

MASSDOT INVOICES

7/1/17 – 6/30/18

Commonwealth of Massachusetts Office of the Comptroller
MASSDOT Payment Commodity Form

MMARS schedule payment date is 10/5/2017. **Deadline for \$149.27 discount is 9/3/2017. Please process as soon as possible.**

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1885540]

Document Description	Document I.D.		Action		VENDOR'S CERTIFICATION I certify that the goods were shipped or the service rendered as set forth below. SEE ATTACHED INVOICE	
Code Dept	Unit	Document Identifier	Entry	(Please Sign in Ink)		
PRC DOT	r124	INTF18J0090042N00001				

Header Information

Budget FY	2018	Document Total	\$459,708.56			
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC			
Period	2	Vendor Address	6840 CAROTHERS PKWY STE 650			
SCH Pay Date		Vendor/Customer No.	VC6000183131			
Requester ID	dotaxf	Address Code	AD001	Single Payment		
Report Note	Comment					

Line #1 - Commodity Information

Commodity Code	821300000000	List Price							
Line Type	Service	Unit Price							
Quantity		Service From	7/1/2017	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	7/31/2017	Ref ID	INTF00X02016J0090042	Inv. Date	8/24/2017		
Contract Amount	\$459,708.56	Discount Terms	DAYS 1	PERCENT 1	0.2500	DAYS 3	PERCENT 3		
			DAYS 2	PERCENT 2		DAYS 4	PERCENT 4		

Deadline for \$149.27 discount is 9/3/2017. Please process as soon as possible.


Line #1 - Accounting Information

Event Type	AP01	Ref. Line	3	Description	Morpho Trust Drivers License Production					
Budget FY	2018	Fund		Unit	R110	Major Program		Program	R100000	
Bank Acct		Sub Fund	0000	Object	J33	Activity	010N	Phase	000	
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr		
Sub Total Line Amount	\$459,708.56									


FOR FISCAL USE ONLY

Entered By:	Date:	Verified By:	Date:
(Initial)		(Initial)	

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: _____ Signed:  Title: _____

Print Name: Erin C Deveney Signed: _____ Title: _____

Prepared by:  Title: _____

Authorized Signatory _____

Registrar _____

Phone Ext.: 9458 Date: 8/30/17

Phone Ext.: _____ Date: 8/31/17

MorphoTrust USA

296 CONCORD RD
 BILLERICA MA 01821

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

Invoice	INV20562
Date	8/24/2017
Page	1

Bill To:

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

Ship To:

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

Purchase Order No.		Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042		MAS01000		9/23/2017	Net 30	8/24/2017	495,323
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
121,843.00	121,843.00	\$ 0.00	140-000046	MA Adult Licenses Made July 2017	\$ 0.00000	\$ 3.44400	\$ 419,627.29
11,098.00	11,098.00	\$ 0.00	140-000047	MA Minor Licenses Made July 2017	\$ 0.00000	\$ 3.44400	\$ 38,221.51
540.00	540.00	\$ 0.00	140-000047	MA Emission Cards Made July 2017	\$ 0.00000	\$ 3.44400	\$ 1,859.76
Subtotal							\$ 459,708.56
Tax							\$ 0.00
Freight							\$ 0.00
Less							\$ 0.00
Total							\$ 459,708.56

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1898065]

Document Description: enChoice FileNet Support

Document I.D.: INTF18J0090042N00003

Code: DOT 0287

Document Identifier: INTF18J0090042N00003

Action: Entry

VENDORS CERTIFICATION
 I certify that the goods were shipped or the service rendered as set forth below.
 SEE ATTACHED INVOICE

Header Information

Budget FY: 2018 Document Total: \$332,707.62

Fiscal Year: 2018 Vendor Name: MORPHOTRUST USA, LLC

Period: 5 Vendor Address: 6840 CAROTHERS PKWY STE 650 City: FRANKLIN State: TN

SCH Pay Date: Vendor/Customer No. VC6000183131

Requester ID: dotadi Address Code: ADD001 Handling Code: Single Payment

Report Note: Comment

Line #1 - Commodity Information

Commodity Code	List Price	Description	Morpho Trust Drivers License P	Ref Vl	1	Vendor Inv. #	INV20643
821300000000		Service					
Line Type	Service	Unit Price	Ref Code	CT		Vendor Inv. #	INV20643
Quantity		Service From	Ref Dept	DOT		Inv. Line	1
Unit of Measure		Service To	Ref ID	INTF00X02016J0090042		Inv. Date	9/14/2017
Contract Amount	\$332,707.62	Discount Terms	Missed \$831.77 Discount opportunity				
		DAYS 1	PERCENT 1	0.2500	DAYS 3	PERCENT 3	
		DAYS 2	PERCENT 2		DAYS 4	PERCENT 4	

Line #1 - Accounting Information

Event Type	Ref. Line	Description	Morpho Trust Drivers License Production	Program	R100000
AP01	3	Unit	R110	Major Program	
Budget FY	2018	Fund	J33	Activity	010n
Bank Acct		Sub Fund	60440001	Ref Type	Partial
Dept	DOT	Program Period	EPP	Check Descr	
Sub Total Line Amount	\$332,707.62	Dept Object		Function	

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.

FOR FISCAL USE ONLY

Entered By: _____ Date: _____ Verified By: DS Date: 11/2/17
 (initial)

Print Name: _____ Signed: DS Title: _____

Print Name: Susan Bristol Signed: _____ Title: _____

Authorized Signatory: _____ Prepared by: _____ Title: _____

Controller: _____

Phone: 9135 Date: 11/2/17
 Ext: _____ Date: 11/2/17

MorphoTrust USA
 296 CONCORD RD
 BILLERICA MA 01821
 Tel 978-215-2400
 Fax 978-215-2500
 Federal ID#: 04-3320515

Bill To:

Al Pucia
 MASSACHUSETTS LICENSE PROGRAM
 Mass DOT - RMV
 25 Newport Ave
 Quincy MA 02171
 USA

Ship To:

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

Invoice	INV20643
Date	9/14/2017
Page	1

Purchase Order No	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No	
90042	MAS01000		10/14/2017	Net 30	9/14/2017	496,040	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
87,908.00	87,908.00	\$ 0.00	140-000046	MA Adult Licenses Made 8/1/17 - 8/18/17	\$ 0.00000	\$ 3,444.00	\$ 302,755.15
8,403.00	8,403.00	\$ 0.00	140-000047	MA Minor Licenses Made 8/1/17 - 8/18/17	\$ 0.00000	\$ 3,444.00	\$ 28,939.93
294.00	294.00	\$ 0.00	140-000047	MA Emission Cards Made 8/1/17 - 8/18/17	\$ 0.00000	\$ 3,444.00	\$ 1,012.54

Subtotal	\$ 332,707.62
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 332,707.62

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

MMARS schedule payment date is 11/9/2018. Deadline for \$466.30 discount is 12/8/2017. Please process as soon as possible.

[1926269]

Document Name	Licenses made - August, 2017		
Document Description	Licenses made - August, 2017		
Code	Dept	Unit	Document I/D
PRC	DOT	r124	INTF18J0090042N00010
Action		Entry	
VENDORS CERTIFICATION		I certify that the goods were shipped or the service rendered as set forth below.	
SEE ATTACHED INVOICE			

Header Information			
Budget FY	2018	Document Total	\$186,519.50
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	6	Vendor Address	296 CONCORD RD STE 300
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dotaxf	Address Code	AD003
Report Note		Comment	

Line #1 - Commodity Information									
Commodity Code	List Price	Description	Licenses made	Ref vl	Vendor Inv. #	Invoice #	Ref cl	Inv. Line	Inv. Date
821300000000		CT		1			1	1	11/28/2017
Line Type	Service	Unit Price							
Quantity		Service From							
Unit of Measure		Service To							
Contract Amount	\$186,519.50	Discount Terms							
		DAYS 1	10						
		DAYS 2	PERCENT 1	0.2500					
			PERCENT 2						
			DAYS 3						
			DAYS 4						
			PERCENT 3						
			PERCENT 4						

Line #1 - Accounting Information									
Event Type	Ref. Line	Description	Licenses made - August, 2017	Major Program	Program	Invoice #	Ref Type	Check Descr	Invoice #
AP01	3	R110			R100000				
Budget FY	2018	Fund							
Bank Acct		Sub Fund	0000	J33	010n	000			
Dept	DOT	Program Period	EPP	60440001	Partial				
Sub Total Line Amount		Dept Object		Function					
			\$186,519.50						

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.

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

Print Name: _____ Signed: _____ Title: _____ Phone: _____ Date: _____

Print Name: Erin C Deveney Signed: _____ Title: _____ Phone: 9458 _____ Date: 12.7.17

Prepared by: _____ (Signature) Title: _____ Registrar: _____

Authorized Signatory: _____

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

90042 6044

Invoice	INV21013
Date	11/27/2017
Page	1

Bill To:

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

Ship To:

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

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
90042	MAS01000		12/27/2017	Net 30	11/27/2017	498,566	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
42,897.00	42,897.00	\$ 0.00	140-000046	MA Adult Licenses Made 8/18/17 - 8/31/17	\$ 0.00000	\$ 3.90200	\$ 167,384.10
4,687.00	4,687.00	\$ 0.00	140-000047	MA Minor Licenses Made 8/18/17 - 8/31/17	\$ 0.00000	\$ 3.90200	\$ 18,288.67
217.00	217.00	\$ 0.00	140-000047	MA Emission Cards Made 8/18/17 - 8/31/17	\$ 0.00000	\$ 3.90200	\$ 846.73

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Subtotal	\$ 186,519.50
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 186,519.50

PLEASE REMIT TO:
MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

(152812)

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

boy

Invoice	INV21019
Date	11/27/2017
Page	1

Bill To:

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

Ship To:

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

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
90042	MAS01000		12/27/2017	Net 30	11/27/2017	498,584	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
124,833.00	124,833.00	\$ 0.00	140-000046	MA Adult Licenses Made September 2017	\$ 0.00000	\$ 3.90200	\$ 487,098.37
10,495.00	10,495.00	\$ 0.00	140-000047	MA Minor Licenses Made September 2017	\$ 0.00000	\$ 3.90200	\$ 40,951.49
538.00	538.00	\$ 0.00	140-000047	MA Emission Cards Made September 2017	\$ 0.00000	\$ 3.90200	\$ 2,099.28

Reg.
FY18
R/L 3

Subtotal	\$ 530,149.14
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 530,149.14

PLEASE REMIT TO:
MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

11/28/17

Document Name	Licenses made - October, 2017			[1926273]
Document Description	Licenses made - October, 2017			
Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r124	INTF18JU090042N00012	Entry
(Please Sign in Ink)				

Header Information

Budget FY	2018	Document Total	\$538,702.32
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	6	Vendor Address	296 CONCORD RD STE 300
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dotaxf	Address Code	ADD003
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	List Price	Description	Licenses made	Ref VI	1	Vendor Inv. #	Invoice #INV21016
821300000000							
Line Type	Service	Unit Price	CT	Ref VI	1	Vendor Inv. #	Invoice #INV21016
Quantity		Service From	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	INTF00X02016JU090042			Inv. Date	11/28/2017
Contract Amount	\$538,702.32	Discount Terms	Deadline for \$1346.76 discount is 12/8/2017. Please process as soon as possible.				
		DAYS 1	PERCENT 1	0.2500	DAYS 3	PERCENT 3	
		DAYS 2	PERCENT 2		DAYS 4	PERCENT 4	

Line #1 - Accounting Information

Event Type	Ref. Line	Description	Licenses made - October, 2017	Major Program	Program	Phase	Check Descr	Invoice #INV21019-October
AP01	3							
Budget FY	2018	Fund	R110		R100000			
Bank Acct		Sub Fund	0000	Activity	010n	000		
Dept	DOT	Program Period	EPP	Appropriation	60440001	Partial		
Sub Total Line Amount		Dept Object		Function				
			\$538,702.32					

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.

