, Alan (DOT)

Subject: FW: Customer Acceptance Form for S to SA

Importance: High

Wow!!!\$\$\$ FYI and who should sign this? I will if you want. This was a "Z" thing.

From: Armistead, Tedford (DOT)

Sent: Thursday, December 13, 2018 7:55 AM

To: McCollem, Steve (DOT); Evans, Steve (DOT); Primerano, John (DOT)

Cc: Bedard, David (DOT); 'Kendall, Kerry'

Subject: FW: Customer Acceptance Form for S to SA

Steve/Steve/John;

I'm forwarding an acceptance form received from Kerry Kendall – our new Idemia rep – requesting signoff on the S to SA work. I'm not sure exactly who should address this request for signoff.

Tedford

From: Kendall, Kerry [mailto:Kerry.Kendall@us.idemia.com]

Sent: Wednesday, December 12, 2018 2:12 PM

To: Armistead, Tedford (DOT) < Tedford. Armistead@dot.state.ma.us >

Subject: Customer Acceptance Form for S to SA

Good Afternoon, Ted,

I'm looking to close a few loose ends for the Massachusetts account. I've attached a customer acceptance form for MA ATLAS Support. The final step to close this project was the delivery of the S to SA functionality, which is necessary for IDEMIA to invoice MA RMV for work completed.

Please review the document, and let me know if you can sign the acceptance. If you are not the right person, please let me know, so I can redirect the question to them.

Thank you for your team work the past month and a half, it was truly a pleasure!

Best Regards,

Kerry E. KENDALL Program Manager | Civil Identity PMO NORAM Identity & Security (()) IDEMIA

P (978) 213 3035 M (978) 447 0320 E kerry.kendall@us.IDEMIA.com

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Requestor (Inclothers to	SDOT IT PURCHA	<del> </del>		re/Location		<del></del> -	<u> </u>	Office Only: File Number: 3 09 Initials and Date: 3 Contract/Project Info #:	Inter:
receive status via email) Benefiling Division (drop Cawn list)	RMV-ATLAS Program	***************************************	Shio	to address	ана			CommBUYS Bid #; Bid Opzn: Bid Close:	
Category from drop down list)	DESCRIPTION (dates of service, annual maint/support, license renewal)	Make/ Model	Quantity	Unit Cost (in dollars)	Total Cost (in dollars)	Budgeted?	Forecasted?	Other reference (project name, servicenows, cips, accounts, fiscal year spend)	Funding (Oper, CIP, Toll, MAB, Fed, Enterprise)
Prof Svcs	ATLAS integration support (interfaces)		1	\$357,492.00	\$357,492.00	Yes	Yes	atlas	1790-3005
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	logy" request - Click YES or NO>>>>>	No	3	Contractor Prof Svcs	\$357,492.00			ly paid stoff augmentation ces paid on a per deliverable/task a	rdas hucie
		<b></b>	4	Maint Svcs				iment install/service & annual mair	
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Reason		<del></del>							ompuni
Description	ATLAS integration support (interfaces)								
Reason	Connect FAST Enterprises software to multiple v	vholesale custo	iners						
Benefit	Supports ATLAS integration	<del> </del>							<del></del>
Other							• • • • •		
APPROVERS	FOR IT REQUEST FORM - signing author		sted belo	w				Date	
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7027

