



Commonwealth of Massachusetts Office of the Comptroller
Payment Commodity Form

MMARS schedule payment date of 2/13/2019 has passed.

Document Name: DLD/ID RMV #90042 HARDWARE/SOFTWARE [2146411]
Document Description: ATS 18 of 25

Document I.D.: INTF19M0103179N00003
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

Budget FY	2019	Document Total	\$5,176.44				
Fiscal Year	2019	Vendor Name	MORPHOTRUST USA, LLC				
Period	8	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131	Handling Code			
Requester ID	dolabz	Address Code	AD001	Single Payment			
Report Note		Comment					

Line #1 - Commodity Information

Commodity Code	801117130000	List Price	\$1.00	Description	HARDWARE	Ref Wl	1	Vendor Inv #	INV23059
Line Type	Item	Unit Price	\$1.00	Ref Code	PC	Ref cl	1	Inv Line	1
Quantity	5176.44	Service From	12/28/2018	Ref Dept	DOT	Inv Date			1/22/2019
Unit of Measure	EA	Service To	12/28/2018	Ref ID	INTF00002018M0103179				
Contract Amount	\$5,176.44	Discount Terms							
		DAYS 1		PERCENT 1		DAYS 3		PERCENT 3	
		DAYS 2		PERCENT 2		DAYS 4		PERCENT 4	

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	B	Description	ATS 18 of 25	Major Program	DOTR	Program	RMV1709 (Maintenance Kiosks)
Budget FY	2019	Fund	0210	Unit	IR01	Activity		Phase	
Bank Acct		Sub Fund	403C	Object	U07	Ref Type	Final	Check Descr	
Dept	DOT	Program Period	EPP	Appropriation	64201317	Function	15519		
Sub Total Line Amount			\$5,176.44	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: W Clark Signed: [Signature] Title: Int Phone Ext.: 9666 Date: 2/13/19

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Phone Ext.: 9878 Date: 2/13/19

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	INV23059
Date	12/28/2018
Page	1


JAN 2 2019 AM 10:08

Bill To:

COMMONWEALTH OF MASSACHUSETTS
AL PUCCIA
MassDOT-RMV
25 NEWPORT AVE
QUINCY MA 02171
United States

Ship To:

COMMONWEALTH OF MASSACHUSETTS
AL PUCCIA
MassDOT-RMV
25 NEWPORT AVE
QUINCY MA 02171
United States

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
PCDOT028718103179	BD-3060	UPS_GROUND	1/27/2019	NET 30	12/28/2018	580,257	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
18.00	18.00	\$ 0.00	SUPPORT	1 Year of Maintenance & Support For 18 Units of the 25 that have been installed. Period: 12/1/18 - 11/30/19 <i>Ln 8</i> <i>ATS</i> 	\$ 0.00000	\$ 287.58000	\$ 5,176.44

Subtotal	\$ 5,176.44
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 5,176.44

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Cadorette, John (DOT)

From: Ocana, Hector <Hector.Ocana@us.idemia.com>
Sent: Monday, December 31, 2018 10:24 AM
To: Cadorette, John (DOT)
Cc: Priestly, Tracey; Grochmal, Diane; Kunen, David; Corson, John
Subject: Commonwealth of Massachusetts invoice INV23059
Attachments: INV23059.pdf

John,

Attached you will find the revised invoice that you have requested.

Best regards,
Hector Ocana

Hector Ocana
Accountant | Finance

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

295 Concord Road Suite 300
Billerica, MA 01821



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**COMMONWEALTH OF MASSACHUSETTS
 MASSACHUSETTS DEPARTMENT OF TRANSPORTATION
 PURCHASE ORDER
 FOR COMMODITIES AND/OR SERVICES**

* **COMMODITY/EQUIPMENT** **SERVICE**

THIS PURCHASE ORDER CONFIRMS AN ORDER THAT WAS PREVIOUSLY PLACED. PLEASE DO NOT DUPLICATE.

*Purchase Order Issue Date:		*Purchase Order Number: PCDOT028718103179	
		Contract Number: 90042 / 103179	
Contract Start Date: 7/1/2015	Contract End Date: 10/23/2021	Reference MA or Contract: RFR	

Vendor Information			
*Name:	MorphoTrust USA LLC	Contact Person:	John Corson
*Address:	6840 Carothers Pkwy, Ste 650	Telephone:	678-575-1586
*City, State, Zip Code:	Franklin, TN 37067	Fax:	
		Email:	jcorsen@morphotrust.com
		Quote Number (if applicable):	FQ20171016MA13

Department Information	
Ship to: See attached Quote	*Bill to Department Name: MassDOT - IT
PO Contact: John Cadorette 857-368-9960 john.cadorette@state.ma.us	*Contact Person: Antonia Pires
	*Address: 10 Park Plaza, Room 8350
	*City, State, Zip Code: Boston, MA 02116
	Telephone: 857-368-9897
	Email: antonia.pires@state.ma.us
	Prompt Payment Discount (Terms & %):

Instructions to the Vendor:

- The vendor's invoice must include the following minimum information: Purchase order number, quantity and description of item(s) shipped, unit of measure, unit price, total dollar amount of any discount, total price and the vendor's invoice number.
- The purchase order number must appear on the vendor's packing list.
- See attached specifications, if any, related to this purchase order. If this purchase order is for services, please see the section entitled Engagement of Services below. Additional specifications are not necessary if the details of the performance are covered in the contract.
- Vendor assumes risk of loss for commodities in transit. All commodities are subject to inspection upon delivery. Commodities delivered after the Requested Delivery Date above may be rejected. Rejected commodities will be returned at the vendor's expense.

