

Project Number(s)

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

681

10/18/2017

**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	U10	IR03		IT170A6	P11		\$66,813.50
							<b>\$66,813.50</b>

**Obligation By Fiscal Year for Multi-Year Contracts**

	67201307	Total
2018	\$66,813.50	\$66,813.50
<b>MMARS Total</b>	<b>\$66,813.50</b>	<b>\$66,813.50</b>

Reason for Request: Increase for Verifone Pin Pad VX805(130)

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

Recommended by:  10/18/2017  
 (Signature / Date)

Approved by:  10/18/17  
 (Signature / Date)

**Completed by the Budget Office:**

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

**Completed by the FAPRO (Applies to Capital only):**

Approved by: \_\_\_\_\_  
 (Signature / Date)





Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1905590]

Document Description: Increase for Verifone Pin Pad VX805(130)

Document I.D.

MA Information

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

**Header / Vendor Information**

Budget FY:	2018	Document Total:	
Fiscal Year:	2018	Vendor Name:	MORPHOTRUST USA, LLC
Period:	4	Vendor Address:	6940 CAROTHERS PKWY STE 650
Board Award:	0090042	Vendor/Customer No.:	VC6000183131
Requester ID:	dotabz	Address Code:	AD001
Report Note:		City:	FRANKLIN
		State:	TN
		Comment:	

**Line #1 - Commodity Information**

Commodity Code	List Price	Description	Contract Amount	Commodity Ref Line
821300000000				0
Line Type	Service	Unit Price		
Quantity		Service From	09/20/2015	
Unit of Measure		Service To	10/23/2021	
		Incl/Dec Amount	\$66,813.50	

**Line #24 - Accounting Information**

Event Type	Budget FY	Unit	Major Program	Location
PRO5	2018	IR03		
Line Amount	\$66,813.50	Fiscal Year	2018	Object
		Period	4	Appropriation
Dept	DOT			67201307
Line Description	Increase for Verifone Pin Pad VX805(130)3yr		Dept Object	Program Period
				Activity

**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: Shirley Caldwell Signed: [Signature] Title: IT Finance Manager

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

Prepared by: [Signature] Date: 10/18/17

Authorized Signatory: [Signature] Date: 10/20/17

**FOR FISCAL USE ONLY**

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

(Initial) \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

(Initial) \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_





**IT PURCHASE REQUEST FORM**

Requestor: David Knapp

David Bedard  
 (list any other person(s) to inform status of request via email)

Phone/location: 857-368-9924 / 10PP Suite 7110

File Number **12152**  
 Initials and Date **8 10 / 11/17**  
 Contract/Project Info # **90092**

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	Verifone VX805 terminals (key pads) including accessories.	FY18 SPEND	Verifone VX805	130	\$377.95	\$49,134	Yes	Yes	15587	Debit & Credit Card Processing	Capital 6720-1307 CIP#IT170A6
Maint Svcs	Maintenance and support (years 2-3).	FY18 SPEND	N/A	130	\$68.00	\$17,580	Yes	Yes	15587	Debit & Credit Card Processing	Capital 6720-1307 CIP#IT170A6
						\$0					
						\$0					
						\$0					
				Hardware	\$49,134	U07 Equipment					
				Software		U03 Software licenses, annual fees					
				Contractor		U05 Hourly paid staff augmentation					
				Prof Svcs	\$17,580	U11 Services paid on a per deliverable/task order basis					
				Maint Svcs		U10 Equipment integration & service and annual maintenance support					
				Other		Other:					
				Total IT Request	\$66,814						

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

**BUSINESS JUSTIFICATION**

The VX805 devices will be used in Production by the Contact Center and several other departments in Quincy RMV headquarters and at the STB.

Reason: Several RMV departments/areas need to support credit card processing where the customer is not present with their card.

Benefit: One objective of the project is to reduce PCI scope. Using VX805 units with Point SCA allows MassDOT to reduce PCI scope measurably.

