



Commonwealth of Massachusetts Office of the Comptroller
Payment Commodity Form

MIMARS schedule payment date is 8/26/2019.

Document Name: DLD/DID RMV #90042 HARDWARE/SOFTWARE [2222816]
Document Description: DLDI WS(6)

Document ID: INTF19M0103179Y00010
Code: DOT 0287
Action: Entry
VENDOR'S CERTIFICATION
I certify that the goods were shipped or the service rendered on 9/1/19 by
SEE ATTACHED INVOICE
Requester ID: dota8z
Address Code: AD001
City: FRANKLIN
State: TN
Handling Code: Single Payment

Header Information

Budget FY	2019	Document Total	\$113,058.00
Fiscal Year	2019	Vendor Name	MORPHOTRUST USA, LLC
Period	13	Vendor Address	6840 CAROTHERS PKWY STE 650
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dota8z	Address Code	AD001
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	801117130000	List Price	\$1.00	Description	HARDWARE
Line Type	Item	Unit Price	\$1.00	Ref Code	PC
Quantity	113058	Service From	6/30/2019	Ref Dept	DOT
Unit of Measure	EA	Service To	6/30/2019	Ref ID	INTF00002018M0103179
Contract Amount	\$113,058.00	Discount Terms			
		DAYS 1		PERCENT 1	
		DAYS 2		PERCENT 2	
		DAYS 3		PERCENT 3	
		DAYS 4		PERCENT 4	

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	7	Description	DLDI WS(6)
Budget FY	2019	Fund	0044	Unit	IR01
Bank Acct		Sub Fund	0000	Object	U07
Dept	DOT	Program Period	EPP	Appropriation	64201317
Sub Total Line Amount	\$113,058.00	Dept Object		Ref Type	Partial
				Function	15519
				Major Program	HSRBNF
				Program	RM18XXX025 (Capture workstations -
				Phase	C11
				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)

Print Name: John Colletti Signed: _____ Title: ICM Phone Ext.: 9864 Date: 7/15/19
Print Name: William Yee Signed: _____ Title: _____ IT Finance Manager Phone Ext.: 9878 Date: 7/15/19
Prepared by: _____
Authorized Signatory

MorphoTrust USA

296 CONCORD RD
 BILLERICA MA 01821

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

Invoice	INV24390
Date	7/15/2019
Page	1

JUL 15 2019 PM 1:59

Bill To:

Antonia Pires
 COMMONWEALTH OF MASSACHUSETTS
 Mass DOT - IT
 10 Park Plaza, Room 8350
 BOSTON MA 02116
 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.
SEE BELOW		BD-3060	BEST_WAY	8/14/2019	NET 30	7/15/2019	702,578
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	DELIVERABLE	Six Reserve DLID Workstations Purchase Order # PCDOT028719103179-14 Contract # 90042 Quote # FQ20190412MA06 <i>Lnl-7</i> <i>sent 6/30/19 J</i>	\$ 0.00000	\$ 113,058.00000	\$ 113,058.00

Subtotal	\$ 113,058.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 113,058.00

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, July 15, 2019 12:54 PM
To: Cadorette, John (DOT); Pires, Antonia (DOT); Kunen, David
Cc: Priestly, Tracey; Grochmal, Diane
Subject: Commonwealth of Massachusetts Milestone invoice INV24390
Attachments: INV24390.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

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

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Billerica, MA 01821



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