



MMARS schedule payment date is 11/12/2018.
Deadline for \$116.39 discount is 11/30/2017. Please process as soon as possible.

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1921465]

Document Description: Verifone MX805 Pin Pads

Document I.D.

VENDORS CERTIFICATION

Code Dept Unit Document Identifier Action
PRC DOT 0287 INTF18J0090042N00007 Entry

I certify that the goods were shipped or the service rendered as set forth below
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2018	Document Total	\$46,556.00
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	dot8z	Address Code	AD001
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	software	Ref Code	CT	Ref VI	1	Vendor Inv. #	INV21004
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv. Line	1		
Quantity		Service From	11/20/2017	Ref ID	INTF00X02016J0090042	Inv. Date	11/20/2017				
Unit of Measure		Service To	11/20/2017	Discount Terms							
Contract Amount	\$46,556.00	Days 1	10	PERCENT 1	0.2500	Days 3		PERCENT 3			
		Days 2		PERCENT 2		Days 4		PERCENT 4			

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	24	Description	Verifone MX805 Pin Pads		
Budget FY	2018	Fund		Unit	IR03	Major Program	
Bank Acct		Sub Fund	402C	Object	U10	Activity	
Dept	DOT	Program Period	EPP	Appropriation	67201307	Ref Type	Partial
Sub Total Line Amount			\$46,556.00	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.

Print Name: John G. Galletta Signed: [Signature] Title: [Signature] Prepared by: [Signature] IT Finance Manager

Print Name: Dave Belmont Signed: [Signature] Title: [Signature] Phone: 946 [Signature] Date: 11/28/17

Print Name: William [Signature] Signed: [Signature] Title: [Signature] Phone: 9878 [Signature] Date: 11/28/17

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	INV21004
Date	11/20/2017
Page	1

Ln 24

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.	
CTDOT028718090042	MAS01000		12/20/2017	Net 30	11/20/2017	498,462	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
80.00	80.00	\$ 0.00	HARDWARE	VX805 with Point SCA - w/required cable	\$ 0.00000	\$ 377.95000	\$ 30,236.00
80.00	80.00	\$ 0.00	SUPPORT	Year 2 Maintenance & Support	\$ 0.00000	\$ 68.00000	\$ 5,440.00
80.00	80.00	\$ 0.00	SUPPORT	Year 3 Maintenance & Support	\$ 0.00000	\$ 68.00000	\$ 5,440.00
80.00	80.00	\$ 0.00	SUPPORT	Year 4 Maintenance & Support	\$ 0.00000	\$ 68.00000	\$ 5,440.00
Subtotal							\$ 46,556.00
Tax							\$ 0.00
Freight							\$ 0.00
Less							\$ 0.00
Total							\$ 46,556.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693