



MMARS schedule payment date is
8/11/2018.

Document Name: DRIVER LICENSING WORKSTATIONS DLD/D RMV [204932-1]
Document Description: 5 WS

Document I.D. INTF18M0103179Y00001
Code: Dept Unit Document Identifier Action
PRC DOT 0281 INTF18M0103179Y00001 Entry

Header Information: Budget FY 2018 Document Total \$77,480.00
Fiscal Year 2018 Vendor Name MORPHOTRUST USA, LLC
Period 13 Vendor Address 6840 CARTHERS PKWY STE 650 City FRANKLIN State TN
SCH Pay Date Vendor/Customer No VC6000183131 Handling Code
Requester ID doladi Address Code ADD001 Single Payment
Report Note Comment

Line #1 - Commodity Information										
Commodity Code	Item	List Price	Description	Hardware	Ref vl	1	Vendor Inv #	INV21869	Quantity	77480
801117130000		\$1.00								
Line Type	Item	Unit Price	Ref Code	PC	Ref vl	1	Vendor Inv #	INV21869	Quantity	77480
Unit of Measure	EA	Service From	Ref Dept	DOT	Ref vl	1	Inv Line	1	Unit of Measure	EA
Contract Amount	\$77,480.00	Service To	Ref ID	INTF00002018M0103179	Inv Date	6/20/2018			Contract Amount	\$77,480.00
		Discount Terms			DAYS 1	PERCENT 1				
					DAYS 2	PERCENT 2				
					DAYS 3	PERCENT 3				
					DAYS 4	PERCENT 4				

Line #1 - Accounting Information										
Event Type	Ref Line	Description	Unit	5 WS	Major Program	Program	RM18PL Y003 (CIP ID RMV0007-	Bank Acct	Sub Fund	403C
AP01	1									
Budget FY	2018	Fund	Unit	R504	Major Program	Program	RM18PL Y003 (CIP ID RMV0007-	Bank Acct	Sub Fund	403C
Dept	DOT	Program Period	Object	U07	Activity	Phase		Dept	Program Period	EPP
Sub Total Line Amount	\$77,480.00	Dept Object	Appropriation	64201317	Ref Type	Partial		Sub Total Line Amount	Dept Object	

FOR FISCAL USE ONLY

Entered By: _____ Date: _____ Verified By: _____ Date: _____
(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: J.L. Gubate Signed: [Signature] Title: [Signature] Phone: 9460 Date: 7/12/18

Print Name: William Yee Signed: [Signature] Title: [Signature] Phone: 9878 Date: 7/14/18

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	INV21869
Date	6/19/2018
Page	1

JUN 20 2018 AM 9:19

Bill To:

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

Ship To:

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

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
FQ20171229MA16	BD-3060	UPS GROUND	7/19/2018	NET 30	6/19/2018	504,280	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
5.00	5.00	\$ 0.00	DELIVERABLE	5 DLID Workstations and Installation	\$ 0.00000	\$ 15,496.00000	\$ 77,480.00

Subtotal	\$ 77,480.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 77,480.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Cadorete, John (DOT)

From: Ocana, Hector <Hector.Ocana@us.idemia.com>
Sent: Tuesday, June 19, 2018 5:57 PM
To: Pires, Antonia (DOT); Cadorete, John (DOT)
Cc: Priestly, Tracey; Grochmal, Diane
Subject: Commonwealth of Massachusetts invoice INV21869
Attachments: INV21869.pdf

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

Best regards,
Hector Ocana

Hector Ocana
Accountant | Finance

P. (978) 215 2597
M (000) 000 0000
E. Hector.Ocana@us.IDEMIA.com

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Beverly, MA 01921



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