



Commonwealth of Massachusetts Office of the Comptroller  
Payment Commodity Form

MMARS schedule payment date is 4/27/2018. Deadline for \$167.03 discount is 3/26/2018. Please process as soon as possible.

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1983942]

Document Description: Veritone VX805(130) w/Maint

Document I.D.

Code: Dept Unit Action  
PRC DOT 0287 INTF18J0090042N00020 Entry (Please Sign In Ink) SEE ATTACHED INVOICE

Header Information: Budget FY 2018 Document Total \$66,813.50

Fiscal Year 2018 Vendor Name MORPHOTRUST USA, LLC

Period 9 Vendor Address 6840 CAROTHERS PKWY STE 650 City FRANKLIN State TN

SCH Pay Date Vendor/Customer No. VC6000183131 Handling Code

Requester ID dotabz Address Code AD001 Single Payment

Line #1 - Commodity Information

| Commodity Code  | List Price  | Description    | Ref Code  | Ref VI               | Vendor Inv # |
|-----------------|-------------|----------------|-----------|----------------------|--------------|
| 821300000000    |             | maint          | CT        | 1                    | INV21452     |
| Line Type       | Service     | Unit Price     | Ref Dept  | Ref cl               | Inv Line     |
| Quantity        |             | Service From   | 3/15/2018 | DOT                  | 1            |
| Unit of Measure |             | Service To     | 3/15/2018 | Ref ID               | Inv. Date    |
| Contract Amount | \$66,813.50 | Discount Terms |           | INTF00X02016J0090042 | 3/16/2018    |
|                 |             | DAYS 1         | PERCENT 1 | 0.2500               | DAYS 3       |
|                 |             | DAYS 2         | PERCENT 2 |                      | DAYS 4       |
|                 |             |                |           |                      | PERCENT 3    |
|                 |             |                |           |                      | PERCENT 4    |

Line #1 - Accounting Information

| Event Type            | Ref. Line   | Description    | Veritone VX805(130) | Major Program | Program                           |
|-----------------------|-------------|----------------|---------------------|---------------|-----------------------------------|
| AP01                  | 24          | Unit           | IR03                |               | IT170A6 (Card payment processing) |
| Budget FY             | 2018        | Fund           |                     | Activity      | P11                               |
| Bank Acct             |             | Sub Fund       | 402C                | Object        |                                   |
| Dept                  | DOT         | Program Period | EPP                 | Appropriation | 67201307                          |
| Sub Total Line Amount | \$66,813.50 | 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initial) (Initial)

Print Name: John Carveth Signed: [Signature] Title: [Signature] Phone: 9966 Date: 3/16/18

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Phone: 9878 Date: 3/16/18

Authorized Signatory

**MorphoTrust USA**

296 CONCORD RD  
BILLERICA MA 01821

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

|         |           |
|---------|-----------|
| Invoice | INV21452  |
| Date    | 3/15/2018 |
| Page    | 1         |

MAR 16 2018 AM 10:53

**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. |  |
|--------------------|---------|-------------|-------------|--|--|--------------|--|---------------|-----------------|---------------|--|------------|--|
| CTDOT02871809004   |         | BD-3060     |             | UPS GROUND   |  | 4/14/2018    |  | NET 30        |                 | 3/15/2018     |  | 501,567    |  |
| Ordered            | Shipped | B/O         | Item Number | Description  |  |              |  | Discount      | Unit Price      | Ext. Price    |  |            |  |
| 1.00               | 1.00    | \$ 0.00     | DELIVERABLE | 130 VeriFone VX805 Signature Pads and Associated Accessories Delivered |  |              |  | \$ 0.00000    | \$ 49,133.50000 | \$ 49,133.50  |  |            |  |
| 1.00               | 1.00    | \$ 0.00     | SUPPORT     | Maintenance Year 2 and Year 3  |  |              |  | \$ 0.00000    | \$ 17,680.00000 | \$ 17,680.00  |  |            |  |



|                 |              |
|-----------------|--------------|
| <b>Subtotal</b> | \$ 66,813.50 |
| <b>Tax</b>      | \$ 0.00      |
| <b>Freight</b>  | \$ 0.00      |
| <b>Less</b>     | \$ 0.00      |
| <b>Total</b>    | \$ 66,813.50 |

**PLEASE REMIT TO:**

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

**Cadorette, John (DOT)**

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**From:** Ocana, Hector <Hector.Ocana@us.idemia.com>  
**Sent:** Friday, March 16, 2018 11:20 AM  
**To:** Cadorette, John (DOT); Pires, Antonia (DOT)  
**Cc:** McDonough, Maura; Grochmal, Diane  
**Subject:** Commonwealth of Massachusetts invoice INV21452  
**Attachments:** INV21452.pdf

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

INV21452

Best regards,  
Hector Ocana

**Hector Ocana**  
Accountant | Finance

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