FOR FISCAL USE ONLY	
Entered By: _____	Date: _____
Verified By: <i>[Signature]</i>	Date: <i>12/7/17</i>
(Initial)	(Initial)

Print Name: _____ Signed: _____ Title: _____ Phone: _____ Date: _____

Print Name: Erin C Deveney Signed: *[Signature]* Title: _____ Phone: 9458 Date: 12.7.17

Prepared by _____
 Authorized Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV21016
Date	11/27/2017
Page	1

Bill To:

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

Ship To:

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

Purchase Order No.		Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042		MAS01000		12/27/2017	Net 30	11/27/2017	498,572
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
127,696.00	127,696.00	\$ 0.00	140-000046	MA Adult Licenses Made October 2017	\$ 0.00000	\$ 3.90200	\$ 498,269.79
9,908.00	9,908.00	\$ 0.00	140-000047	MA Minor Licenses Made October 2017	\$ 0.00000	\$ 3.90200	\$ 38,661.02
454.00	454.00	\$ 0.00	140-000047	MA Emission Cards Made October 2017	\$ 0.00000	\$ 3.90200	\$ 1,771.51

Fy 18
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Ry

Subtotal	\$ 538,702.32
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 538,702.32

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Rec'd 11-28-17

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Bill To:

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

Ship To:

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

Invoice	INV21085
Date	12/8/2017
Page	1

Purchase Order No.	90042	Customer ID	MAS01000	Shipping Method	1/7/2018	Net Due Date	Net 30	Req Ship Date	12/8/2017	Master No.	498,912
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Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
117,156.00	117,156.00	\$ 0.00	140-000046	MA Adult Licenses Made November 2017	\$ 0.00000	\$ 3.90200	\$ 457,142.71
9,501.00	9,501.00	\$ 0.00	140-000047	MA Minor Licenses Made November 2017	\$ 0.00000	\$ 3.90200	\$ 37,072.90
625.00	625.00	\$ 0.00	140-000047	MA Emission Cards Made November 2017	\$ 0.00000	\$ 3.90200	\$ 2,438.75

Subtotal	\$ 498,654.36
Tax	\$ 0.00
Freight	\$ 0.00
Loss	\$ 0.00
Total	\$ 498,654.36

PLEASE REMIT TO

Document Name: **PARTIAL PAYMENT FOR 52 ADD'L BRANCH OFFICE** [1937675]

Document Description: **for the period of 10/23/16-8/2/17**

Document I.D. **INTF18J0090042N00013**

Code Dept Unit Document Identifier Action Entry
PRC DOT 0214 INTF18J0090042N00013 **Entry** (Please Sign In Ink)

VENDORS CERTIFICATION
 I certify that the goods were shipped or the service rendered as set forth below.
 SEE ATTACHED INVOICE

Header Information

Budget FY	2018	Document Total	\$40,158.16
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	7	Vendor Address	296 CONCORD RD STE 300
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dotaxf	Address Code	AD003
Report Note		Comment	

Line #1 - Commodity Information


Commodity Code	List Price	Description	Partial Payment for 52 Add'l b	Ref vi	1	Vendor Inv. #	INV21012-A
821300000000		Service		CT			
Line Type	Service	Unit Price		Ref Code	DOT	Inv. Line	1
Quantity		Service From	11/27/2017	Ref Dept	DOT	Inv. Date	11/27/2017
Unit of Measure		Service To	11/27/2017	Ref ID	INTF00X02016J0090042		
Contract Amount	\$40,158.16	Discount Terms	Missed \$100.40 Discount opportunity	DAYS 1	PERCENT 1	PERCENT 3	
		DAYS 2		PERCENT 2	PERCENT 4		

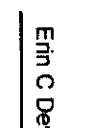
Line #1 - Accounting Information

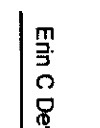
Event Type	Ref. Line	Description	Invoice amount \$128,360. Partial payment for \$88,201.84 already paid.
AP01	33	Unit	
Budget FY	2018	Major Program	RMV1709 (Maintenance Kiosks)
Bank Acct		Activity	
Dept	DOT	Appropriation	64201317
Sub Total Line Amount	\$40,158.16	Ref Type	Partial
		Function	

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: _____ Signed:  Title: _____

Print Name: Erin C Deveney Signed:  Title: _____

Prepared by:  Title: _____

Authorized Signatory

FOR FISCAL USE ONLY

Entered By: _____ Date: _____ Verified By:  Date: 1/11/18

Phone Ext.: _____ Phone: 9458 Date: 1/3/2018

Phone Ext.: _____ Phone: 9458 Date: 1.11.18

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

paid # 88,201.84

Left # 40,158.16

Invoice	INV21012
Date	11/27/2017
Page	1

Bill To:

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

Ship To:

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

Purchase Order No.		Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042		MAS01000		12/27/2017	Net 30	11/27/2017	498,555
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SERVICES	Partial Payment for 52 Add'l Branch Office Systems and Branch Office Servers For the period of 10/23/16 - 8/21/17	\$ 0.00000	\$ 128,360.00000	\$ 128,360.00
Subtotal							\$ 128,360.00
Tax							\$ 0.00
Freight							\$ 0.00
Less							\$ 0.00
Total							\$ 128,360.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

** partial payment.
balance to be processed pending
additional findings*

Permed 12/27/17
Final 12-28/17

Project Number(s)

Encumbrance Document ID			
Trans	Dept	Unit	Identification Number
CT	DOT	R110	INTF00X02016J0090042

681
12/20/2017

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
64201317	J33	R110		RMV1709			\$128,360.00
							\$128,360.00

Obligation By Fiscal Year for Multi-Year Contracts

	64201317	Total
2018	\$128,360.00	\$128,360.00
MMARS Total	\$128,360.00	\$128,360.00

Reason for Request: Amendment to Contract (See Attached)

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

RECEIVED

DEC 22 2017

Capital Budget Office

Recommended by: *Ken J. Reilly* 12/20/17 (Signature / Date)
 Approved by: *[Signature]* 12.20.17 (Signature / Date)

Completed by the Budget Office:
 Expense Budget Entered By: *[Signature]* 12/22/17 (Signature / Date)
 Approved by: *[Signature]* 12/27/17 (Signature / Date)

Completed by the FAPRO (Applies to Capital only):
 Approved by: *[Signature]* 12/27/17 (Signature / Date)

MorphoTrust USA

CAPITAL

11/14/2017

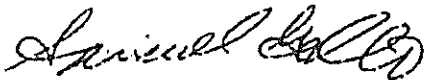
Sarah Zaphiris
Chief Administrative Officer
Registry of Motor Vehicles
10 Park Plaza, Suite 6620
Boston, MA 02116

RE: First Amendment to Driver License Contract.

Dear Sarah,

Enclosed are 2 signed copies of the above Amendment. Please return a signed copy to me as soon as you can. I appreciate all your help in bringing this to a conclusion.

Very truly yours,



Samuel Gallo
Associate General Counsel

CC: Jean Berke
Deputy General Counsel
Massachusetts Department of Transportation

MorphoTrust USA, LLC
296 Concord Road, Suite 300
Billerica, MA 01821 USA

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

WHEREAS, changes to the project schedule included in the Scope of Work have been accepted by the parties; and,

WHEREAS, this Amendment includes a formal codification of such changes to the project schedule included in the SOW;

NOWTHEREFORE, in mutual and good consideration, which is hereby acknowledged and accepted by the parties, the parties agree as follows:

- The table in Section 9, referred to as "Payment Terms" is deleted and replaced with the payment schedule included in Attachment Number One to this Amendment. The price per card of \$3.44 was in effect until August 21, 2017. On August 21, 2017 there was an implementation of Back Office. As of the signing of this amendment, the RMV has not provided final approval and acceptance of the Back Office and this amendment does not constitute final acceptance and approval of the same.
- Notwithstanding the above, effective August 21, 2017, the new price per card is \$3.902.
- The RMV will pay \$0.204 per card for 52 Additional Branch Office Systems and \$0.026 for Branch Office servers, both described in Attachment Number One for the period of time beginning ~~October 23, 2016~~ through August 21, 2017, and which totals \$294,679. RMV will make a partial payment of \$128,360. The remaining balance of \$166,319 will be paid in full via a price per card increase of \$ 0.017 as set forth in Attachment Number One.
- ~~In consideration of Morpho's agreement to maintain the \$3.44 price until implementation- of the Back Office on August 21, 2017 as noted above, RMV agrees to waive Liquidated Damages with regard to delivery and implementation schedules set forth in the Driver License Contract. The reference in the Driver License Contract to other Liquidated Damages will remain in full force and effect.~~
- The RMV and Morpho agree to delete the Driver License Contract requirement that Morpho deliver a Road Test Tablet Mobile Solution to RMV. While the Driver License Contract required that Morpho deliver a functional Road Test Tablet Solution on or by 3/16/2017, the requirement was deleted by agreement between the parties. The RMV acknowledges that Morpho expended time and materials with regard -to the planned implementation of the Road Test Tablets. The new price per card initially included \$0.16 for Road Test. In consideration for the work performed by Morpho prior to the deletion of the Road Test, the parties agree that the new price per card (\$3.902) includes \$0.10 for Road Test. In addition to the above, Morpho Trust will deliver 20 Road Test Tablets to RMV by December 31, 2017.



Charles D. Baker, Governor
Karyn E. Polito, Lieutenant Governor
Stephanie Pollack, MassDOT Secretary & CEO

massDOT
Massachusetts Department of Transportation

TO: John Belliveau, Revenue Operations
FROM: Therese M. Moran, Director of RMV Revenue
SUBJECT: CMVI monthly entries
DATE: January 3, 2017

Please process the following MMARS entries for December 2017 which are necessary to offset the CR entered to record revenue against the CMVI receivable total. The DOT receivable to be referenced is RE 2018RMVRE000000000000.

CR Revenue	Department DOT	Unit 0224	\$3,079,777.00
A/R Balance	Department DOT	Unit 0224	\$34,813,699.22

cc: Beth Pellegrini, Director of Revenue and Debt Management
Dave McSweeney, Accounting and Financial Reporting



Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1966750]

Document Description: MORPHO TRUST DRIVERS LICENSE PRODUCTION

Document I.D. INTF18J0090042N00016

Code: DOT Unit: r124 Action: Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below.
SEE ATTACHED INVOICE

Header Information

Budget FY	2018	Document Total	\$489,763.44
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	8	Vendor Address	296 CONCORD RD STE 300
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dotaxf	Address Code	AD003
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License P	Ref Code	CT	Ref W/	1	Vendor Inv. #	INV21258
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv. Line	1		
Quantity		Service From	12/1/2017	Ref ID	INTF00X02016J0090042	Inv. Date	1/26/2018				
Unit of Measure		Service To	12/31/2017	Discount Terms	Missed \$1224.41 Discount opportunity						
Contract Amount	\$489,763.44	Days 1	10	PERCENT 1	0.2500	Days 3		PERCENT 3			
		Days 2		PERCENT 2		Days 4		PERCENT 4			

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	3	Description	Morpho Trust Drivers License Production	Major Program	R110	Program	R100000
Budget FY	2018	Fund		Unit		Activity	J33	Phase	000
Bank Acct		Sub Fund	0000	Object	J33	Ref Type	Partial	Check Descr	
Dept		Program Period	EPP	Appropriation	60440001	Function			
Sub Total Line Amount			\$489,763.44	Dept Object					

FOR FISCAL USE ONLY

Entered By: _____ Date: _____ Verified By: DS Date: 2/23/18
 (initial) (initial)

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: _____ Signed: [Signature] Title: _____

Print Name: Elin C Deveney Signed: [Signature] Title: _____

Prepared by: [Signature]
Authorized Signatory

Registrar: _____ Phone: 9458 Date: 2-16-18
Ext.: _____

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV21258
Date	1/25/2018
Page	1

Bill To:

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

Ship To:

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

Purchase Order No.		Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042		MAS01000	BEST WAY	2/24/2018	Net 30	1/25/2018	500,179
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
114,658.00	114,658.00	\$ 0.00	140-000046	MA Adult Licenses Made December 2017	\$ 0.00000	\$ 3.90200	\$ 447,395.52
10,295.00	10,295.00	\$ 0.00	140-000047	MA Minor Licenses Made December 2017	\$ 0.00000	\$ 3.90200	\$ 40,171.09
563.00	563.00	\$ 0.00	140-000047	MA Emission Cards Made December 2017	\$ 0.00000	\$ 3.90200	\$ 2,196.83

Subtotal	\$ 489,763.44
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 489,763.44

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Billing Summary Report

Job Number	Total Requests		Driver License		Emission Inspector ID		Identification			Liquor Identification		FACTORY		DOL		QTY MAILED
	Adult	Juvenile	Adult	Juvenile	Adult	Juvenile	Adult	Juvenile	Total	Adult	Total	PULL	Total	PULL	Total	
MAA1711291	3,652	239	3,891	22	22	495	74	569	25	25	4,507				4,507	
MAA1711301	3,772	298	4,070	25	25	449	64	513	28	28	4,636				4,636	
MAA1712031	8,057	885	8,942	16	16	833	117	950	29	29	9,937				9,937	
MAA1712041	6,351	367	6,718	46	46	672	111	783	28	28	7,575				7,575	
MAA1712051	5,549	292	5,841	0	0	567	88	655	21	21	6,517			1	6,516	
MAA1712061	4,995	297	5,292	19	19	510	95	605	22	22	5,938			2	5,936	
MAA1712071	4,498	250	4,748	13	13	479	84	563	29	29	5,353			2	5,351	
MAA1712101	6,977	818	7,795	0	0	598	98	696	33	33	8,524			1	8,523	
MAA1712111	5,215	316	5,531	64	8	546	86	632	25	25	6,260			1	6,258	
MAA1712121	4,160	240	4,500	17	1	418	71	489	22	22	5,029			1	5,028	
MAA1712131	4,123	291	4,414	2	2	454	69	523	24	24	4,963			1	4,962	
MAA1712141	3,813	304	4,117	75	75	406	71	477	25	25	4,694				4,694	
MAA1712171	6,348	825	7,173	28	1	603	94	697	28	28	7,927				7,927	
MAA1712181	5,002	353	5,355	68	1	476	86	562	24	24	6,010			1	6,009	
MAA1712191	4,104	320	4,424	3	3	481	66	547	25	25	4,999			1	4,998	
MAA1712201	3,388	323	3,711	19	19	386	68	454	16	16	4,200			1	4,199	
MAA1712211	4,135	314	4,449	18	18	432	86	518	28	28	5,013				5,013	
MAA1712241	5,025	661	5,686	1	1	439	86	525	30	30	6,242			1	6,241	
MAA1712251	424	26	450	0	0	17	3	20	0	0	470				470	
MAA1712261	4,629	338	4,967	11	3	434	110	544	27	27	5,552			2	5,550	
MAA1712271	4,716	340	5,056	76	6	436	117	553	24	24	5,715			3	5,712	
MAA1712281	4,680	342	4,822	19	1	427	111	538	33	33	5,413				5,413	
MAA1712010	3	3	3	0	0	1	4	1	0	0	4				4	
MAA1712060	4	4	4	0	0	2	4	2	0	0	4				4	
MAA1712050	2	2	2	0	0	2	2	2	0	0	4				4	
MAA1712080	0	0	0	0	0	1	1	1	0	0	1				1	
MAA1712110	4	1	5	0	0	1	1	1	0	0	5				5	
MAA1712130	2	2	2	0	0	1	1	1	0	0	3				3	
MAA1712140	2	2	2	0	0	1	1	1	0	0	3				3	
MAA1712150	2	2	2	0	0	1	1	1	0	0	3				3	
MAA1712210	2	2	2	0	0	1	1	1	0	0	2				2	
MAA1712220	2	2	2	0	0	1	1	1	0	0	2				2	
MAA1712260	4	4	4	0	0	2	2	2	0	0	4				4	
MAA1712270	2	2	2	0	0	1	1	1	0	0	4				4	
MAA1712280	1	1	1	0	0	1	1	1	0	0	2				2	
MAA1712042	1	1	1	0	0	1	1	1	0	0	1				1	
Grand Total	0	183,544	183,544	8,440	111,984	10,568	1,855	12,423	546	546	125,516	17	2	125,497	1	

Adult 11-658
 Minor 10295
 Emission 563

MMARS schedule payment date is 4/4/2018. Deadline for \$1322.21 discount is 3/3/2018. Please process as soon as possible.