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. Sub Total Line Amount Bank Acct Budget FY Event Type Print Name: TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS Line #1- Accounting Information Contract Amount Quantity Commodity Code Print Name: Unit of Measure \_ine Type ine #1- Commodity Information Report Note Requester ID SCH Pay Date Budget FY Header Information Period iscal Year Code Document Description DL Capture Annual Maint Yr2 PRC Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION **DOT** | 0287 Dept 821300000000 WilliamYppa \$15,026.25 2019 2019 Service dotadi DOT 2019 AP01 Unit Caloreth Signed: List Price Service To Service From Unit Price \$15,026.25 Fund Ref. Line Program Period Sub Fund Document I.D. INTF19J0090042N00011 Signed: 1<del>0/4/2</del>018(2)\13 DAYS 2 12/13/2018 DAYS 1 Discount Terms Document Identifier EPP 0000 0044 Address Code Vendor Name Document Total Vendor/Customer No. Vendor Address Object Ref ID Appropriation ΞĒ Missed \$37.57 Discount opportunity Ref Dept Description | Morpho Trust Drivers License Dept Object Description Ref Code DOT 잌 PERCENT 1 | 0.2500 INTF00X02016J0090042 PERCENT 2 R110 Morpho Trust Drivers License Production 60440001 533 VC6000183131 MORPHOTRUST USA, LLC \$15,026.25 Comment AD003 296 CONCORD RD STE 300 Title: Title: Entry (Please Signin ink) Action Ref Type Function Major Program Activity Entered By: FOR FISCAL USE ONLY Ref cl Ref v DAYS 4 DAYS 3 010N RMVOVH Partial (Initial) VENDORS CERTIFICATION service rendered as set forth below-Date: GEE ATTACHED IMVOICE Phase Program PERCENT 3 inv. Date Inv. Line Vendor Inv. # Check Descr Handling Code City BILLERICA Single Payment Phone Ext.: 267 Date: 7:721 Phone Ext.: 29h Verified By: INV22977 12/13/2018 8 C000000 Date: 3/22/0 [2170562] State MΑ

Authorized Signatory

296 CONCORD RD BILLERICA MA 01821

Tel 978-215-2400 Fax 978-215-2500 Federal ID#: 04-3320515 Ln 1-4

Invoice INV22977

Date 12/13/2018

Page 1

rend (2/13)18 2

### Bill To:

Al Puccia
MASSACHUSETTS LICENSE PROGRAM
Mass DOT - RMV
25 Newport Ave
Quincy MA 02171
United States

### Ship To:

Al Puccia
MASSACHUSETTS LICENSE PROGRAM
Mass DOT - RMV
25 Newport Ave
Quincy MA 02171
United States

Purchase	Order No.	Customer	ID	Shipp	ing Method	Net Due Date	Payment	Terms	Req Ship Date	Master No.
SEE BEL	WC	MAS01000	)			1/27/2019	0.25% 10		12/13/2018	570,927
Ordered	Shipped		tem Num		Description			Discount		Ext. Price
1.00	1.00	\$ 0.00	SUPPORT		P.O. # PCDO Period: 10/	tem Annual Mainte OTO28718090042 1/2018 - 9/30/2019 Pubanel In	Je olda	\$ 0.006	\$ 15,026.2500C	\$ 15,026.25
								Subtotal	SAGARAS SAGA KARABUTA SAB	\$ 15,026.25

 Subtotal
 \$ 15,026.25

 Tax
 \$ 0.00

 Freight
 \$ 0.00

 Less
 \$ 0.00

 Total
 \$ 15,026.25

# Commonwealth of Massachusetts Office of the Comptroller Payment Commodity Form

MMARS schedule payment date is Missed \$44.62 Discount opportunity 6/26/2019.

I hereby certify under the penalities 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 Sub Total Line Amount Budget FY Contract Amount Line Type Commodity Code | 821300000000 Print Name: Print Name: Bank Acct Unit of Measure Quantity Line #1- Commodity Information ≣vent Type Line #1- Accounting Information Report Note Requester ID SCH Pay Date Period Fiscal Year Budget FY Header Information PRC Code Document Description Non-domiciled Card Change Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION DOT Dept William Yee John Frimerano 2019 \$17,850.00 dota8z 2019 12 Service DOT 2019 AP01 0287 Unit Service From List Price Service To **Unit Price** Fund \$17,850.00 Program Period Sub Fund Ref. Line Document I.D. \_\_ Signed: INTF19J0090042N00014 Signed; 5/15/2019 5/15/2019 DAYS 2 Discount Terms DAYS 1 EPP 0000 Document Identifier 0044 45 Star Trimerano Vendor/Customer No. Vendor Address Vendor Name Document Total Address Code Authorized Signatory Object Appropriation 댪 Description Missed \$44.62 Discount opportunity Ref Code Description Dept Object Ref ID Ref Dept Prepared by Morpho Trust Drivers License P DOT PERCENT 1 0.2500 PERCENT 2 INTF00X02016J0090042 IR03 110 Morpho Trust Drivers License Production 17903005 \$17,850.00 VC6000183131 296 CONCORD RD STE 300 MORPHOTRUST USA, LLC Comment AD003 Hate: Title: Entry Action Activity Function Ref Type Major Program IT Finance Manager (Please Sign to lot) Entered By: FOR FISCAL VISE ONLY Ref cl Ref vi DAYS 4 DAYS 3 Partial RMVOVH VENDORS CERTIFICATION I service rendered at the secon were shipped or the service rendered at ser term heliaw. ( Date: 01 SEE ATTACHED MUDICE Program Inv. Line Phase PERCENT 4 PERCENT 3 Inv. Date Vendor Inv. # Check Descr CHY CHY Handling Code Single Payment BILLERICA Phone Ext.: Phone Ext.: Verified By: INV23986 5/15/2019 RMV008 (Requirements definition for the 9878 (Initial) T960 Date: Date: [2204616] State MA

