

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1898062]

Document Description: enChoice FileNet Support

Document I.D.

Code: DOT
Dept: DOT
Unit: 0287
Document Identifier: INTF18J0090042N00002

Action: Entry
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	\$12,500.00
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	3	Vendor Address	6840 CAROTHERS PKWY STE 650
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dola8z	Address Code	ADD001
Report Note		Comment	
		City	FRANKLIN
		Handling Code	Single Payment
		State	TN

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License P	Ref VI	1	Vendor Inv #	INV20409
Line Type	Service	Unit Price		Ref Code	CT	Ref cl	1	Inv Line	1
Quantity		Service From	7/25/2017	Ref Dept	DOT	Inv Date			7/25/2017
Unit of Measure		Service To	7/25/2017	Ref ID	INTF00X02016J0090042				
Contract Amount	\$12,500.00	Discount Terms							
		DAYS 1		PERCENT 1	0.2500	DAYS 3		PERCENT 3	
		DAYS 2		PERCENT 2		DAYS 4		PERCENT 4	

Line #2 - Accounting Information

Event Type	AP01	Ref. Line	26	Description	enChoice FileNet Support	Major Program	C000000
Budget FY	2018	Fund		Unit	IR03	Activity	009N
Bank Acct		Sub Fund	0000	Object	J33	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial
Sub Total Line Amount	\$12,500.00	Dept Object		Function		Check Descr	

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: _____	Verified By: _____
Date: _____	Date: _____
(Initial)	(Initial)

Print Name: John Cabot Signed: [Signature] Title: [Signature] Phone: 9966 Date: 9/21/17

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Phone: 9878 Date: 9/25/17

Authorized Signatory

MorphoTrust USA

296 CONCORD RD
 BILLERICA MA 01821

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

Lh26

Invoice	INV20409
Date	7/25/2017
Page	1

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	Req Ship Date	Master No.	
028717090042	MAS01000		8/24/2017	Net 30	7/25/2017	494,219	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
50.00	50.00	\$ 0.00	SERVICES	enChoice Professional Services Amendment: FileNet Support 1/1/17 - 12/31/17 PO CTDOT028717090042 <i>See D. Hunter email 9/22/17 11:12am IF request - approved 4/2/2017 J. MdsL</i>	\$ 0.00000	\$ 250.00000	\$ 12,500.00

Subtotal	\$ 12,500.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 12,500.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693