[1971770]

Document Name	MORPHO TRUST DRIVERS LICENSE PRODUCTION		
Document Description			
Code	Dept	Unit	Action
PRC	DOT	r124	Entry
Document I.D.		Document Identifier	
Header Information		INTF18J0090042N00017	(Please Sign in Ink)
Budget FY	2018	Document Total	\$528,884.89
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	8	Vendor Address	296 CONCORD RD STE 300
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dotaxf	Address Code	ADD003
Report Note		City	BILLERICA
		State	MA
		Handling Code	
		Single Payment	
		Comment	

Line #1 - Commodity Information


Commodity Code	8213000000000	List Price		Description	Morpho Trust Drivers License	Ref Wl	1	Vendor Inv. #	INV21344
Line Type	Service	Unit Price		Ref Code	CT	Ref cl	1	Inv. Line	1
Quantity		Service From	1/1/2018	Ref Dept	DOT			Inv. Date	2/21/2018
Unit of Measure		Service To	1/31/2018	Ref ID	INTF00X02016J0090042				
Contract Amount	\$528,884.89	Discount Terms		Deadline for \$1322.21 discount is 3/3/2018. Please process as soon as possible.					
		DAVS 1		PERCENT 1	0.2500	DAVS 3		PERCENT 3	
		DAVS 2		PERCENT 2		DAVS 4		PERCENT 4	


Line #1 - Accounting Information

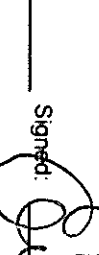
Event Type	AP01	Ref. Line	3	Description	Morpho Trust Drivers License Production	Major Program		Program	R100000
Budget FY	2018	Fund		Unit	R110	Activity	010n	Phase	000
Bank Acct		Sub Fund	0000	Object	J33	Ref Type	Partial	Check Descr	
Dept		Program Period	EPP	Appropriation	60440001	Function			
Sub Total Line Amount				Dept Object					
									\$528,884.89

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

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

Print Name: _____ Signed:  Title: _____


Print Name: Erin C Deveney Signed:  Title: _____

Prepared by:  Title: _____ Registrar: _____

Phone: 9458 _____ Date: 2/23/18

Phone Ext.: _____ Date: 2/23/18

FOR FISCAL USE ONLY

Entered By: _____ Date: _____ Verified By:  Date: 2/23/18

(Initial)

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

discount 1322.22

Invoice	INV21344
Date	2/21/2018
Page	1

Bill To:

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

Ship To:

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

Purchase Order No.		Customer ID		Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042		MAS01000			4/7/2018	0.25% 10 Net 45	2/21/2018	500,904
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price	
123,974.00	123,974.00	\$ 0.00	140-000046	MA Adult Licenses Made January 2018	\$ 0.00000	\$ 3.90200	\$ 483,746.55	
11,115.00	11,115.00	\$ 0.00	140-000047	MA Minor Licenses Made January 2018	\$ 0.00000	\$ 3.90200	\$ 43,370.73	
453.00	453.00	\$ 0.00	140-000047	MA Emission Cards Made January 2018	\$ 0.00000	\$ 3.90200	\$ 1,767.61	

Subtotal	\$ 528,884.89
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 528,884.89

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

[1983897]


Document Name		MORPHO TRUST DRIVERS LICENSE PRODUCTION	
Document Description			
Code		Dept	Unit
PRC		DOT	r124
Document I.D.		Document Identifier	Action
		INTF18J0090042NU0019	Entry
		<i>(Please Sign In Ink)</i>	
VENDORS CERTIFICATION			
I certify that the goods were shipped or the service rendered as set forth below: SEE ATTACHED INVOICE			
Header Information		Document Total	\$541,562.48
Budget FY	2018	Vendor Name	MORPHOTRUST USA, LLC
Fiscal Year	2018	Vendor Address	296 CONCORD RD STE 300
Period	9	Vendor/Customer No.	VC6000183131
SCH Pay Date		Address Code	AD003
Requester ID	dotaxf	Comment	
Report Note			

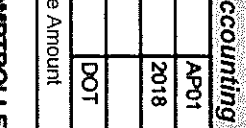
Line #1 - Commodity Information									
Commodity Code	List Price	Description	Morpho Trust Drivers License	Ref Code	CT	Ref vl	1	Vendor Inv. #	inv21419
821300000000		Service							
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv. Line	1
Quantity		Service From	2/1/2018	Ref ID	INTF00X02016J0090042	Inv. Date			3/12/2018
Unit of Measure		Service To	2/28/2018						
Contract Amount	\$541,562.48	Discount Terms							
		DAYS 1		PERCENT 1	0.2500	DAYS 3		PERCENT 3	
		DAYS 2		PERCENT 2		DAYS 4		PERCENT 4	

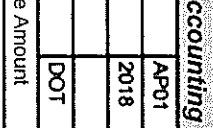
Line #1 - Accounting Information									
Event Type	AP01	Ref. Line	3	Description	Morpho Trust Drivers License Production	Major Program	R100000	Program	R100000
Budget FY	2018	Fund		Unit		Activity	010n	Phase	000
Bank Acct		Sub Fund	0000	Object	J33	Ref Type	Partial	Check Descr	
Dept	DOT	Program Period	EPF	Appropriation	60440001	Function			
Sub Total Line Amount			\$541,562.48	Dept Object					

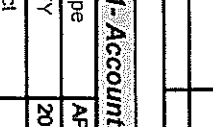
FOR FISCAL USE ONLY			
Entered By:	Date:	Verified By:	Date:
(Initial)		(Initial)	3/16/18

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

Print Name: _____ Signed:  Title: _____

Print Name: Erin C Deveney Signed:  Title: _____

Prepared by:  Title: _____

Authorized Signatory:  Title: _____

Registrar: _____ Phone: 9458 Date: 3/16/18

Ext.: _____ Date: 3/16/18

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV21419
Date	3/12/2018
Page	1

Bill To:

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

Ship To:

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

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
90042	MAS01000		4/26/2018	0.25% 10 Net 45	3/12/2018	501,123	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
128,287.00	128,287.00	\$ 0.00	140-000046	MA Adult Licenses Made February 2018	\$ 0.00000	\$ 3.90200	\$ 500,575.87
9,888.00	9,888.00	\$ 0.00	140-000047	MA Minor Licenses Made February 2018	\$ 0.00000	\$ 3.90200	\$ 38,582.98
616.00	616.00	\$ 0.00	140-000047	MA Emission Cards Made February 2018	\$ 0.00000	\$ 3.90200	\$ 2,403.63
Subtotal						\$ 541,562.48	
Tax						\$ 0.00	
Freight						\$ 0.00	
Less						\$ 0.00	
Total						\$ 541,562.48	

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

MorphoTrust USA

296 CONCORD RD
 BILLERICA MA 01821

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

Invoice	INV21601
Date	4/18/2018
Page	1

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	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
90042	MAS01000		6/2/2018	0.25% 10 Net 45	4/18/2018	502,559	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
187,686.00	187,686.00	\$ 0.00	140-000046	MA Adult Licenses Made March 2018	\$ 0.00000	\$ 3.90200	\$ 732,350.77
9,890.00	9,890.00	\$ 0.00	140-000047	MA Minor Licenses Made March 2018	\$ 0.00000	\$ 3.90200	\$ 38,590.78
805.00	805.00	\$ 0.00	140-000047	MA Emission Cards Made March 2018	\$ 0.00000	\$ 3.90200	\$ 3,141.11

Subtotal	\$ 774,082.66
Tax	\$ 0.00
Freight	\$ 0.00
Loss	\$ 0.00
Total	\$ 774,082.66

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Billing Report

March 1, 2018 - March 31, 2018

Job Summary

Total Requests	198,381
Expedited Requests	78
Regular Requests	198,303

Job Number	Total Requests	Factory Failed	Factory Cancelled	Mailed
MA1802271	6935	0	0	6935
MA1802280	3	0	0	3
MA1802281	6308	0	0	6308
MA1803010	4	0	0	4
MA1803011	7892	0	0	7892
MA1803020	3	0	0	3
MA1803041	10498	0	0	10498
MA1803042	4495	0	0	4495
MA1803050	4	0	0	4
MA1803051	10500	0	0	10500
MA1803052	1573	0	0	1573
MA1803060	6	0	0	6
MA1803061	10500	0	0	10500
MA1803062	3149	0	0	3149
MA1803070	2	0	0	2
MA1803071	10500	0	0	10500
MA1803072	1502	0	0	1502
MA1803080	2	0	0	2
MA1803081	6112	0	0	6112
MA1803090	1	0	0	1
MA1803111	10500	0	0	10500
MA1803112	8656	0	0	8656
MA1803120	4	0	0	4
MA1803121	10420	0	0	10420
MA1803130	5	0	0	5
MA1803131	4274	0	0	4274
MA1803141	7131	0	0	7131
MA1803142	1	0	0	1
MA1803150	5	0	0	5
MA1803151	8338	0	0	8338
MA1803160	4	0	0	4
MA1803181	10499	0	0	10499

MA1803020	2	0	2	2
MA1803041	9587	538	10,125	10125
MA1803042	3972	127	4,099	4099
MA1803050	3	0	3	3
MA1803051	9318	262	9,580	9580
MA1803052	1422	91	1,513	1513
MA1803060	5	1	6	6
MA1803061	9163	243	9,406	9406
MA1803062	2906	92	2,998	2998
MA1803070	1	0	1	1
MA1803071	9611	269	9,880	9880
MA1803072	1383	64	1,447	1447
MA1803080	0	1	1	1
MA1803081	5912	58	5,970	5970
MA1803090	1	0	1	1
MA1803111	9671	496	10,167	10167
MA1803112	7588	277	7,865	7865
MA1803120	3	1	4	4
MA1803121	8979	435	9,414	9414
MA1803130	4	0	4	4
MA1803131	4120	46	4,166	4166
MA1803141	6273	268	6,541	6541
MA1803142	1	0	1	1
MA1803150	4	0	4	4
MA1803151	7208	340	7,548	7548
MA1803160	3	0	3	3
MA1803181	9149	787	9,936	9936
MA1803182	4339	156	4,495	4495
MA1803190	2	0	2	2
MA1803191	9203	341	9,544	9544
MA1803192	409	76	485	485
MA1803200	4	1	5	5
MA1803201	8926	369	9,295	9295
MA1803210	1	0	1	1
MA1803211	7546	414	7,960	7960
MA1803220	2	0	2	2
MA1803221	6286	347	6,633	6633
MA1803230	0	1	1	1
MA1803235	21	0	21	21
MA1803260	4	0	4	4
MA1803261	32	1	33	33
MA1803262	1783	57	1,840	1840
MA1803263	1	0	1	1
MA1803270	5	0	5	5

MA1803192	27	12	39	39
MA1803200	1	0	1	1
MA1803201	717	102	819	819
MA1803210	4	0	4	4
MA1803211	583	109	692	692
MA1803221	570	88	658	658
MA1803261	1	0	1	1
MA1803262	140	22	162	162
MA1803271	170	38	208	208
MA1803272	92	22	114	114
MA1803280	1	0	1	1
MA1803281	531	109	640	640
MA1803290	1	0	1	1
MA1803291	288	70	358	358
MA1803300	1	0	1	1

Liquor ID

Total Requests	481	Total Adult Mailed	481
Total Mailed	481	Total Juvenile Mailed	0