Other: Morpho quote #: FQ20170927MA12

**AUTHORIZED APPROVERS FOR IT REQUEST FORM**

Requestor: [Signature]  
 Signature: \_\_\_\_\_  
 Print Name and Signature - IT Manager: [Signature] to \$2,500

IT Director: [Signature]  
 Print Name and Signature - IT Director can approve up to \$5,000

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

IT Finance: [Signature]  
 Signature - Required for all requests greater than \$50,000 or issues

Date: 10/16/2017

10/17/17

10/17/2017

10/17/17





**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.

<b>*Purchase Order Issue Date:</b>		<b>*Purchase Order Number:</b> <b>CTDOT028718090042</b>						
		<b>Statewide Contract Number:</b>						
<b>Contract Start Date:</b> 7/1/2015	<b>Contract End Date:</b> 10/23/2021	<b>Reference MA or Contract:</b>						
<b>Vendor Information</b>								
<b>*Name:</b> MorphoTrust USA LLC		<b>Contact Person:</b> John Corson						
<b>*Address:</b> 6840 Carothers Pkwy, Ste 650		<b>Telephone:</b> 678-575-1586						
<b>*City, State, Zip Code:</b> Franklin, TN 37067		<b>Fax:</b>						
		<b>Email:</b> jcorson@morphotrust.com						
		<b>Quote Number (if applicable):</b> FQ20170927MA12						
<b>Department Information</b>								
<b>*Ship to:</b> several locations		<b>*Bill to Department Name:</b> MassDOT - IT						
		<b>*Contact Person:</b> Antonia Pires						
		<b>*Address:</b> 10 Park Plaza, Room 5231						
		<b>*City, State, Zip Code:</b> Boston, MA 02116						
		<b>Telephone:</b> 857-368-9897						
		<b>Email:</b> antonia.pires@state.ma.us						
		<b>Prompt Payment Discount (Terms &amp; %):</b>						
<b>Instructions to the Vendor:</b>								
1. 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.								
2. The purchase order number must appear on the vendor's packing list.								
3. 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.								
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 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.								
<b>Line #</b>	<b>Vendor Item Number</b>	<b>Item Description</b>	<b>Unit of Measure</b>	<b>Quantity</b>	<b>Unit Price</b>	<b>Subtotal (Quantity x Unit Price)</b>	<b>** Discount</b>	<b>Total Price (Subtotal minus Discount)</b>
1	SEE ATTACHED							
2								
3								
<b>Department Approval</b>						<b>Subtotal:</b>		
<b>Signature:</b> <u>X John C. Primavera</u>						<b>Shipping and Handling:</b> 0.00		
<b>*Printed Name:</b> John Primavera, DCEO						<b>Total Order Amount:</b> <b>\$66,813.50</b>		
<b>*Date:</b> 10/25/2017								
<b>* Vendor Approval (only required for the Engagement of Services)</b>								
<b>*Signature:</b> _____								
<b>*Printed Name:</b> _____								
<b>*Date:</b> _____								

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







**SAFRAN**

MorphoTrust USA

October 16, 2017

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

**Quotation Reference Number:**

**FQ20170927MA12**

Dear Ms. Zaphiris,

MorphoTrust USA, LLC ("MorphoTrust") is pleased to provide the Massachusetts Registry of Motor Vehicles ("MA RMV") with this quote to supply 130 VeriFone VX805 signature pads with Point SCA software, as well as the below identified accessories..

**DESCRIPTION OF GOODS AND SERVICES:**

MA RMV has requested pricing for 130 additional VeriFone VX805 signature pads. Pricing includes the below accessories and maintenance and support through the end of the current DL/ID Contract.

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

**ASSUMPTIONS:**

- This quote is dependent on agreement of final specifications with the MA RMV
- MA RMV will be responsible for installation of these devices



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



**QUOTATION**

Date: October 16, 2017  
 Quote No: FQ20170927MA12  
 Valid Through: 60 days from date above  
 Payment Terms: Payable within 30 days of Invoice  
 Delivery: Expected within 6-8 weeks

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

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

**NOTE:**

Product	Price/Unit	Quantity	Total
VX805 with Point SCA –w/required cable and other required accessories	\$377.95	130	\$49,133.50
		<b>Total</b>	<b>\$49,133.50</b>
Maintenance Year 2	\$68	130	\$8,840
Maintenance Year 3	\$68	130	\$8,840
		<b>Total Maintenance</b>	<b>\$17,680.00</b>
		<b>Total Price</b>	<b>\$66,813.50</b>

**NOTES :** This is a firm fixed quotation for goods and services. 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: \_\_\_\_\_

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**Title:**

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

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