* Engagement of Services (may be required for services): If this Purchase Order is for the provision of services which have been negotiated with the vendor, provide a brief description here of those services (attach detailed specifications, if appropriate) Also, include the dates of service, the number of hours and the hourly rates associated with this engagement. The vendor must sign this form for the engagement of services. Note This form or additional specifications are not required if the RFR and contract contain all of the required Purchase Order information.

Line #	Vendor Item Number	Item Description	Unit of Measure	Quantity	Unit Price	Subtotal (Quantity x Unit Price)	** Discount	Total Price (Subtotal minus Discount)
1	SEE ATTACHED							
2								
3								

Department Approval Signature: <u><i>William Yee</i></u> *Printed Name: William Yee, IT Finance Manager *Date: <u>3/23/16</u>	Subtotal: Shipping and Handling: 0.00 Total Order Amount: \$136,718.00
* Vendor Approval (only required for the Engagement of Services) *Signature: _____ *Printed Name: _____ *Date: _____	

* Indicates required field. ** Discount includes any Prompt Payment Discounts.



November 9, 2017

Sarah Zaphiris
Deputy Registrar for Operations
Registry of Motor Vehicles
25 Newport Avenue Extension
Quincy, MA 02171

Quotation Reference Number:

FQ20171016MA13

Dear Ms. Zaphiris;

MorphoTrust USA, Inc. ("MorphoTrust") is pleased to provide the Massachusetts Registry of Motor Vehicles (MA RMV) with this quotation in response to your request. A description of the goods and/or services you have requested, plus certain terms and conditions of this quotation, are provided below.

DESCRIPTION OF GOODS AND SERVICES:

The MA RMV has requested pricing for an additional 25 Test Stations associated with the Automated Testing System. Two additional testing sites (licenses) will be added as a part of this quote. Each Test Station includes the following components which are included in this quotation;

- Lenovo ThinkCenter m810z
- Headphones
- Adapter Splitter

Note: Costs include applicable software licenses to make the Test Station operational.

ASSUMPTIONS:

- This quote is dependent on agreement of final specifications with the MA RMV
- Assumes MassDOT resources will be present and onsite as needed to support deployment
- Locations for installation TBD with MA RMV
- Includes Hardware Qualification and Testing with new hardware model.
- Upon completion of installation at each location, MA RMV will sign an acceptance form for invoicing
- Includes contractual pricing for the additional and creation of up to 2 new testing sites.



- Any return trips required because of 'site not ready' issues will be billable at \$800 for the first four hours on site, plus \$150 per man per hour for each hour beyond the first four hours.

MorphoTrust is pleased to provide you with this quotation. Prices specified in this quotation shall remain fixed for a period of 60 days from the date of this quotation. Prices quoted herein are based upon the information that has been provided to MorphoTrust by MA RMV. Changes to the information provided may result in a change in price.

MorphoTrust standard terms and conditions which govern all purchases made pursuant to this quotation are listed below. To the extent such terms directly conflict with those set forth in this quotation, the terms in this quotation shall govern.

Please feel free to contact me with any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Corson', with a horizontal line extending to the right.

John Corson
Director - Client Executive
IDEMIA
296 Concord Road
3rd Flr. Ste 300
Billerica, MA 01821
518 956-0347
jcorson@us.idemia.com



QUOTATION

Date: November 9, 2017
 Quote No: FQ20171016MA13
 Valid Through: 60 days from date above

Payment Terms: Payable within 30 days of invoice by MA RMV

Delivery: Delivery of goods and services anticipated to be completed within 2 months after receipt of Purchase Order

To:

Sarah Zaphiris
 Deputy Registrar for Operations
 Registry of Motor Vehicles
 25 Newport Avenue Extension
 Quincy, MA 02171

From:

John Corson
 Client Executive
 MorphoTrust USA
 296 Concord Road, Third Floor
 Billerica, MA 01821
 (518) 956-0347

Product/Service	Unit Price	Qty	Total
ATS Test Station	\$3,064.00	25	\$76,600.00
Examiner License for new testing site	\$2,500.00	2	\$5,000.00
Labor(Qualification) and Installation		1	\$33,549.50
Total Product/Services			\$115,149.50
Annual Maintenance (\$287.50/unit/year)	\$7,189.50	3	\$21,568.60
Total Price			\$136,718.00

NOTE: This is a firm fixed quotation for goods and services.

PAYMENT TERMS:

Payable within 30 days of invoice by MA RMV. The terms and conditions associated with Contract # 90042 will apply to this change order.

MORPHOTRUST'S STANDARD TERMS AND CONDITIONS: MorphoTrust's standard terms and conditions which govern all purchases made pursuant to this quotation



are listed below. To the extent such terms directly conflict with those set forth in this quotation, the terms in this quotation shall govern.

Quote Acceptance: FQ20171016MA13

Print: Sarah Zaphiris

Date: 12/8/17

Title: Chief Administrative Officer

***** TO BETTER ALLOW MORPHOTRUST TO PROCESS YOUR ORDER *****

- 1) PLEASE SIGN THE ABOVE ACCEPTANCE OF THIS OFFER AND RETURN THIS DOCUMENT TO YOUR MORPHOTRUST SALESPERSON/CONTACT.
- 2) ALTERNATIVELY, IF YOU ARE PREPARING A PURCHASE ORDER OR CONTRACT AMENDMENT, PLEASE INCLUDE THIS OFFER WITH THE DOCUMENTS YOU ARE SUBMITTING.