Job Number	Adult	Juvenile	Total Requests	Mailed
MA1802271	24	0	24	24
MA1802280	1	0	1	1
MA1802281	22	0	22	22
MA1803011	27	0	27	27
MA1803041	10	0	10	10
MA1803042	9	0	9	9
MA1803050	1	0	1	1
MA1803051	25	0	25	25
MA1803052	1	0	1	1
MA1803061	29	0	29	29
MA1803062	6	0	6	6
MA1803071	19	0	19	19
MA1803072	1	0	1	1
MA1803081	1	0	1	1
MA1803111	6	0	6	6
MA1803112	23	0	23	23
MA1803121	24	0	24	24
MA1803141	15	0	15	15
MA1803151	30	0	30	30
MA1803181	21	0	21	21
MA1803182	23	0	23	23
MA1803191	37	0	37	37
MA1803192	2	0	2	2

Reconciliation Report

March 1, 2018 - March 31, 2018

Year	03-01-2018	03-07-2018	03-14-2018	03-21-2018	03-28-2018	04-04-2018	04-11-2018	04-18-2018	04-25-2018	05-02-2018	05-09-2018	05-16-2018	05-23-2018	05-30-2018	06-06-2018	06-13-2018	06-20-2018	06-27-2018	07-04-2018	07-11-2018	07-18-2018	07-25-2018	08-01-2018	08-08-2018	08-15-2018	08-22-2018	08-29-2018	09-05-2018	09-12-2018	09-19-2018	09-26-2018	10-03-2018	10-10-2018	10-17-2018	10-24-2018	10-31-2018	11-07-2018	11-14-2018	11-21-2018	11-28-2018	12-05-2018	12-12-2018	12-19-2018	12-26-2018	01-02-2019	01-09-2019	01-16-2019	01-23-2019	01-30-2019	02-06-2019	02-13-2019	02-20-2019	02-27-2019	03-06-2019	03-13-2019	03-20-2019	03-27-2019	04-03-2019	04-10-2019	04-17-2019	04-24-2019	05-01-2019	05-08-2019	05-15-2019	05-22-2019	05-29-2019	06-05-2019	06-12-2019	06-19-2019	06-26-2019	07-03-2019	07-10-2019	07-17-2019	07-24-2019	07-31-2019	08-07-2019	08-14-2019	08-21-2019	08-28-2019	09-04-2019	09-11-2019	09-18-2019	09-25-2019	10-02-2019	10-09-2019	10-16-2019	10-23-2019	10-30-2019	11-06-2019	11-13-2019	11-20-2019	11-27-2019	12-04-2019	12-11-2019	12-18-2019	12-25-2019	01-01-2020	01-08-2020	01-15-2020	01-22-2020	01-29-2020	02-05-2020	02-12-2020	02-19-2020	02-26-2020	03-05-2020	03-12-2020	03-19-2020	03-26-2020	04-02-2020	04-09-2020	04-16-2020	04-23-2020	04-30-2020	05-07-2020	05-14-2020	05-21-2020	05-28-2020	06-04-2020	06-11-2020	06-18-2020	06-25-2020	07-02-2020	07-09-2020	07-16-2020	07-23-2020	07-30-2020	08-06-2020	08-13-2020	08-20-2020	08-27-2020	09-03-2020	09-10-2020	09-17-2020	09-24-2020	10-01-2020	10-08-2020	10-15-2020	10-22-2020	10-29-2020	11-05-2020	11-12-2020	11-19-2020	11-26-2020	12-03-2020	12-10-2020	12-17-2020	12-24-2020	12-31-2020	01-07-2021	01-14-2021	01-21-2021	01-28-2021	02-04-2021	02-11-2021	02-18-2021	02-25-2021	03-04-2021	03-11-2021	03-18-2021	03-25-2021	04-01-2021	04-08-2021	04-15-2021	04-22-2021	04-29-2021	05-06-2021	05-13-2021	05-20-2021	05-27-2021	06-03-2021	06-10-2021	06-17-2021	06-24-2021	07-01-2021	07-08-2021	07-15-2021	07-22-2021	07-29-2021	08-05-2021	08-12-2021	08-19-2021	08-26-2021	09-02-2021	09-09-2021	09-16-2021	09-23-2021	09-30-2021	10-07-2021	10-14-2021	10-21-2021	10-28-2021	11-04-2021	11-11-2021	11-18-2021	11-25-2021	12-02-2021	12-09-2021	12-16-2021	12-23-2021	12-30-2021	01-06-2022	01-13-2022	01-20-2022	01-27-2022	02-03-2022	02-10-2022	02-17-2022	02-24-2022	03-03-2022	03-10-2022	03-17-2022	03-24-2022	03-31-2022	04-07-2022	04-14-2022	04-21-2022	04-28-2022	05-05-2022	05-12-2022	05-19-2022	05-26-2022	06-02-2022	06-09-2022	06-16-2022	06-23-2022	06-30-2022	07-07-2022	07-14-2022	07-21-2022	07-28-2022	08-04-2022	08-11-2022	08-18-2022	08-25-2022	09-01-2022	09-08-2022	09-15-2022	09-22-2022	09-29-2022	10-06-2022	10-13-2022	10-20-2022	10-27-2022	11-03-2022	11-10-2022	11-17-2022	11-24-2022	12-01-2022	12-08-2022	12-15-2022	12-22-2022	12-29-2022	01-05-2023	01-12-2023	01-19-2023	01-26-2023	02-02-2023	02-09-2023	02-16-2023	02-23-2023	03-02-2023	03-09-2023	03-16-2023	03-23-2023	03-30-2023	04-06-2023	04-13-2023	04-20-2023	04-27-2023	05-04-2023	05-11-2023	05-18-2023	05-25-2023	06-01-2023	06-08-2023	06-15-2023	06-22-2023	06-29-2023	07-06-2023	07-13-2023	07-20-2023	07-27-2023	08-03-2023	08-10-2023	08-17-2023	08-24-2023	08-31-2023	09-07-2023	09-14-2023	09-21-2023	09-28-2023	10-05-2023	10-12-2023	10-19-2023	10-26-2023	11-02-2023	11-09-2023	11-16-2023	11-23-2023	11-30-2023	12-07-2023	12-14-2023	12-21-2023	12-28-2023	01-04-2024	01-11-2024	01-18-2024	01-25-2024	02-01-2024	02-08-2024	02-15-2024	02-22-2024	03-01-2024	03-08-2024	03-15-2024	03-22-2024	03-29-2024	04-05-2024	04-12-2024	04-19-2024	04-26-2024	05-03-2024	05-10-2024	05-17-2024	05-24-2024	05-31-2024	06-07-2024	06-14-2024	06-21-2024	06-28-2024	07-05-2024	07-12-2024	07-19-2024	07-26-2024	08-02-2024	08-09-2024	08-16-2024	08-23-2024	08-30-2024	09-06-2024	09-13-2024	09-20-2024	09-27-2024	10-04-2024	10-11-2024	10-18-2024	10-25-2024	11-01-2024	11-08-2024	11-15-2024	11-22-2024	11-29-2024	12-06-2024	12-13-2024	12-20-2024	12-27-2024	01-03-2025	01-10-2025	01-17-2025	01-24-2025	01-31-2025	02-07-2025	02-14-2025	02-21-2025	02-28-2025	03-06-2025	03-13-2025	03-20-2025	03-27-2025	04-03-2025	04-10-2025	04-17-2025	04-24-2025	05-01-2025	05-08-2025	05-15-2025	05-22-2025	05-29-2025	06-05-2025	06-12-2025	06-19-2025	06-26-2025	07-03-2025	07-10-2025	07-17-2025	07-24-2025	07-31-2025	08-07-2025	08-14-2025	08-21-2025	08-28-2025	09-04-2025	09-11-2025	09-18-2025	09-25-2025	10-02-2025	10-09-2025	10-16-2025	10-23-2025	10-30-2025	11-06-2025	11-13-2025	11-20-2025	11-27-2025	12-04-2025	12-11-2025	12-18-2025	12-25-2025	01-01-2026	01-08-2026	01-15-2026	01-22-2026	01-29-2026	02-05-2026	02-12-2026	02-19-2026	02-26-2026	03-05-2026	03-12-2026	03-19-2026	03-26-2026	04-02-2026	04-09-2026	04-16-2026	04-23-2026	04-30-2026	05-07-2026	05-14-2026	05-21-2026	05-28-2026	06-04-2026	06-11-2026	06-18-2026	06-25-2026	07-02-2026	07-09-2026	07-16-2026	07-23-2026	07-30-2026	08-06-2026	08-13-2026	08-20-2026	08-27-2026	09-03-2026	09-10-2026	09-17-2026	09-24-2026	10-01-2026	10-08-2026	10-15-2026	10-22-2026	10-29-2026	11-05-2026	1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Document Name: **MORPHO TRUST DRIVERS LICENSE PRODUCTION** [2028379]

Document Description: **MORPHO TRUST DRIVERS LICENSE PRODUCTION**

Document I.D.: **Document Identifier INTF18J0090042N00024** Action **Entry** (Please Sign In Ink)

VENDORS CERTIFICATION
 I certify that the goods were shipped or the service rendered as set forth below.
 SEE ATTACHED INVOICE

Header Information		Budget FY	2018	Document Total	\$421,782.78
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC		
Period	11	Vendor Address	6840 CAROTHERS PKWY STE 650		
SCH Pay Date		Vendor/Customer No.	VC6000183131		
Requester ID	dotaxf	Address Code	ADD001		
Report Note		City	FRANKLIN	State	TN
		Handling Code	Single Payment		
		Comment			

Line #1 - Commodity Information									
Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License P	Ref Wl	1	Vendor Inv. #	INV21668
Line Type	Service	Unit Price		Ref Code	CT	Ref cl	1	Inv. Line	1
Quantity		Service From	4/1/2018	Ref Dept	DOT	Inv. Date			5/8/2018
Unit of Measure		Service To	4/30/2018	Ref ID	INTF00X02016J0090042				
Contract Amount	\$421,782.78	Discount Terms	Missed \$1054.46 Discount opportunity						
		DAYS 1	PERCENT 1	10	PERCENT 1	DAYS 3	PERCENT 3		
		DAYS 2	PERCENT 2		PERCENT 2	DAYS 4	PERCENT 4		

Line #1 - Accounting Information									
Event Type	AP01	Ref. Line	3	Description	Morpho Trust Drivers License Production	Major Program		Program	R100000
Budget FY	2018	Fund		Unit	R110	Activity	010n	Phase	000
Bank Acct		Sub Fund	0000	Object	J33	Ref Type	Partial	Check Descr	
Dept	DOT	Program Period	EPP	Appropriation	60440001	Function			
Sub Total Line Amount	\$421,782.78	Dept Object							

FOR FISCAL USE ONLY
 Entered By: _____ Date: _____ Verified By: *MS* Date: *6/13/18*
 (Initial) _____ (Initial) _____

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: _____ Signed: _____ Title: _____
 Phone Ext.: *9052* Date: *6/11/18*

Print Name: *Erin C Deveney* Signed: _____ Title: _____
 Phone Ext.: *9458* Date: *6.16.18*

Prepared by: *[Signature]*
 Authorized Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV21668
Date	5/8/2018
Page	1

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	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
90042	MAS01000		6/22/2018	0.25% 10 Net 45	5/8/2018	502,984	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
99,066.00	99,066.00	\$ 0.00	140-000046	MA Adult Licenses Made April 2018	\$ 0.00000	\$ 3.90200	\$ 386,555.53
8,307.00	8,307.00	\$ 0.00	140-000047	MA Minor Licenses Made April 2018	\$ 0.00000	\$ 3.90200	\$ 32,413.91
721.00	721.00	\$ 0.00	140-000047	MA Emission Cards Made April 2018	\$ 0.00000	\$ 3.90200	\$ 2,813.34

Subtotal	\$ 421,782.78
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 421,782.78

PLEASE REMIT TO:
MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Document Name: **MORPHO TRUST DRIVERS LICENSE PRODUCTION** [2036378]

Document Description: **MORPHO TRUST DRIVERS LICENSE PRODUCTION**

Code: Dept Unit Document I.D. Action Entry
DOT **1124** **INTF18J0090042N00027** **Entry** (Please Sign In Ink)

VENDORS CERTIFICATION
 I certify that the goods were shipped or the service rendered as set forth below.
 SEE ATTACHED INVOICE

Header Information

Budget FY	2018	Document Total	\$493,817.60
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	12	Vendor Address	6840 CAROTHERS PKWY STE 650
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dotaxt	Address Code	AD001
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License P	Ref Code	CT	Ref vl	1	Vendor Inv. #	INV21821
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv. Line	1		
Quantity		Service From	5/1/2018	Ref ID	INTF00X02016J0090042			Inv. Date	6/8/2018		
Unit of Measure		Service To	5/31/2018								
Contract Amount	\$493,817.60	Discount Terms									
		DAYS 1		PERCENT 1	0.2500	DAYS 3		PERCENT 3			
		DAYS 2		PERCENT 2		DAYS 4		PERCENT 4			

Line #1 - Accounting Information

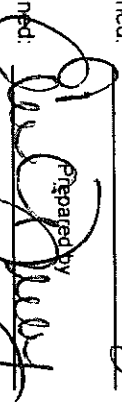
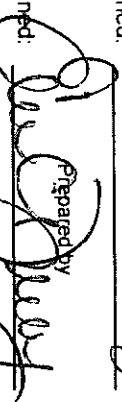
Event Type	AP01	Ref. Line	3	Description	Morpho Trust Drivers License Production	Major Program		Program	R100000
Budget FY	2018	Fund		Unit	R110	Activity	010N	Phase	000
Bank Acct		Sub Fund	0000	Object	J33	Ref Type	Partial	Check Descr	
Dept	DOT	Program Period	EPP	Appropriation	60440001	Function			
Sub Total Line Amount			\$493,817.60	Dept Object					

