



[2170562]

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION
Document Description: DL Capture Annual Maint Yr2

Document ID		Action	
Code	Dept	Document Identifier	Entry
PRC	DOT	INTF19J0090042N00011	

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

Header Information

Budget FY	2019	Document Total	\$15,026.25
Fiscal Year	2019	Vendor Name	MORPHOTRUST USA, LLC
Period	9	Vendor Address	296 CONCORD RD STE 300
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dotadi	Address Code	AD003
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License
Line Type	Service	Unit Price		Ref Code	CT
Quantity		Service From	10/1/2018	Ref Dept	DOT
Unit of Measure		Service To	12/13/2018	Ref ID	INTF00X02016J0090042
Contract Amount	\$15,026.25	Discount Terms		Missed \$37.57 Discount opportunity	
		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	4	Description	Morpho Trust Drivers License Production
Budget FY	2019	Fund	0044	Unit	R110
Bank Acct		Sub Fund	0000	Object	J33
Dept	DOT	Program Period	EPP	Appropriation	60440001
Sub Total Line Amount	\$15,026.25	Dept Object		Ref Type	Partial
		Function		Check Descr	

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)	(Initial)	(Initial)

Print Name: John Caloeth Signed: [Signature] Prepared by: [Signature] Title: [Signature] Phone Ext.: 8960 Date: 3/22/19

Print Name: William Yoo Signed: [Signature] Authorized Signatory Title: [Signature] Phone Ext.: 8878 Date: 3-22-19

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV22977
Date	12/13/2018
Page	1

Ln 1-4

and 12/13/18 2

Bill To:

Al Puccia
MASSACHUSETTS LICENSE PROGRAM
Mass DOT - RMV
25 Newport Ave
Quincy MA 02171
United States

Ship To:

Al Puccia
MASSACHUSETTS LICENSE PROGRAM
Mass DOT - 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.	
SEE BELOW	MAS01000		1/27/2019	0.25% 10 Net 45	12/13/2018	570,927	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SUPPORT	DL Capture System Annual Maintenance-Year 2 P.O. # PCDOT028718090042 Period: 10/1/2018 - 9/30/2019 <i>5 additional workstations + maintenance + Plymouth office maint</i>	\$ 0.00000	\$ 15,026.25000	\$ 15,026.25

Subtotal	\$ 15,026.25
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 15,026.25

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693