



MMARS schedule payment date is 1/1/2018.
Deadline for \$245.68 discount is 11/30/2017. Please process as soon as possible.

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1921461]

Document Description: Verifone Pin Pad change

Document I.D.

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below
SEE ATTACHED INVOICE

Code: DOT 0287
Unit: INTF18J0090042N00005
Action: Entry (Please Sign In Ink)

Header Information

Budget FY	2018	Document Total	\$98,270.00
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	5	Vendor Address	6840 CAROTHERS PKWY STE 650
SCH Pay Date		Vendor/Customer No	VC6000183131
Requester ID	dotlabz	Address Code	AD001
Report Note		City	FRANKLIN
		State	TN
		Handling Code	
		Single Payment	
		Comment	

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	software
Line Type	Service	Unit Price		Ref Code	CT
Quantity		Service From	11/20/2017	Ref Dept	DOT
Unit of Measure		Service To	11/20/2017	Ref ID	INTF00X02016J0090042
Contract Amount	\$98,270.00	Discount Terms		Deadline for \$245.68 discount is 11/30/2017. Please process as soon as possible.	
		DAYS 1	10	PERCENT 1	0.2500
		DAYS 2		PERCENT 2	
		DAYS 3		PERCENT 3	
		DAYS 4		PERCENT 4	

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	22	Description	Verifone Pin Pad change
Budget FY	2018	Fund		Unit	IR03
Balq Acct		Sub Fund	402C	Object	U11
Dept	DOT	Program Period	EPP	Appropriation	67201307
Sub Total Line Amount			\$98,270.00	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)

Print Name: Shu Cast Signed: [Signature] Title: ufo Phone Ext.: 9865 Date: 11/29/17

Print Name: Paula Deland Signed: [Signature] Title: IT Finance Manager Phone Ext.: 9878 Date: 11/29/17

Print Name: Ruby Signed: [Signature] Title: _____ Phone Ext.: _____ Date: 11/29/17

MorphoTrust USA

296 CONCORD RD
 BILLERICA MA 01821

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

Invoice	INV21002
Date	11/20/2017
Page	1

Ln 22

NOV 20 2017 PM 4:40

Bill To:

COMMONWEALTH OF MASSACHUSETTS
 MassDOT - IT
 Attn: Antonia Pires
 10 Park Plaza, Room 5231
 Boston MA 02116
 United States

Ship To:

COMMONWEALTH OF MASSACHUSETTS
 MassDOT - RMV
 Attn: Al Puccia
 25 Newport Avenue Ext
 Quincy MA 02171
 United States

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
CTDOT028717090042	MAS01000		12/20/2017	Net 30	11/20/2017	498,459	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SERVICES	Change to Pin Pad for Point SCA Software	\$ 0.00000	\$ 98,270.00000	\$ 98,270.00
						Subtotal	\$ 98,270.00
						Tax	\$ 0.00
						Freight	\$ 0.00
						Less	\$ 0.00
						Total	\$ 98,270.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693