# Idemia Identity & Security USA LLC

296 CONCORD RD BILLERICA MA 01821

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

Invoice	INV23986	
Date	5/15/2019	
Page	1	

\$ 0.00

\$ 0.00

\$ 0.00

\$ 17,850.00

場響 (520) 3 中 5(46)

### Bill To:

MASSACHUSETTS LICENSE PROGRAM MassDOT - IT

Attn: Antonia Pires 10 Park Plaza, Room 8350 Boston MA 02116 **United States** 

### Ship To:

COMMONWEALTH OF MASSACHUSETTS

MassDOT - IT Attn: Antonia Pires 10 Park Plaza, Room 8350 Boston MA 02116 **United States** 

Ordered Shipped B/O		Non - Domiciled Purchase Ord	6/29/2019 Card Change der # CTDOT028719090		Net 45 5 Discount \$ 0.00000	/15/2019   Unit Price   17,850.00000	666,137 Ext. Price \$ 17,850.00
Ordered Shipped B/O 1.00 1.00 \$		Non - Domiciled Purchase Ord	Card Change der # CTDOT02871909				
1.00 1.00 \$	\$ 0.00 SERVICES	Purchase Ord	der # CTDOT02871909	0042	\$ 0.0000	\$ 17,850.00000	\$ 17,850.00
PLEASE REMIT TO:					Subtotal	Television of the Tun	\$ 17,850.00

Idemia Identity & Security USA LLC 14438 Collections Center Drive Chicago, IL 60693

ACH / Wire:

Bank: Bank of America ACH Routing: 052001633 Wire Routing: 026009593 Swift Code: BOFAUS3N

Account Number: 3933352246

Email EFT Remittance To: EFT@US.Idemia.com

Tax

Freight

Total

Less

From:

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

Sent:

Wednesday, May 15, 2019 4:49 PM

To:

Cadorette, John (DOT)

Cc:

Priestly, Tracey; Grochmal, Diane

Subject:

Commonwealth of Massachusetts DOT IT Milestone invoice INV23986

Attachments:

INV23986.pdf

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

Best regards, Hector Ocana

> Hector Ocana Accountant | Finance

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

E. Hector.Ocana@us.IDEMIA.com

296 Concord Road Suite 300 Billerica, MA 01821

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				O.	) /, /p		gnatory	Authorized Signatory		Rud	Owe Reday	
77	9878 Date:	Phone Ext.:	Ph	Manager	IT Finance Manager		N 9	Propertied by	Signed:		William Yee	Print Name:
7/57	E46 Date:	Phone Ext.: _	Ph		me	 Tille:	· Number		Signed:	Caster S	J. 1	Print Name:
	(Initial) Date:   [[1]	Verified By:	Date: \	(Initial)	and Entered By:	public funds	ursements of	h governing disb	the Commonwealt ed.	jury that all taws of ed with and observ	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.	I hereby certify und the regulations ther
	2	_	NLY	FOR FISCAL USE ONLY	FOR F		SETTS	MASSACHU	WEALTH OF N	HE COMMON	TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS	TO THE COMP
				-	Function	Fun		Dept Object		\$9,500.00	nount	Sub Total Line Amount
			Check Descr	Partial	Ref Type		n 60440001	Appropriation	EPP	Program Period	тоа	Dept
		000	Phase	009N	vity	Activity	U10	Object	0000	Sub Fund		Bank Accl
	- HAMPING WARREN	000000	Program		Major Program	Majo	IR03	Unit	0044	Fund	2019	Budget FY
				roduction	Morpho Trust Drivers License Production	o Trust Driv	Morpho	Description	30	Ref. Line	AP01	Event Type
33										ation	Line #1- Accounting Information	Line #1- Acc
			PERCENT 4	84	DAYS 4	2	PERCENT 2		DAYS 2			
			PERCENT 3	53	DAYS 3	1 0.2500	PERCENT 1 0.2500	10	DAYS 1			
					ally allo	nt opportu	.75 Discou	Missed \$23.75 Discount opportunity	Discount Terms		\$9,500.00	Contract Amount
		6/13/2019	Inv. Date		042	INTF00X02016J0090042	INTF00X0	Ref ID	6/12/2019	Service To		Unit of Measure
ļ			Inv. Line	1	Ref cl		DOT	Ref Dept	6/12/2019	Service From		Quantity
		INV24161	Vendor Inv. #	1	Ref vI		다	Ref Code		Unit Price	Service	Line Туре
					License	Morpho Trust Drivers License	Morpho Tr	Description		List Price	821300000000	Commodity Code
										ation	Line #1- Commodity Information	Line #1- Con
						Comment	Com					Report Note
		nent	Single Payment			03	AD003	de	Address Code		dota8z	Requester ID
		ode	Handling Code			VC6000183131	VC6(	tomer No.	Vendor/Customer No.			SCH Pay Date
State MA	S	BILLERICA	City BILLI		RD STE 300	296 CONCORD RD STE	296 (	lress	Vendor Address		13	Period
					MORPHOTRUST USA, LLC	RPHOTRUS	МОЯ	ne	Vendor Name		2019	Fiscal Year
						\$9,500.00	\$9,50	otal	Document Total		2019	Budget FY
											mation	Header Information
					(Please Sign in ink)	Entry		2Y00017	INTF19J0090042Y00017	IN.	T 0213	PRC DOT
	×.	ANOVEZE TOTH PORY	NCE rendered as set forth in SEE ATTACHED MVOIGE	ecr.	<u> </u>	Action		ntifier	Document Identifier		ot Unit	Code Dept
	T C	TEICAT	ENDORS CERTIFICATION		Helis				Document I.D.	Доси		Section Section
										town Move	Document Description Watertown Move	Document Do
<sup>2</sup> 43]	[2216243]					Ň	ористю	ENSE PRO	DRIVERS LIC	HO TRUST	Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION	Docum
ortunity	Missed \$23.75 Discount opportunity	ssed \$23.7	nt date is	MMARS schedule paymer 7/25/2019.	MMARS S. 7/25/2019.	E Comptroller	of the Com	setts Office o	Commonwealth of Massachusetts Office of the Comptroller $Payment\ Commodity\ Form$	Commonwealt	_	masspor
				1 1 1 1	5	- -						

Report Generated On: 7/5/2019 4:41:28 PM

Page 1 of 1

Tracking No: TN269N21D133

296 CONCORD RD BILLERICA MA 01821

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

Invoice	INV24161
Date	6/12/2019
Page	1

JUN 13 2013 HI 10:20

Bill To:

COMMONWEALTH OF MASSACHUSETTS

Mass DOT - IT

10 Park Plaza, Room 5231 BOSTON MA 02116

**United States** 

Ship To:

COMMONWEALTH OF MASSACHUSETTS

200 ARLINGTON ST

STE 2200

CHSB - FISCAL DEPT

CHELSEA MA 02150

**United States** 

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment			Master No.
SEE BELOW	BD-3060	UPS_GROUND	7/12/2019	NET 30		/12/2019	683,685
Ordered Shipped	B/O Item Nun		1		Discount	Unit Price	Ext. Price
1.00 1.00		S - Completion of W Purchase Or Contract # 9	/atertown Move der # CTDOT02871909		\$ 0.00000		
		<u> </u>			Subtotal	1	\$ 9,500.00

Subtotal	\$ 9,500.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 9,500.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

From:

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

Sent:

Thursday, June 13, 2019 8:41 AM

To:

Cadorette, John (DOT)

Cc:

Priestly, Tracey; Grochmal, Diane; Kunen, David Massachusetts Milestone invoice INV24161

**Attachments:** 

Subject:

INV24161.pdf

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

Best regards, **Hector Ocana** 

> **Hector Ocana** Accountant | Finance

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

E Hector.Ocana@us.IDEMIA.com

296 Concord Road Suite 300 Billerica, MA 01821



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1717355007 Commonwealth of Massachusetts Office of the Comptroller

MMARS schedule payment date is Deadline for \$16.64 discount is 8/16/2019.