FOR FISCAL USE ONLY

Entered By:	(Initial)	Date:		Verified By:	(Initial)	Date:	6/20/18
-------------	-----------	-------	--	--------------	-----------	-------	---------

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: _____ Signed:  Title: _____
 Phone Ext.: 9458 Date: 6/18/18

Print Name: Erin C Deveney Signed:  Title: Registrar Phone Ext.: 9458 Date: 6/20/18
 Prepared by:  Authorized Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV21821
Date	6/7/2018
Page	1

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	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
90042	MAS01000		7/22/2018	0.25% 10 Net 45	6/7/2018	503,721	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
114,711.00	114,711.00	\$ 0.00	140-000046	MA Adult Licenses Made May 2018	\$ 0.00000	\$ 3.90200	\$ 447,602.32
11,067.00	11,067.00	\$ 0.00	140-000047	MA Minor Licenses Made May 2018	\$ 0.00000	\$ 3.90200	\$ 43,183.43
777.00	777.00	\$ 0.00	140-000047	MA Emission Cards Made May 2018	\$ 0.00000	\$ 3.90200	\$ 3,031.85

Subtotal	\$ 493,817.60
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 493,817.60

PLEASE REMIT TO:
MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693



222

[2057745]

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION

Document Description: MORPHO TRUST DRIVERS LICENSE PRODUCTION

Document I.D.: INTF18J0090042Y00029

Code: DOT, Unit: r124, Action: Entry

Header Information: Budget FY 2018, Document Total \$467,904.42

Fiscal Year 2018, Vendor Name MORPHOTRUST USA, LLC, Vendor Inv # INVZ22008

Period 13, Vendor Address 6940 CAROTHERS PKWY STE 650, City FRANKLIN, State TN

SCH Pay Date, Vendor/Customer No VC6000183131, Handling Code

Requester ID dotaxf, Address Code AD001, Single Payment

Report Note: Comment

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License P	Ref Code	CT	Ref I	1	Vendor Inv #	INVZ22008
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv Line	1		
Quantity		Service From	6/1/2018	Ref ID	INTF00X02016J0090042	Inv Date					
Unit of Measure		Service To	6/30/2018	Missed \$1169.76 Discount opportunity							
Contract Amount	\$467,904.42	Discount Terms	DAVS 1	PERCENT 1	0.2500	DAVS 3		PERCENT 3			
			DAVS 2	PERCENT 2		DAVS 4		PERCENT 4			

Line #1 - Accounting Information


Event Type	AP01	Ref Line	3	Description	Morpho Trust Drivers License Production	Major Program	R110	Program	R100000
Budget FY	2018	Fund		Unit		Activity	J33	Phase	000
Bank Acct		Sub Fund	0000	Object	J33	Ref Type	Partial	Check Descr	
Dept	DOT	Program Period	EPP	Appropriation	60440001	Function			
Sub Total Line Amount			\$467,904.42	Dept Object					

FOR FISCAL USE ONLY

Entered By: _____ Date: _____ Verified By: _____ Date: 8/10/18


(Initial)


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: _____ Signed:  Title: _____

Phone: _____ Ext.: _____ Date: 8/8/18

Phone: _____ Ext.: _____ Date: 8/9/18

Print Name: Erin C Deveney Signed:  Title: _____

Prepared by:  Authorizer/Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV22008
Date	7/27/2018
Page	1

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	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
90042	MAS01000		9/10/2018	0.25% 10 Net 45	7/27/2018	508,543	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
107,831.00	107,831.00	\$ 0.00	140-000046	MA Adult Licenses Made June 2018	\$ 0.00000	\$ 3.90200	\$ 420,756.56
11,647.00	11,647.00	\$ 0.00	140-000047	MA Minor Licenses Made June 2018	\$ 0.00000	\$ 3.90200	\$ 45,446.59
436.00	436.00	\$ 0.00	140-000047	MA Emission Cards Made June 2018	\$ 0.00000	\$ 3.90200	\$ 1,701.27
Subtotal						\$ 467,904.42	
Tax						\$ 0.00	
Freight						\$ 0.00	
Less						\$ 0.00	
Total						\$ 467,904.42	

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Massachusetts Billing Report Calculation

Driver's Licenses Invoice

	Adult	Juvenile	Enter into GP	DL Invoice Total
<i>All Mailed</i>				
Driver's Licenses	97,297	8,601	Adult Licenses	\$ 420,756.56
Identification	10,162	3,046	Minor	\$ 45,446.59
Liquor ID	372		Emission	\$ 1,701.27
Emission Inspector ID	406	30		
Total		119,914	Sub Total	\$ 467,904.43

Count Check

Postage Invoice

	Enter into GP	Postage Invoice Total
<i>All Mailed</i>		
Regular Requests	119,770	\$ 51,860.41
Expedited Requests	144	\$ 3,134.88
Total	119,914	\$ 54,995.29
	Count Check	-
	Total Count Check	-

MA1806211	4992	0
MA1806220	5	0
MA1806241	5940	0
MA1806250	11	0
MA1806251	6505	0
MA1806260	13	0
MA1806261	5482	0
MA1806270	6	0
MA1806271	5022	0
MA1806280	13	0
MA1806281	5012	0
MA1806290	3	0

Job Details by Card Type

Driver's Licenses

Total Requests **106392**

Total Mailed **105898**

Job Number	Adult	Juvenile
MA1805311	4032	305
MA1806010	2	0
MA1806031	4960	318
MA1806040	3	0
MA1806050	6	1
MA1806051	5620	547
MA1806060	3	1
MA1806061	5112	455
MA1806062	4693	374
MA1806070	3	0
MA1806071	4462	305
MA1806080	6	1
MA1806101	5065	369
MA1806110	2	0
MA1806111	5615	533
MA1806120	5	0
MA1806121	4558	463
MA1806130	6	0

MA1806111	496	148
MA1806120	0	1
MA1806121	506	124
MA1806131	476	158
MA1806140	2	1
MA1806141	479	131
MA1806171	509	175
MA1806180	0	1
MA1806181	500	162
MA1806190	0	2
MA1806191	464	120
MA1806200	2	1
MA1806201	454	139
MA1806211	436	139
MA1806241	511	163
MA1806250	1	0
MA1806251	517	188
MA1806260	0	1
MA1806261	507	146
MA1806270	1	0
MA1806271	468	152
MA1806280	4	0
MA1806281	363	157
	10203	3046

Liquor ID

Total Requests	373
Total Mailed	372

Job Number	Adult	Juvenile
MA1805311	15	0
MA1806031	14	0
MA1806051	24	0
MA1806061	17	0
MA1806062	21	0
MA1806071	17	0
MA1806101	16	0
MA1806111	18	0
MA1806121	22	0
MA1806131	13	0
MA1806141	13	0
MA1806171	17	0
MA1806181	26	0

Factory Cancelled	Mailed
0	4915
0	3
0	5984
0	5
0	9
0	6883
0	5
0	6244
0	5783
0	3
0	5436
0	7
0	6121
0	2
0	6836
0	6
0	5692
0	6
0	5312
0	10
0	5197
0	4
0	5902
0	13
0	6585
0	7
0	5294
0	10
0	5170
0	3

4,646	4646
7	7
4,565	4565
4	4
5,170	5170
12	12
5,888	5888
5	5
4,680	4680
7	7
4,542	4542
3	3
4,395	4395
5	5
5,219	5219
10	10
5,764	5764
12	12
4,784	4784
5	5
4,375	4375
9	9
4,457	3963
3	3
106,392	105,898

Total Adult Mailed **10162**
Total Juvenile Mailed **3046**

Total Requests	Mailed
524	524
1	1
679	679
2	2
2	2
660	660
1	1
613	613
675	675
637	637
650	650

25	25
12	12
15	15
14	14
19	19
16	16
16	16
23	22

373	372
------------	------------

Total Adult Mailed	406	requests
Total Juvenile Mailed	30	

Total Requests	Mailed
39	39
13	13
32	32
47	47
20	20
15	15
21	21
26	26
19	19
19	19
9	9
31	31
9	9
5	5
23	23
7	7
33	33
17	17
29	29
11	11
12	11
437	436
120,451	119,914



Commonwealth of Massachusetts Office of the Comptroller
Payment Commodity Form

MMARS schedule payment date is 8/8/2018. Deadline for \$75.13 discount is 7/7/2018. Please process as soon as possible.

Document Name MORPHOTRUST USA, LLC [2038879]

Document Description 1-year Maint. 10 Workstations 10/1/18 to 09/30/19

Document I/D

VENDOR'S CERTIFICATION
I certify that the goods were shipped or the services rendered as set forth herein.
SEE ATTACHED INVOICE

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	0287	INTF18J0090042N00028	Entry

Header Information

Budget FY	2018	Document Total	\$30,052.50
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	12	Vendor Address	296 CONCORD RD STE 300
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dot8z	Address Code	AD003
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	services	Ref Code	CT	Ref vl	1	Vendor Inv. #	INV21889
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv. Line	1	Inv. Date	6/27/2018
Quantity		Service From	6/26/2018	Ref ID	INTF00X02016J0090042						
Unit of Measure		Service To	6/26/2018	Discount Terms							
Contract Amount	\$30,052.50			Days 1	PERCENT 1	0.2500	Days 3	PERCENT 3			
				Days 2	PERCENT 2		Days 4	PERCENT 4			

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	37	Description	1-year Maint. 10 Workstations 10/1/18 to 09/30/19
Budget FY	2018	Fund	0200	Major Program	R100000
Bank Acct		Sub Fund	087C	Activity	Phase
Dept	DOT	Program Period	EPP	Appropriation	60440001
Sub Total Line Amount	\$30,052.50	Dept Object		Ref Type	Partial
				Check Descr	1-year Maint. 10 Workstations 10/1/18 to 09/30/19

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: Joseph Tomasi Signed: [Signature] Title: Accountant Phone Ext.: 9456 Date: 6-23-18

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Phone Ext.: 9878 Date: 6-27-18

Authorized Signatory

MorphoTrust USA
 296 CONCORD RD
 BILLERICA MA 01821
 Tel 978-215-2400
 Fax 978-215-2500
 Federal ID#: 04-3320515

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

Invoice	INV21889
Date	6/26/2018
Page	1

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
CTDOT28717090042	BD-3060	UPS GROUND	7/26/2018	NET 30	6/26/2018	504,434

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SERVICES	1 Year of Maintenance on 10 Workstations Reference Invoices INV20704, INV20798 Period: 10/1/2018 - 9/30/2019	\$ 0.00000	\$ 30,052.50000	\$ 30,052.50

Subtotal	\$ 30,052.50
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 30,052.50

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Tomassini, Joseph (DOT)

From: Larosa, Christine <Christine.Larosa@us.idemia.com>
Sent: Wednesday, June 27, 2018 11:50 AM
To: Tomassini, Joseph (DOT)
Subject: RE: PO signed 06/02/17

Hi

I can't send you the credit because it wasn't paid – but we have done a credit on our side to clear the invoice INV21744.

Customer: BD-3060
Name: COMMONWEALTH OF MASSACHUSET
Channel: BD
Contact: COMMONWEALTH OF MASSACHUSETTS
Phone: (000) 000-0000 Ext. 0000
Salesperson: DEFAULT
Territory: ALL
Terms: NET 30

Document Number	Date	Amount	Disc W/teoff	Current	0-30 DAYS
114045	6/1/2018	\$ 4,830.00		\$ 4,830.00	
CREDIT003119	6/25/2018	(\$ 90,157.50)			(\$ 90,157.50)
INV21744	5/29/2018	\$ 90,157.50		\$ 90,157.50	
INV21844	6/14/2018	\$ 200,000.00		\$ 200,000.00	
INV21869	6/19/2018	\$ 77,480.00		\$ 77,480.00	
INV21889	6/26/2018	\$ 30,052.50		\$ 30,052.50	
Totals:				\$ 402,520.00	(\$ 90,157.50)

Grand Totals:

Customer(s) 1
Current \$ 402,520.00
0-30 DAYS (\$ 90,157.50)

Christine Larosa
A/R Analyst/Lead Credit/Collections
Specialist
Identity & Security, N.A.
P. (978) 215-2760
M. (978) 215-2412
E. Christine.Larosa@us.IDEMIA.com



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www.idemia.com

296 Concord Road, Suite 300
Billerica, MA 01821 USE

From: Tomassini, Joseph (DOT) <joseph.tomassini@state.ma.us>
Sent: Wednesday, June 27, 2018 11:42 AM
To: Larosa, Christine <Christine.Larosa@us.idemia.com>
Cc: Cadorette, John (DOT) <john.cadorette@state.ma.us>; Zaphiris, Sarah (DOT) <sarah.zaphiris@state.ma.us>
Subject: RE: PO signed 06/02/17

Hi Christine

Thank you and I will start process, today. Also, as per our phone discussion, since a new Invoice and number was created, could you send us an updated/revised Invoice # 21744 crediting it to \$0.00?

