



Commonwealth of Massachusetts Office of the Comptroller  
Payment Commodity Form

MMARS schedule payment date is 2/8/2019. Deadline for \$70.50 discount is 1/7/2019. Please process as soon as possible.

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [2120367]

Document Description: Re-Cabling 20 RMV sites

Document I.D.

Code: Dept Unit Action Entry  
PRC DOT 0287 INTF19J0090042N00006

Header Information: Budget FY 2019 Document Total \$28,200.00

Fiscal Year 2019 Vendor Name MORPHOTRUST USA, LLC

Period 7 Vendor Address 6840 CAROTHERS PKWY STE 650 City FRANKLIN State TN

SCH Pay Date Vendor/Customer No. VC6000183131 Handling Code Single Payment

Requester ID dolabz Address Code AD001 Comment

Report Note

Line #1 - Commodity Information

Commodity Code	List Price	Description	Morpho Trust Drivers License P	Ref VI	1	Vendor Inv. #	INV23051
821300000000		Service	CT	1			
Quantity		Service From	12/28/2018	Ref Dept	DOT	Ref cl	1
Unit of Measure		Service To	12/28/2018	Ref ID	INTF00X02016J0090042	Inv. Date	12/28/2018
Contract Amount	\$28,200.00	Discount Terms	DAVS 1	PERCENT 1	0.2500	DAVS 3	PERCENT 3
			DAVS 2	PERCENT 2		DAVS 4	PERCENT 4

Deadline for \$70.50 discount is 1/7/2019. Please process as soon as possible.

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	44	Description	Re-Cabling 20 RMV sites
Budget FY	2019	Fund		Unit	IR03
Bank Acct		Sub Fund	402C	Object	U11
Dept	DOT	Program Period	EPP	Appropriation	67201307
Sub Total Line Amount		Dept Object		Function	Partial
					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.

Print Name: John Calabro Signed: [Signature] Title: WA Phone Ext.: 9961 Date: 1/2/19

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Phone Ext.: 9878 Date: 1-3-19

Authorized Signatory

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	INV23051
Date	12/28/2018
Page	1

DEC 28 2018 AM 1 :2

**Bill To:**

Al Puccia  
COMMONWEALTH OF MASSACHUSETTS  
MassDOT - RMV  
25 Newport Ave  
Quincy MA 02171  
United States

**Ship To:**

Al Puccia  
COMMONWEALTH OF MASSACHUSETTS  
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.	
CTDOT028719090042	BD-3060	BEST WAY	1/27/2019	NET 30	12/28/2018	576,169	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
141.00	141.00	\$ 0.00	SERVICES	Completion of: Re-Cabling systems at 20 RMV Sites  Ln 1 - 44	\$ 0.00000	\$ 200.00000	\$ 28,200.00

<b>Subtotal</b>	\$ 28,200.00
<b>Tax</b>	\$ 0.00
<b>Freight</b>	\$ 0.00
<b>Less</b>	\$ 0.00
<b>Total</b>	\$ 28,200.00

**PLEASE REMIT TO:**

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

**Cadorette, John (DOT)**

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**From:** Ocana, Hector <Hector.Ocana@us.idemia.com>  
**Sent:** Friday, December 28, 2018 10:58 AM  
**To:** Cadorette, John (DOT)  
**Cc:** Priestly, Tracey; Grochmal, Diane; Kunen, David  
**Subject:** Commonwealth of Massachusetts invoice INV23051  
**Attachments:** INV23051.pdf

Attached you will find your invoice. If you have any questions, please feel free to contact me.

Best regards,  
Hector Ocana

**Hector Ocana**  
Accountant | Finance

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