

Project Number(s)

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

681

3/30/2017

Funding Source

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

Approp No	Obj	Unit	Activity	Program	Phase	N/P	Amount Allocated
67201307	J33	IR03					\$115,037.10
							\$115,037.10

Obligation By Fiscal Year for Multi-Year Contracts

	67201307	Total
2017	\$115,037.10	\$115,037.10
MMARS Total	\$115,037.10	\$115,037.10

Reason for Request: Increase - Verifone MX915 Pin Pads(90)

Contract #: 90042

Cost Reduction %:
 Current Year Savings:

Vendor ID & Adress Code: VC6000183131 AD001

Vendor Name: MORPHOTRUST USA, LLC

Contract Location:

Contract Description: Morpho Trust Drivers License Production

Report Notes:

Recommended by:  3/30/17
 (Signature / Date)

Approved by:  4.6.17
 (Signature / Date)

Completed by the Budget Office:

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



(1804614)

Document Name	MORPHO TRUST DRIVERS LICENSE PRODUCTION					
Document Description	Increase - Verifone MX915 Pin Pads(90)					
Document I.D.				MA Information		
Code	Dept	Unit	Document Identifier	Action	Code	Department
CT	DOT	0287	INTF00X02016J0090042	Mod	MA	
				Identification Number	Vendor Line	

Header / Vendor Information						
Budget FY:	2017	Document Total:				
Fiscal Year:	2017	Vendor Name:	MORPHOTRUST USA, LLC			
Period:	9	Vendor Address:	6840 CAROTHERS PKWY STE 650			
Board Award:	Master Agreement	Vendor/Customer No.:	VC6000183131			
Requester ID:	dotabz	Address Code:	AD001			
Report Note:	Comment:					

Line #1 - Commodity Information						
Commodity Code	821300000000	List Price		Description		Commodity Ref. Line
Line Type	Service	Unit Price		Contract Amount		0
Quantity		Service From	08/20/2015	Action (Incl/Dec)	1	
Unit of Measure		Service To	10/23/2021	Incl/Dec Amount	\$115,037.10	

Line #14 - Accounting Information						
Event Type	PR05	Budget FY	2017	Unit	IR03	Major Program
Line Amount	1\$115,037.10	Fiscal Year	2017	Object	J33	Program
Dept	DOT	Period	9	Appropriation	67201307	Program Period
Line Description	Increase - Verifone MX915 Pin Pads(90) - IT17008		Dept Object		Function	15032

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: William Yee Signed: [Signature] Title: IT Finance Manager

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager

Authorized Signatory

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

Phone Ext: 9912 Date: 3/30/17

Phone Ext: 9878 Date: 4-6-17



IT PURCHASE REQUEST FORM

Requestor: Dave Bedard

David Knapp

(List any other person(s) to inform status of request via email)

Phone/Location: 857-368-9805

File Number 11809
 Initials and Date J 3/20/2017
 Contract/Project Info # 90042
 CommBUYS Bid #

Category (from drop down list)	DESCRIPTION OF SPEND	Coverage / Service dates (licenses, annual maint support, SOW)	Make / Model	Quantity	Unit Cost (in dollars)	Total Cost (in dollars)	In Fiscal Budget	In Forecast	Innotes Project/ Number	Project Name	Funding Source/Unit
Hardware	mx915 signature pin pads			90	\$840.27	\$75,624			13587	Payment Processing Project	6720-1307
Hardware	Verifone cable			357	\$110.40	\$39,413				<u>ITCP-1177008</u>	
						\$0					
						\$0					
						\$0					
						\$0					
						\$0					
						\$0					
						\$0					
Total IT Request						\$115,037					

- Request is not processed if missing information and without proper authorization below

Hardware	\$115,037
Software	
Contractor	
Prof Svcs	
Maint Svcs	
Other	
Total IT Request	\$115,037

- U07 Equipment
- U03 Software licenses, annual fees
- U05 Hourly paid staff augmentation
- U11 Services paid on a per deliverable/task order basis
- U10 Equipment integration & service and annual maintenance support
- Other: _____

BUSINESS JUSTIFICATION

New Verifone new MX915 pin pad devices to process credit card transactions using the Verifone Point Secure Commerce Architecture