Docume	Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION	HO TRUST I	DRIVERS LIC	ENSE PRO	DUCTION						[2222488]
Document Description		Taunton Move									
		Docui	Document I.D.					<u> </u>	CENTRY that the goods were shipped or the	the goods were shipped of the	
Code Dept	Unit		Document Identifier	ıtifier		Action		ā	service rendered as set tech below	er teeth nelsw	
PRC DOT	0213	INI	INTF19J0090042Y00019	2Y00019		Entry 7	Pease Sign to tak,	वरीय रंगरे,!			
Header Information	nation		Destruction of the second								
Budget FY	2019		Document Total	otal	\$6,657.00	00					
Fiscal Year	2019		Vendor Name	е	MORPH	MORPHOTRUST USA, LLC	JSA, LLC				
Period	13		Vendor Address	ess	296 CO	296 CONCORD RD STE 300	STE 300		City BILL	BILLERICA	State MA
SCH Pay Date			Vendor/Customer No	omer No.	VC6000183131	)183131		į	Handling Code	ode	
Requester ID	dota8z		Address Code	ė	AD003				Single Payment	ment	
Report Note					Comment	nt					
Line #1- Commodity Information	nodity Inform	ation									
Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License	Drivers Lice	nse				
Line Type	Service	Unit Price		Ref Code	СТ		Ref vi	1	Vendor Inv. #	INV24322	
Quantity		Service From	6/30/2019	Ref Dept	DOT		Ref cl	_	Inv. Line		
Unit of Measure		Service To	6/30/2019	Ref ID	INTF00X02016J0090042	16J0090042			Inv. Date	7/5/2019	
Contract Amount	\$6,657.00		Discount Terms	Deadline for	\$16,64 disco	unt is 7/15/2	2019. Plea	se proces	Deadline for \$16,64 discount is 7/15/2019. Please process as soon as possible.	ble.	
			DAYS 1	10	PERCENT 1, 0.2500	).2500	DAYS 3	3	PERCENT 3		
			DAYS 2		PERCENT 2		DAYS 4	4	PERCENT 4		
Line #1- Accounting Information	unting Inform	ation							4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Event Type	AP01	Ref. Line	46	Description	Morpho Ti	Morpho Trust Drivers License Production	icense Pro	oduction			
Budget FY	2019	Fund	0044	Unit	IR01	Major Program	rogram		Program	RMV1709 (Maintenance Kiosks	ce Kiosks
Bank Acct		Sub Fund	0000	Object	U11	Activity			Phase		
Dept	рот	Program Period	EPP	Appropriation	64201317	Ref Type		Partial	Check Descr		
Sub Total Line Amount	ount	\$6,657.00		Dept Object		Function		þ			

Report Generated On: 7/12/2019 12:49:18 PM

Print Name:

William Yee

. Signed:

**Authorized Signatory** 

Title:

IT Finance Manager

Phone Ext.:

9878

\_\_ Date:

Print Name:

Signed: S

Prepared by

Title:

12/0

\_ Phone Ext.: 99 hd

Date:

Verfied By:

Date:

(Initial)

FOR FISCAL USE

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

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

Page 1 of 1

Tracking No: TN269N21E998

296 CONCORD RD BILLERICA MA 01821

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

Invoice	INV24322
Date	7/5/2019
Page	1

JUL 22019 PM 5:36

Bill To:

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

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

\$ 6,657.00		Subtotal
\$ 0.00		Tax
\$ 0.00		Freight
\$ 0.00	ari inga masa katalog	Less
\$ 6,657.00		Total

PLEASE REMIT TO:

From:

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

Sent:

Friday, July 5, 2019 3:24 PM

To:

Cadorette, John (DOT)

Cc:

Priestly, Tracey; Grochmal, Diane

Subject:

Commonwealth of Massachusetts Milestone invoice INV24322

Attachments:

INV24322.pdf

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

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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Print Name: Jah Gadartt Signed: Title: Mill	2 %	TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS FOR FISCAL USE ONLY	Sub Total Line Amount \$3,400.00 Dept Object Function	Dept DOT Program Period EPP Appropriation 60440001 Ref Type Partial Check Desc		Budget FY 2019 Fund 0044 Unit IR03 Major Program Program	Event Type AP01 Ref. Line 30 Description Maint Yr2 34 Barcode Scanners	Line #1- Accounting Information	- Control of the Cont	PERCENT 2 DAYS 4	DAYS 1	Contract Amount \$3,400.00 Discount Terms Deadline for \$8,50 discount is 7/22/2019 Please process as soon as possible.	Unit of Measure Service To 6/30/2019 Ref ID INTF00X02016J0090042 Inv. Date	Quantity Service From 6/1/2019 Ref Dept DOT Ref ct 1 Inv. Line	Line Type Service Unit Price Ref Code CT Ref vi 1 Vendor Inv. #	Commodity Code 821300000000 List Price Description Morpho Trust Drivers License	Line #1- Commodity Information	Report Note Comment	Address Code AD003	SCH Pay Date Vendor/Customer No. VC6000183131 Handling	13 Vendor Address 296 CONCORD RD STE 300 City	Fiscal Year 2019 Vendor Name MORPHOTRUST USA, LLC	Budget FY 2019 Document Total \$3,400.00	Header Information.		Code Dept Unit Document Identifier Action SEE ATTACHE	Document I.D. VENDORS CE	Document Description Maint Yr2 34 Barcode Scanners	Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION	
	Entered By: (Initial)		nction	Partial	009N	1					DAYS 3 PERCENT 3	22/2019. Please process as soon as possib		1	$oxed{oxed}$	License	Additional to the second secon		Single Payment	Handling Code	City	ST USA, LLC	· · · · · · · · · · · · · · · · · · ·		(Piease Sign in ink)	in the second se	VENDONS OFF			the Comptroller MMARS schedule payment date is [7] 8/23/2019.
Phone Ext.: 7 96. Date: 7 18	Verified By: UA Date:		- Links and the second		000	C000000						)le,	7/12/2019		INV24370		Name of the state		ment	Code	BILLERICA State MA	The production of the state of		National Control of the Control of t		WALLESTON A.	TO COMPATITION TO	The state of the s	[2222818]	nt date is Deadline for \$8.50 discount is 7/22/2019. Please process as soon as possible.

Print Name:

William Yee

Signed: 💪

Authorized Signatory

Title: IT Finance Manager

Phone Ext.: 9878

296 CONCORD RD BILLERICA MA 01821

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

Invoice	INV24370
Date	7/12/2019
Page	1

JOE 13 NO FA 64 4/3 4

### Bill To:

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

### Ship To:

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

Purchase Ord	er No.	Custome				Net Due Date	Payment	Terms	Req Ship Date	Master No.
SEE BELOW		BD-3060			GROUND	8/11/2019	NET 30		7/12/2019	701,902
Ordered Shi	pped	B/0	Item Nun	ber	Description			Discount	Unit Priče	Ext. Price
1.00	1.00	\$ 0.00	SUPPORT		Maintenance on P.O. # CTDC Contract # 90 Quote # FQ2	34 Barcode Scanners - 0T028718090042	Year 2	\$ 0.0000		
			L					G-CA-A-I		\$ 3,400,00

1	1 1
Subtotal	\$ 3,400.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 3,400.00

PLEASE REMIT TO:

From:

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

Sent:

Friday, July 12, 2019 3:50 PM

To:

Cadorette, John (DOT); Kunen, David

Cc:

Priestly, Tracey; Grochmal, Diane

Subject: Attachments: Commonwealth of Massachusetts Milestone invoice INV24370

INV24370.pdf

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

Best regards, **Hector Ocana** 

> **Hector Ocana** Accountant | Finance

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E Hector.Ocana@us.IDEMIA.com

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