Regards,
Joe Tomassini
RMV Fiscal Liaison
10 Park Plaza, Suite 6620
Boston, MA 02116
857-368-9456

From: Larosa, Christine [mailto:Christine.Larosa@us.idemia.com]
Sent: Wednesday, June 27, 2018 11:11 AM
To: Tomassini, Joseph (DOT)
Cc: Cadorette, John (DOT); Zaphiris, Sarah (DOT)
Subject: RE: PO signed 06/02/17

Hi Joe

Please see attachment.



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Christine Larosa
A/R Analyst/Lead Credit/Collections
Specialist
Identity & Security, N.A.
P. (978) 215-2760
M. (978) 215-2412
E. Christine.Larosa@us.IDEMIA.com

296 Concord Road, Suite 300
Billerica, MA 01821 USE

From: Tomassini, Joseph (DOT) <joseph.tomassini@state.ma.us>
Sent: Monday, June 25, 2018 11:42 AM
To: Larosa, Christine <Christine.Larosa@us.idemia.com>

CC: Cadorette, John (DOT) <john.cadorette@state.ma.us>; Zaphiris, Sarah (DOT) <sarah.zaphiris@state.ma.us>
Subject: RE: PO signed 06/02/17

I am ready to create a payment for one year of the maintenance fees starting on 10/1/18 in the amount of \$30,053.00 with a corrected invoice for this amount, and the consecutive two years will need to be invoiced separately for each year.

Regards,
Joe Tomassini
RMV Fiscal Liaison
10 Park Plaza, Suite 6620
Boston, MA 02116
857-368-9456

From: Larosa, Christine [mailto:Christine.Larosa@us.idemia.com]
Sent: Monday, June 25, 2018 11:37 AM
To: Tomassini, Joseph (DOT)
CC: Cadorette, John (DOT); Zaphiris, Sarah (DOT); Larosa, Christine
Subject: RE: PO signed 06/02/17

Hi Joe

We are working on this today – I should have an invoice to you shortly. Do you think it will be paid by month end?



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Christine Larosa
A/R Analyst/Lead Credit/Collections
Specialist
Identity & Security, N.A.
P. (978) 215-2760
M (978) 215-2412
E. Christine.Larosa@us.IDEMIA.com
296 Concord Road, Suite 300
Billerica, MA 01821 USE

From: Tomassini, Joseph (DOT) <joseph.tomassini@state.ma.us>
Sent: Friday, June 22, 2018 3:54 PM
To: Larosa, Christine <Christine.Larosa@us.idemia.com>
CC: Cadorette, John (DOT) <john.cadorette@state.ma.us>; Zaphiris, Sarah (DOT) <sarah.zaphiris@state.ma.us>
Subject: RE: PO signed 06/02/17

Hi Christine

I apologize for the delay. This purchase was created Fiscally awkward and I believe we have addressed the Fiscal process for future purchases from this contract. The Maintenance costs of this purchase were obligated for payment in each Budget Fiscal Year that they will be in effect. As such, I will be able to make a payment in BFY18 for the 1st out year of maintenance in the amount of \$30,053.00 once the funding correction has been updated to our Project Info application system, which should be Monday.

Regards,

Joe Tomassini

RMV Fiscal Liaison

10 Park Plaza, Suite 6620

Boston, MA 02116

857-368-9456

From: Larosa, Christine [mailto:Christine.Larosa@us.idemia.com]

Sent: Friday, June 22, 2018 2:55 PM

To: Tomassini, Joseph (DOT)

Cc: Cadorette, John (DOT); Zaphiris, Sarah (DOT); Larosa, Christine

Subject: RE: PO signed 06/02/17

Hi Joseph

Will this invoice be paid before the end of June?



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www.idemia.com

Christine Larosa
A/R Analyst/Lead Credit/Collections
Specialist
Identity & Security, N.A.

P. (978) 215-2760

M. (978) 215-2412

E. Christine.Larosa@us.IDEMIA.com

296 Concord Road, Suite 300
Billerica, MA 01821 USE

From: Larosa, Christine

Sent: Monday, June 11, 2018 12:22 PM

To: 'Tomassini, Joseph (DOT)' <Joseph.tomassini@state.ma.us>

Cc: Cadorette, John (DOT) <John.cadorette@state.ma.us>; Zaphiris, Sarah (DOT) <sarah.zaphiris@state.ma.us>

Subject: RE: PO signed 06/02/17

Hi!

Do you know when the payments will go out for invoices INV20798 & INV21744?



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www.idemia.com

Christine Larosa
A/R Analyst/Lead Credit/Collections
Specialist
Identity & Security, N.A.

P. (978) 215-2760

M. (978) 215-2412

E. Christine.Larosa@us.IDEMIA.com

296 Concord Road, Suite 300

From: Tomassini, Joseph (DOT) <joseph.tomassini@state.ma.us>
Sent: Tuesday, June 05, 2018 5:17 PM

To: Larosa, Christine <Christine.Larosa@us.idemia.com>

Cc: Cadorette, John (DOT) <john.cadorette@state.ma.us>; Zaphiris, Sarah (DOT) <sarah.zaphiris@state.ma.us>

Subject: RE: PO signed 06/02/17

Thank you, Christine

Regards,

Joe Tomassini

RMV Fiscal Liaison

10 Park Plaza, Suite 6620

Boston, MA 02116

857-368-9456

From: Larosa, Christine [mailto:Christine.Larosa@us.idemia.com]

Sent: Tuesday, June 05, 2018 3:41 PM

To: Tomassini, Joseph (DOT)

Cc: Cadorette, John (DOT); Zaphiris, Sarah (DOT); Larosa, Christine

Subject: RE: PO signed 06/02/17

Hi!

Yes, these are the last two invoices for this PO.

Christine Larosa
A/R Analyst/Lead Credit/Collections
Specialist
Identity & Security, N.A.

P. (978) 215-2760

M. (978) 215-2412

E. Christine.Larosa@us.IDEMIA.com

296 Concord Road, Suite 300
Billerica, MA 01821 USE



Join us on    

www.idemia.com

From: Tomassini, Joseph (DOT) <joseph.tomassini@state.ma.us>
Sent: Friday, June 01, 2018 1:36 PM

To: Larosa, Christine <Christine.Larosa@us.idemia.com>

Cc: Cadorette, John (DOT) <john.cadorette@state.ma.us>; Zaphiris, Sarah (DOT) <sarah.zaphiris@state.ma.us>

Subject: PO signed 06/02/17

Hi Christine

Will the attached two invoices finalize any open items of this PO?

Regards,
Joe Tomassini
RMV Fiscal Liaison
10 Park Plaza, Suite 6620
Boston, MA 02116
857-368-9456

Please advise on the status of this request. Thank you.

Hi Diane

From: Tomassini, Joseph (DOT) <Joseph.Tomassini@dot.state.ma.us>
Sent: Wednesday, May 02, 2018 12:25 PM
To: Grochmal, Diane <Diane.Grochmal@us.idemia.com>
Cc: Allard, Scott <Scott.Allard@us.idemia.com>; Yee, Bill (DOT) <bill.yee@state.ma.us>; Cadorette, John (DOT) <john.cadorette@state.ma.us>; Zaphiris, Sarah (DOT) <sarah.zaphiris@state.ma.us>; Larosa, Christine <Christine.Larosa@us.idemia.com>; Bedard, David (DOT) <david.bedard@state.ma.us>; Leahy, William (DOT) <William.Leahy@state.ma.us>; Rong, Debbie (DOT) <debbie.h.rong@state.ma.us>
Subject: FW: MA INV20704

296 Concord Road, Suite 300
Billenca, MA 01821 USE

P. (978) 215-2760
M. (978) 215-2412
E. Christine.Larosa@us.IDEMIA.com

Christine Larosa
A/R Analyst/Lead Credit/Collections
Specialist
Identity & Security, N.A.



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Attached is the open invoices – please let me know when they will be submitted for payment

Hi!

From: Larosa, Christine [mailto:Christine.Larosa@us.idemia.com]
Sent: Friday, June 01, 2018 1:12 PM
To: Tomassini, Joseph (DOT)
Cc: Larosa, Christine
Subject: FW: MA INV20704

Regards,
Joe Tomassini
RMV Fiscal Liaison
10 Park Plaza, Suite 6620
Boston, MA 02116
857-368-9456

Christine Larosa

Please let me know when the attached invoice INV20798 – PO # CTDO2028717090042 will be submitted for payment.

Hello

From: Larosa, Christine [mailto:Christine.Larosa@us.idemia.com]
Sent: Thursday, April 12, 2018 2:52 PM
To: Cadorette, John (DOT)
Cc: Grochmal, Diane; Allard, Scott
Subject: RE: MA INV20704

John Cadorette | IT Procurement
Massachusetts Department of Transportation
10 Park Plaza, Room 8350 Boston, MA 02116
Phone: 857-368-9960 Fax: 857-368-0622
john.cadorette@state.ma.us | www.mass.gov/massDOT

John
Thanks,

Can you provide remaining balance on this PO as this gets added to a large account and hard to figure out.
Invoice is being processed.

Hi Christine,

From: Cadorette, John (DOT)
Sent: Friday, April 13, 2018 9:25 AM
To: 'Larosa, Christine'
Cc: Grochmal, Diane; Allard, Scott; Tomassini, Joseph (DOT); Yee, Bill (DOT)
Subject: RE: MA INV20704

Regards,
Joe Tomassini
RMV Fiscal Liaison
10 Park Plaza, Suite 6620
Boston, MA 02116
857-368-9456

Please advise of any other remaining balance to the attached PO. Thank you.

Hi Diane

From: Tomassini, Joseph (DOT)
Sent: Wednesday, April 25, 2018 4:01 PM
To: Grochmal, Diane
Cc: Allard, Scott; Yee, Bill (DOT); Zaphiris, Sarah (DOT); Cadorette, John (DOT); 'Larosa, Christine'
Subject: RE: MA INV20704

Can you email the PO that this matches. Having trouble locating.

Hi Diane,

From: Cadorette, John (DOT) [mailto:john.cadorette@state.ma.us]
Sent: Friday, November 03, 2017 2:41 PM
To: Grochmal, Diane <Diane.Grochmal@us.idemia.com>
Cc: Allard, Scott <Scott.Allard@us.idemia.com>
Subject: RE: MA INV20704

IMPORTANT NOTE: IDEMIA is a trademark of MorphoTrust USA, LLC. The Company plans to change its legal name to IDEMIA in late 2017 or early 2018 and will notify its customers upon making the change.

OT-MORPHO is now IDEMIA

296 Concord Road, Suite 300
Billerica, MA 01821 USE

F: (978) 215-2760
M: (978) 215-2412
E: Christine.Larosa@us.IDEMIA.com

Christine Larosa
A/R Analyst/Lead Credit/Collections
Specialist



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Please see attached PO.

Hello

From: Larosa, Christine
Sent: Friday, March 30, 2018 11:16 AM
To: John.Cadorette@state.ma.us
Cc: Grochmal, Diane <Diane.Grochmal@us.idemia.com>; Allard, Scott <Scott.Allard@us.idemia.com>; Larosa, Christine <Christine.Larosa@us.idemia.com>
Subject: RE: MA INV20704

IMPORTANT NOTE: IDEMIA is a trademark of MorphoTrust USA, LLC. The Company plans to change its legal name to IDEMIA in late 2017 or early 2018 and will notify its customers upon making the change.

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Billerica, MA 01821 USE

F: (978) 215-2760
M: (978) 215-2412
E: Christine.Larosa@us.IDEMIA.com

A/R Analyst/Lead Credit/Collections
Specialist



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Thanks,
John

John Cadorette | IT Procurement

Massachusetts Department of Transportation
10 Park Plaza, Room 5231 Boston, MA 02116

Phone: 857-368-9960 Fax: 857-368-0622

john.cadorette@state.ma.us | www.mass.gov/massDOT

From: Grochmal, Diane [mailto:Diane.Grochmal@us.idemia.com]

Sent: Friday, November 03, 2017 1:58 PM

To: Cadorette, John (DOT)

Cc: Allard, Scott

Subject: MA INV20704

Importance: High

Hi John,

Can you please advise when payment will be process for the attached invoice.