Devices required at RMV branches to handle credit card transactions

Reason: 1177008

AUTHORIZED APPROVERS FOR IT REQUEST FORM

Requestor: [Signature] Date: 3/28/2017

Business Approver/Manager/Dept Head: [Signature] Date: 3/28/17
Print Name and Signature - IT Manager can approve up to \$2,500

IT Director: [Signature] Date: 3/28/17
Print Name and Signature - IT Director can approve up to \$5,000

Deputy CIO/ Deputy CTO: [Signature] Date: 3-28-17
Signature - Required for all requests greater than \$5,000

IT Finance: [Signature] Date: 3-24-17
Signature - Required for all requests

Chief Information Officer: [Signature] Date: 3-25-17
Signature - Required for all requests greater than \$50,000 or issues



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

* **COMMODITY/EQUIPMENT** **SERVICE**

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

*Purchase Order Issue Date:	*Purchase Order Number: CTDOT028717090042	
	Statewide Contract Number:	
Contract Start Date: 7/1/2015	Contract End Date: 10/23/2021	Reference MA or Contract:

Vendor Information		
*Name: MorphoTrust USA LLC	Contact Person: John Corson	
*Address: 6840 Carothers Pkwy, Ste 650	Telephone: 678-575-1586	
*City, State, Zip Code: Franklin, TN 37067	Fax:	
	Email: jcorson@morphotrust.com	
	Quote Number (if applicable): FQ20161214MA16R1	

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

Instructions to the Vendor:

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

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

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

Department Approval Signature: <u>X</u> <i>John Malster</i> *Printed Name: John Malster, Deputy CTO *Date:	Subtotal: Shipping and Handling: 0.00 Total Order Amount: \$115,037.10
* Vendor Approval (only required for the Engagement of Services) Signature: <u><i>Robert Eckel</i></u> *Printed Name: Robert Eckel *Date: 4/5/17	

Hand Sign

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



SAFRAN

MorphoTrust USA

March 28, 2017

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

Quotation Reference Number:

FQ20161214MA16R1

Dear Ms. Zaphiris,

MorphoTrust USA, LLC ("MorphoTrust") is pleased to provide the Massachusetts Registry of Motor Vehicles ("MA RMV") with this quote for VeriFone Signature Pads and cables.

DESCRIPTION OF GOODS AND SERVICES:

1. MA RMV has requested pricing for 90 VeriFone MX915 signature pads with PURPLE MULTIPOINT ETH 4M ROHS Cable. Pricing includes 5 years of maintenance and support.
2. MA RMV has requested pricing for 357 VeriFone PURPLE MULTIPOINT ETH 4M ROHS Cable for existing deployed signature pad devices.

ASSUMPTIONS:

- This quote is dependent on agreement of final specifications with the MA RMV
- This quote covers hardware only, and does not include deployment, installation, or any professional services related to this solution change.

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

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



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

Sincerely,

A handwritten signature in black ink, appearing to read 'John Corson', written in a cursive style.

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

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

QUOTATION

Date: March 28, 2017
 Quote No: FQ20161214MA16R1
 Valid Through: 60 days from date above
 Payment Terms: Payable within 30 days of Invoice or PPC
 Delivery: TBD

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

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

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

Hardware	QTY	Unit Price	Total
MX915 Signature Pad with 5 year Warranty(w Purple Cable	90	\$840.27	\$75,624.30
VeriFone Purple Cable(24173-02-R)	357	\$110.40	\$39,412.80
Total Price			\$115,037.10

PAYMENT TERMS:

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

Quote Acceptance:

Print: 

Date: 3/27/17

Title: DIRECTOR PMO, INFORMATION TECHNOLOGY

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



QUOTATION

Date: March 28, 2017
Quote No: FQ20161214MA16R1
Valid Through: 60 days from date above
Payment Terms: Payable within 30 days of Invoice or PPC
Delivery: TBD

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

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

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Total Price			\$115,037.10

PAYMENT TERMS:

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

Quote Acceptance:

Print: Sarah Zaphiris

Date: 3/28/17

Title: Chief Administrative Officer

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

