



MMARS schedule payment date is 1/11/2018. Deadline for \$14.16 discount is 11/30/2017. Please process as soon as possible.

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1921462]  
Document Description: Verifone MX915 Pin Pads

Code: Dept Unit Action  
PRC DOT 0287 INTF18J0090042N000006 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: \$5,664.78  
Fiscal Year: 2018 Vendor Name: MORPHOTRUST USA, LLC  
Period: 5 Vendor Address: 6840 CAROTHERS PKWY STE 650 City: FRANKLIN State: TN  
SCH Pay Date: Vendor/Customer No.: VC6000183131 Handling Code:  
Requester ID: dot8z Address Code: AD001 Single Payment  
Report Note: Comment

Line #1 - Commodity Information									
Commodity Code	List Price	Description	software	Ref Code	CT	Ref VI	1	Vendor Inv #	INV21005
821300000000		Service		DOT		1			
Unit of Measure	11/20/2017	Ref Dept	DOT	Ref ID	INTF00X02016J0090042	Inv Date	11/20/2017		
Contract Amount	\$5,664.78	Discount Terms	10	PERCENT 1	0.2500	DAYS 3		PERCENT 3	
		DAYS 1		PERCENT 2		DAYS 4		PERCENT 4	

Line #1 - Accounting Information									
Event Type	AP01	Ref Line	23	Description	Verifone MX915 Pin Pads	Major Program	IR03	Program	IT170A6 (Card payment processing)
Budget FY	2018	Fund		Unit		Activity	U11	Phase	P11
Bank Acct	DOT	Sub Fund	402C	Object	67201307	Ref Type	Partial	Check Descr	
Dept	DOT	Program Period	EPP	Appropriation		Function			
Sub Total Line Amount	\$5,664.78			Dept Object					

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: John Coakley Signed: [Signature] Title: Auditor  
Print Name: Dave Deland Signed: [Signature] Title: IT Finance Manager  
Prepared by: [Signature]  
Print Name: William Yee Signed: [Signature] Title: [Blank]  
Signature: [Signature]

FOR FISCAL USE ONLY  
Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initial) (Initial)

**MorphoTrust USA**

296 CONCORD RD  
 BILLERICA MA 01821

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

Invoice	INV21005
Date	11/20/2017
Page	1

*Ln 23*

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.
CTDOT0287/809004		MAS01000		12/20/2017	Net 30	11/20/2017	498,463
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
4.00	4.00	\$ 0.00	HARDWARE	Verifone MX915 Signature Pads	\$ 0.00000	\$ 840.27000	\$ 3,361.08
6.00	6.00	\$ 0.00	HARDWARE	Verifone VX805 Signature Pads	\$ 0.00000	\$ 383.95000	\$ 2,303.70
<b>Subtotal</b>							\$ 5,664.78
<b>Tax</b>							\$ 0.00
<b>Freight</b>							\$ 0.00
<b>Less</b>							\$ 0.00
<b>Total</b>							\$ 5,664.78

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693