Thank you in advance,
Diane

Diane Grochmal
A/R Manager | Finance

P. 978-215-2570

M. 978-423-5184

E. diane.grochmal@us.idemia.com

296 Concord Road, Suite 300

Billerica, MA 01821



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Document Name: MORPHOTRUST USA, LLC [2032687]

Document Description: 10 Monitors - Quote# FQ20170405MA03

Code		Dept	Unit	Document Identifier	Action
PRC	DOT	R110		INTF18J0090042N00025	Entry

Header Information: Budget FY 2018, Document Total \$2,890.00

Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC	City	BILLERICA	State	MA
Period	12	Vendor Address	296 CONCORD RD STE 300	Handling Code			
SCH Pay Date		Vendor/Customer No.	VC6000183131	Single Payment			
Requester ID	dotaxf	Address Code	AD003				
Report Note		Comment					

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	10 Monitors	Ref Code	CT	Ref VI	1	Vendor Inv. #	INV20798
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv. Line	1	Inv. Date	10/5/2017
Quantity		Service From	10/3/2017	Ref ID	INTF00X02016J0090042						
Unit of Measure		Service To	10/3/2017	Missed \$7.22 Discount opportunity							
Contract Amount	\$2,890.00	Discount Terms		DAYS 1	PERCENT 1	0.2500	DAYS 3	PERCENT 3			
		DAYS 2		DAYS 4	PERCENT 2		DAYS 4	PERCENT 4			

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	11	Description	10 Monitors - Quote# FQ20170405MA03	Major Program	DOTR	Program	RMV/1709 (Maintenance Kiosks)
Budget FY	2018	Fund	0210	Unit	R110	Activity	U10	Phase	
Bank Acct		Sub Fund	403C	Object	U10	Ref Type	Final	Check Descr	10 Monitors - Quote# FQ20170405MA03
Dept	DOT	Program Period	EPP	Appropriation	64201317	Function			
Sub Total Line Amount		Dept Object							

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: Joseph T. Morrison, Signed: [Signature], Title: [Signature], Date: 6/13/18

Print Name: Erin C Deveney, Signed: [Signature], Title: Registrar, Date: 6.12.18

Prepared by: [Signature], Authorized Signatory, Date: 6.13.18

FOR FISCAL USE ONLY
 Entered By: [Signature], Date: 6/13/18, Verified By: [Signature], Date: 6/13/18

MorphoTrust USA
 296 CONCORD RD
 BILLERICA MA 01821
 Tel 978-215-2400
 Fax 978-215-2500
 Federal ID#: 04-3320515

Bill To:

John Cadorette
 Mass DOT - IT
 10 Park Plaza, Room 5231
 BOSTON MA 02116
 United States

Ship To:

Peter Bates
 MorphoTrust USA
 296 Concord Rd, Third Floor, Suite 300
 Billerica MA 01821

Invoice	INV20798
Date	10/5/2017
Page	1

Purchase Order No	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No
CTD0102871709004	BD-3060		11/4/2017	NET 30	10/3/2017	496,872
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price
10.00	10.00		152-000017	MONITOR, LENOVO THINKCENTRE 10DQPAR6	\$ 0.00000	\$ 289.00000
Ext. Price						\$ 2,890.00

Subtotal	\$ 2,890.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 2,890.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Document Name: MORPHOTRUST [1959514]

Document Description: Outstanding Invoices for Q-matic & enChoice Support

Code: Dept Unit Action

PRC DOT R110 INTF18J0090042N00015 Entry

Header Information: Budget FY 2018 Document Total \$143,834.00

Fiscal Year 2018 Vendor Name MORPHOTRUST USA, LLC

Period 8 Vendor Address 296 CONCORD RD STE 300 City BILLERICA State MA

SCH Pay Date Vendor/Customer No. VC6000183131 Handling Code

Requester ID dotaxf Address Code AD003 Single Payment

Report Note Comment

VENDOR'S CERTIFICATION
I certify that the goods were shipped or the service rendered as per the invoice.
SEE ATTACHED INVOICE

Line #1 - Commodity Information

Commodity Code	List Price	Description	Q-matic Support	Ref VI	Vendor Inv. #	Inv. Line	Inv. Date
821300000000		Service	CT	1	INV19186	1	10/5/2016
		Service From 10/23/2016	DOT				
		Service To 1/22/2017	INTF00X02016J0090042				
Contract Amount	\$25,917.00	Discount Terms	Missed \$64.79 Discount opportunity				
		DAYS 1	PERCENT 1	0.2500			
		DAYS 2	PERCENT 2				
		DAYS 3	PERCENT 3				
		DAYS 4	PERCENT 4				

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	29	Description	Q-matic Support	Major Program	Program
Budget FY	2018	Fund		Unit	R110		R100000
Bank Acct		Sub Fund	0000	Object	U10	Activity	Phase
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Check Descr
Sub Total Line Amount	\$25,917.00	Dept Object		Function			Q-matic Support: 10/23/16 to 01/22/17

FOR FISCAL USE ONLY
Entered By: _____ Date: _____ Verified By: _____ Date: 2/8/18
(Initial) (Initial)

Print Name: Joseph Terrasini Signed: _____ Title: Accountant
Phone Ext: 9456 Date: 2.6.18

Print Name: Erin C Deveney Signed: _____ Title: _____
Phone Ext: 9458 Date: 2.7.18

Report Generated On: 2/6/2018 1:24:51 PM
Page 1 of 4
Tracking No.: TN269N1DE65A



Document Name MORPHOTRUST [1959514]

Document Description Outstanding Invoices for Q-matic & enChoice Support

Document ID

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	R110	INTF18JU090042N00015	Entry

VENDOR'S CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below.
SEE ATTACHED INVOICE
(Please sign in ink)

Line #2- Commodity Information

Commodity Code	List Price	Description	Q-matic Support	Ref Code	CT	Ref vl	1	Vendor Inv. #	INV19722
821300000000		Service							
		Unit Price							
		Service From							
		Service To							
Contract Amount	\$25,917.00	Discount Terms	Missed \$64.79 Discount opportunity						
		DAYS 1	PERCENT 1	0.2500		DAYS 3		PERCENT 3	
		DAYS 2	PERCENT 2			DAYS 4		PERCENT 4	

Line #1- Accounting Information

Event Type	Ref. Line	Description	Q-matic Support	Unit	Major Program	Program	R1000000
AP01	29						
Budget FY	2018	Fund					
Bank Acct		Sub Fund					
Dept	DOT	Program Period					
		EPP					
Sub Total Line Amount		Dept Object					

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.

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

Print Name: _____ Signed: _____ Title: _____ Phone Ext: _____ Date: _____

Print Name: _____ Signed: _____ Title: _____ Phone Ext: _____ Date: _____

Print Name: _____ Signed: _____ Title: _____ Phone Ext: _____ Date: _____

Authorized Signatory

Document Name: **MORPHOTRUST** [1959514]

Document Description: **Outstanding Invoices for Q-matic & enChoice Support**

Code: **Dept Unit** Document Identifier: **Document I.D.** Action

PRC: **DOT R110** INTF18J0090042N00015 **Entry** *(Process Sign in Inv)*

VENDORS CERTIFICATION
 I certify that the goods were shipped or the service rendered as per full invoice. SEE ATTACHED INVOICE

Line #3- Commodity Information

Commodity Code	List Price	Description	enChoice Support	Ref Code	CT	Ref vl	Vendor Inv. #
821300000000		Service				1	INV20408
		Unit Price					
		Service From				1	
		Service To					
Contract Amount	\$42,000.00	Discount Terms					
		DAYS 1					
		DAYS 2					
		PERCENT 1					
		PERCENT 2					
		DAYS 3					
		PERCENT 3					
		DAYS 4					
		PERCENT 4					

Line #1- Accounting Information

Event Type	Ref. Line	Description	enChoice Support	Unit	Major Program	Program	Phase
AP01	29						
Budget FY	2018	Fund		R110		R100000	
Bank Acct		Sub Fund		U10			
Dept	DOT	Program Period		EPP			
Sub Total Line Amount		Appropriation		60440001			
		Dept Object					
		Function					
		Check Descr		enChoice Support: 01/01/16 to 12/31/16			

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.

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

Print Name: _____ Signed: _____ Title: _____ Phone: _____ Date: _____
 Prepared by: _____ Title: _____ Phone: _____ Date: _____
 Ext.: _____ Ext.: _____

Print Name: _____ Signed: _____ Title: _____ Phone: 9458 _____ Date: _____
 Authorized Signatory



MMARS schedule payment date of Missed \$125.00 Discount opportunity
3/5/2017 has passed.

Document Name MORPHOTRUST [1959514]

Document Description Outstanding Invoices for Q-matic & enChoice Support

Document ID

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	R110	INTF18J0090042N00015	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below.
SEE ATTACHED INVOICE
(Please sign in ink)

Line #4- Commodity Information

Commodity Code	821300000000	List Price		Description	enChoice Support	enChoice Support	Ref Code	CT	Ref vl	1	Vendor Inv. #	INV20410
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv. Line		1	Inv. Date	7/25/2017
Quantity		Service From	1/1/2017	Ref ID	INTF00X02016J0090042							
Unit of Measure		Service To	12/31/2017	Missed \$125.00 Discount opportunity								
Contract Amount	\$50,000.00	Discount Terms		DAYS 1	PERCENT 1	0.2500	DAYS 3	PERCENT 3				
		DAYS 2		DAYS 4	PERCENT 2		DAYS 4	PERCENT 4				

Line #1- Accounting Information

Event Type	AP01	Ref. Line	29	Description	enChoice Support	enChoice Support	Unit	R110	Major Program	R100000
Budget FY	2018	Fund		Object	U10	Activity	Partial	Phase		
Bank Acct		Sub Fund	0000	Appropriation	60440001	Ref Type	Partial	Check Descr	enChoice Support: 01/01/17 to 12/31/17	
Dept	DOT	Program Period	EPP	Dept Object		Function				
Sub Total Line Amount			\$50,000.00							

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.

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

Print Name: _____ Signed: _____ Title: _____ Phone Ext: _____ Date: _____

Prepared by

Print Name: _____ Signed: _____ Title: _____ Phone Ext: _____ Date: _____

Authorized Signatory

MorphoTrust USA
 296 CONCORD RD
 BILLERICA MA 01821
 Tel 978-215-2400
 Fax 978-215-2500
 Federal ID#: 04-3320515

Bill To:

Attn: Ibrahim Barry
 Massachusetts License Program
 RMV QUINCY HEADQUARTERS
 25 NEWPORT AVENUE EXT
 QUINCY MA 02171
 USA

Ship To:

Attn: Ibrahim Barry
 MASSACHUSETTS LICENSE PROGRAM
 RMV QUINCY HEADQUARTERS
 25 NEWPORT AVENUE EXT
 QUINCY MA 02171
 USA

Invoice	INV19186
Date	10/5/2016
Page	1

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Reg Ship Date	Master No.
FC20160609MA09	MAS01000		11/4/2016	Net 30	10/5/2016	448,288
Ordered / Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00			Qmatic Support: Oct 23, 2016 - Jan 22, 2017	\$ 0.00000	\$ 25,917.00000	\$ 25,917.00

Subtotal	Tax	Freight	Less	Total
\$ 25,917.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 25,917.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

MorphoTrust USA
 296 CONCORD RD
 BILLERICA MA 01821
 Tel 978-215-2400
 Fax 978-215-2500
 Federal ID#: 04-3320515

Bill To:

Ibrahima Barry
 MASSACHUSETTS LICENSE PROGRAM
 MassDOT - RMV
 25 Newport Avenue Ext
 Quincy MA 02171
 United States

Ship To:

Ibrahima Barry
 MASSACHUSETTS LICENSE PROGRAM
 MassDOT-RMV
 25 Newport Avenue Extension
 Quincy MA 02171
 United States

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Reg Ship Date	Master No.
FC20160609MA09	MAS01000		2/24/2017	Net 30	1/25/2017	467,633

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext Price
1.00	1.00		SUPPORT	Qmatic Support: Jan 23, 2017 - April 22, 2017	\$ 0.00000	\$ 25,917.00000	\$ 25,917.00

Subtotal	\$ 25,917.00						
Tax	\$ 0.00						
Freight	\$ 0.00						
Less	\$ 0.00						
Total	\$ 25,917.00						

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Invoice	INV19722
Date	1/25/2017
Page	1

MorphoTrust USA
 296 CONCORD RD
 BILLERICA MA 01821
 Tel 978-215-2400
 Fax 978-215-2500
 Federal ID#: 04-3320515

Bill To:

MASSACHUSETTS LICENSE PROGRAM
 Attn: Antonia Pires
 10 Park Plaza, Room 5231
 Boston MA 02116
 United States

Ship To:

MASSACHUSETTS LICENSE PROGRAM
 Attn: Antonia Pires
 10 Park Plaza, Room 5231
 Boston MA 02116
 United States

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Reg Ship Date	Master No.	
028716090540	MAS01000		8/24/2017	Net 30	7/25/2017	494,218	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
168.00	168.00	\$ 0.00	SERVICES	Support Hours Increased to 368 from 1/1/16 - 12/31/16 : enChoice PO CTDOT028716090540 - Amend 1	\$ 0.00000	\$ 250.00000	\$ 42,000.00

Subtotal	\$ 42,000.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 42,000.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Invoice	INV20408
Date	7/25/2017
Page	1

MorphoTrust USA
 296 CONCORD RD
 BILLERICA MA 01821
 Tel 978-215-2400
 Fax 978-215-2500
 Federal ID#: 04-3320515

Bill To:

MASSACHUSETTS LICENSE PROGRAM
 Attn: Antonia Pires
 10 Park Plaza, Room 5231
 Boston MA 02116
 United States

Ship To:

MASSACHUSETTS LICENSE PROGRAM
 Attn: Antonia Pires
 10 Park Plaza, Room 5231
 Boston MA 02116
 United States

Invoice	INV20410
Date	7/25/2017
Page	1

Purchase Order No.	028717090042	Customer ID	MAS01000	Shipping Method	8/24/2017	Net Due Date	Net 30	Payment Terms	7/25/2017	Reg Ship Date	494,220	Master No.			
Ordered	200.00	Shipped	200.00	B/O	0.00	Item Number	SERVICES	Description	enChoice Professional Services	Discount	\$ 0.00000	Unit Price	\$ 250.00000	Ext Price	\$ 50,000.00

Amend: Extend & Increase 1/1/17 - 12/31/17
 Engineers, Consultants and Project Manager
 PO CTDOT28717090042
 Quote: FQ20161024MA15

Subtotal	\$ 50,000.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 50,000.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1921466]

Document Description: MORPHO TRUST DRIVERS LICENSE PRODUCTION

Document I.D.: INTF18J0090042N00008

Code: PRC DOT 0287

Unit: INTF18J0090042N00008

Document Identifier: INTF18J0090042N00008

Action: Entry

Header Information: Budget FY 2018, Document Total \$127,356.00

Fiscal Year: 2018, Vendor Name: MORPHOTRUST USA, LLC

Period: 5, Vendor Address: 296 CONCORD RD STE 300

SCH Pay Date: dotaxf, Vendor/Customer No.: VC6000183131

Requester ID: dotaxf, Address Code: AD003

Report Note: Comment

VENDORS CERTIFICATION: I certify that the goods were shipped or the service rendered as set forth below: SEE ATTACHED INVOICE

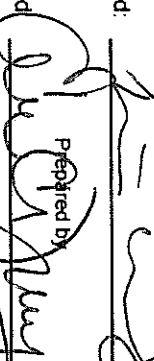
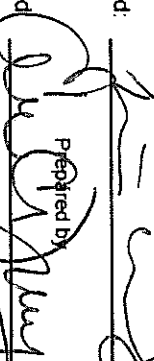
Commodity Code	List Price	Description	software	Ref VI	1	Vendor Inv. #	INV20704
8213000000000		Service					
Unit of Measure		Service From				Inv. Line	1
Contract Amount	\$127,356.00	Service To				Inv. Date	9/25/2017
		Discount Terms					
		DAYS 1				PERCENT 3	
		DAYS 2				PERCENT 4	
		DAYS 3					
		DAYS 4					

Line #1 - Accounting Information			
Event Type	Ref. Line	Description	Capture Stations
AP01	16	Unit	R110
Budget FY	2018	Sub Fund	402C
Bank Acct	DOT	Program Period	EPP
Dept	DOT	Appropriation	64201317
Sub Total Line Amount		Dept Object	Function
	\$119,270.00		

FOR FISCAL USE ONLY

Entered By: _____ Date: _____ Verified By: _____ Date: _____

(Initial) (Initial)

Print Name: Erin C Deveney
 Signed: 
 Prepared by: 
 Title: _____
 Registrar: _____
 Phone: 9458
 Date: 11/30/17
 Date: 12-3-17

MorphoTrust USA
 296 CONCORD RD
 BILLERICA MA 01821
 Tel 978-215-2400
 Fax 978-215-2500
 Federal ID#: 04-3320515

Bill To:

Peter Bates
 COMMONWEALTH OF MASSACHUSETTS
 Mass DOT - IT
 10 Park Plaza, Room 5231
 BOSTON MA 02116
 United States

Ship To:

Peter Bates
 MorphoTrust USA
 296 Concord Rd, Third Floor, Suite 300
 Billerica MA 01821

Invoice	INV20704
Date	9/25/2017
Page	2

Purchase Order No.	CTDOT2871709004	Customer ID	BD-3060	Shipping Method	NET 30	Payment Terms	8/3/2017	Reg Ship Date	494.627	Master No.
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price			

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
10.00	10.00	\$ 0.00	09-03593	Cable, Power Us 110 Vac 6 Ft Long	\$ 0.00000	\$ 0.00000	\$ 0.00
10.00	10.00	\$ 0.00	09-01473	VISION SCREENER, DEPISTEO V11 DMV EDITIO	\$ 0.00000	\$ 3,385.00000	\$ 33,850.00
8.00	8.00	\$ 0.00	639600B	ASSY, BACKDROP 3x5' BLUE VINYL PACKAGED	\$ 0.00	\$ 43.25	\$ 346.00
10.00	10.00	\$ 0.00	639732C	SURGE PROTECTOR, BELKIN 8 OUTLET BE-108	\$ 0.00000	\$ 0.00000	\$ 0.00

Subtotal	\$ 127,356.00
Tax	\$ 0.00
Freight	\$ 0.00
Loss	\$ 0.00
Total	\$ 127,356.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693



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

A Amendment
Invest for
10 Capture Station

COMMODITY/EQUIPMENT SERVICE

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

Purchase Order Issue Date:		Purchase Order Number: CTD07028717090042						
Contract Start Date: 7/17/05		Statewide Contract Number:						
Contract End Date: 10/23/2011		Reference MA or Contract:						
Vendor Information								
Name: Morphotrust USA LLC Address: 6840 Carothers Pkwy, Ste 650 City, State, Zip Code: Franklin, TN 37067		Contact Person: John Conson Telephone: 678-575-1586 Email: jconson@morphotrust.com						
Name: Morphotrust USA LLC Address: 25 Newport Ave City, State, Zip Code: Quincy, MA 02171		Contact Person: Al Fucias Telephone: 617-368-1806 Email: afucias@state.maus						
Department Information State Dept Name: MassDOT - RMV Department Name: MassDOT - IT								
Instructions to the Vendor: 1. The vendor's invoice must include the following maximum 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. 2. The purchase order number must appear on the vendor's packing slip. 3. See attached specifications, if any, related to the purchase order. If the 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. 4. 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 date of service, the number of hours and the hourly rate 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 RFP and contract contain all of the required Purchase Order information.								
Line #	Vendor Item Number	Description	Unit of Measure	Quantity	Unit Price	Subtotal (Quantity x Unit Price)	Discount	Total Price (Subtotal minus Discount)
1	SEE ATTACHED							
2								
3								
Subtotal:							Shipping and Handling:	0.00
Total Order Amount:							\$253,480.00	
Signature: <i>[Signature]</i> Printed Name: <i>[Name]</i> Date: <i>[Date]</i>							Signature: <i>[Signature]</i> Printed Name: <i>[Name]</i> Date: <i>[Date]</i>	
Department Approval (and required for the engagement of Services) Signature: <i>[Signature]</i> Printed Name: <i>[Name]</i> Date: <i>[Date]</i>							Signature: <i>[Signature]</i> Printed Name: <i>[Name]</i> Date: <i>[Date]</i>	
* Indicates required field. ** Discount includes any Prompt Payment Discounts.							Total Order Amount: \$253,480.00 Shipping and Handling: 0.00	

Request For Allocation of Funds Prior to Encumbrance

Project Number(s)

Encumbrance Document ID			
Trans	Dept	Unit	Identification Number
CT	DOT	R110	INTF00X02016J0090042

681

5/12/2017

Funding Source

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

Approp No	Obj	Unit	Activity	Program	Phase	N/P	Amount Allocated
64201317	U08	R110		RMV1709			\$133,270.00
64201317	U10	R110		RMV1709			\$120,213.00
							\$253,483.00

Obligation By Fiscal Year for Multi-Year Contracts

Year	MMARS Total
2017	\$14,001.00
2018	\$149,323.00
2019	\$30,053.00
2020	\$30,053.00
2021	\$30,053.00
Total	64201317
	\$253,483.00

Reason for Request: 10 Capture Stations for the Driver License and ID Card Prog

Contract #: 90042

Vendor ID & Address Code: VC6000183131 AD001

Vendor Name: MORPHOTRUST USA, LLC

Contract Location:

Contract Description: Morpho Trust Drivers License Production

Report Notes:

Recommended by:

[Signature]
 Approved by: *[Signature]* 5/12/17

[Signature]

Completed by the Budget Office:

Expense Budget Entered By:

[Signature]
 Approved by: *[Signature]* 5/12/17

(Signature / Date)

[Signature]
 Approved by: *[Signature]* 5/12/17

(Signature / Date)

[Signature]
 Approved by: *[Signature]* 5.12.17

F
 5/23/17

Rong, Debbie (DOT)

From: Cadorette, John (DOT)
Sent: Tuesday, November 28, 2017 12:49 PM
To: Rong, Debbie (DOT)
Cc: Swan, Lina (DOT); Shaughnessy, Robert C. (DOT); Leahy, William (DOT)
Subject: FW: MA INV20704
Attachments: INV20704.pdf; Massachusetts RMV_PO# CTDOT028717090042.pdf; Morpho 90042 CT
incr 253k.pdf

Hi Debbie,

Invoice attached for Morpho. I started PRC but realized it is yours – PRC 90042-8 for In 16 and 18

Also attached is PO and 681 for backup

Thanks,

John

From: Grochmal, Diane [mailto:Diane.Grochmal@us.idemia.com]
Sent: Thursday, November 16, 2017 3:16 PM
To: Cadorette, John (DOT)
Cc: Allard, Scott
Subject: RE: MA INV20704

Hi John,

Attached is the PO for INV20704.

Diane

From: Grochmal, Diane
Sent: Thursday, November 16, 2017 3:11 PM
To: 'John.Cadorette@state.ma.us' <John.Cadorette@state.ma.us>
Cc: Allard, Scott <Scott.Allard@us.idemia.com>
Subject: RE: MA INV20704
Importance: High

Hi John,

Can you please provide payment status on the attached past due invoice.

Thank you,

Diane

From: Grochmal, Diane
Sent: Friday, November 03, 2017 1:57 PM
To: 'John.Cadorette@state.ma.us' <John.Cadorette@state.ma.us>
Cc: Allard, Scott <Scott.Allard@us.idemia.com>

MMARS schedule payment date is 11/11/2018. Deadline for \$320.90 discount is 12/10/2017. Please process as soon as possible.

Document Name: MORPHOTRUST USA [1924586]

Document Description: Partial Payment for 52 Add'l branch office systems

Document I/D

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r124	INTF18J0090042N00009	Entry

Header Information

Budget FY	2018	Document Total	\$38,801.84
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	5	Vendor Address	296 CONCORD RD STE 300
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dotaxf	Address Code	AD003
Report Note	Comment: partial payment		

VENDORS CERTIFICATION
 I certify that the goods were shipped or the service rendered as set forth below.
 SEE ATTACHED INVOICE

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Partial Payment for 52 Add'l b
Line Type	Service	Unit Price		Ref Code	CT
Quantity		Service From	7/1/2017	Ref Dept	DOT
Unit of Measure		Service To	8/21/2017	Ref ID	INTF00X02016J0090042
Contract Amount	\$128,360.00	Discount Terms	Days 1	Deadline for \$320.90 discount is	12/10/2017. Please process as soon as possible.
			Days 2	PERCENT 1	0.2500
				Days 3	
				Days 4	
				PERCENT 3	
				PERCENT 4	

Line #1- Accounting Information

Event Type	AP01	Ref. Line	II	Description	Partial Payment for 52 Add'l branch office systems
Budget FY	2018	Fund		Unit	R110
Bank Accl		Sub Fund	403C	Object	010
Dept	DOT	Program Period	EPP	Appropriation	6120130
Sub Total Line Amount			566,234.84	Dept Object	

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.

FOR FISCAL USE ONLY
 Entered By: _____ Date: _____ Verified By: _____ Date: 12/11/17
 (Initial)

Print Name: _____ Signed: *[Signature]* Title: _____ Phone Ext.: 2652 Date: 11/30/17

Print Name: Erin C Deveney Signed: *[Signature]* Title: Registrar Phone Ext.: 9458 Date: 12/20/17
 Prepared by: *[Signature]* Authorized Signatory

Document Name		MORPHOTRUST USA		[1924586]
Document Description		Partial Payment for 52 Add'l branch office systems		
Code		Dept	Unit	Action
PRC	DOT	r124		Entry
Document I.D.		Document Identifier		
INTF18J0090042N00009		[Please Sign in Ink]		
VENDORS CERTIFICATION				
I certify that the goods were shipped or the service rendered as set forth below: SEE ATTACHED INVOICE				

Line #2: Accounting Information										
Event Type	AP01	Ref. Line	18	Description	Partial Payment for 52 Add'l branch office systems	Major Program	Program	RMV1709 (Maintenance Kiosks)		
Budget FY	2018	Fund		Unit	R110					
Bank Acct		Sub Fund	403C	Object	U10		Phase			
Dept	DOT	Program Period	EPP	Appropriation	64201317		Check Descr			
Sub Total Line Amount			\$21,967.00	Dept Object			Function			

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: _____ Signed: _____ Title: _____ Phone: _____ Date: _____

Prepared by _____

Print Name: _____ Signed: _____ Title: _____ Phone: 9458 _____ Date: _____

Ext.: _____

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

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

BILLERICA MA 01821

*Left \$40,158.16
 paid \$8,201.87*

Bill To:

AI Pucia
 MASSACHUSETTS LICENSE PROGRAM
 Mass DOT - RMV
 25 Newport Ave
 Quincy MA 02171
 USA

Ship To:

AI Pucia
 MASSACHUSETTS LICENSE PROGRAM
 Mass DOT - RMV
 25 Newport Ave
 Quincy MA 02171
 USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Reg Ship Date	Master No.
90042	MAS01000		12/27/2017	Net 30	11/27/2017	498,555

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext Price
1.00	1.00	\$ 0.00	SERVICES	Partial Payment for 52 Add'l Branch Office Systems and Branch Office Servers For the period of 10/23/16 - 8/2/17	\$ 0.00000	\$ 128,360.00000	\$ 128,360.00

Subtotal	Tax	Freight	Less	Total
\$ 128,360.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 128,360.00

PLEASE REMIT TO:

Morphotrust USA 14438 Collections Center Drive Chicago IL 60693

** Partial Payment
 Bill Due to 10/20/2017
 at 11:00 AM Eastern*