



MIMARS schedule payment date is
8/20/2019.

[2222484]

Document Name: DLD/DI/RMV #90042 HARDWARE/SOFTWARE
Document Description: Verifone VX915(2)

Document I.D.: INTF19M0103179Y00008
Code: DOT 0287
Unit: 0287
Action: Entry
VENDOR'S CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth herein.
SEE ATTACHED INVOICE
Please Sign In Ink

Header Information
Budget FY: 2019
Document Total: \$1,390.00

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: dolabz
Address Code: AD001
Report Note: Address Code
City: FRANKLIN
State: TN
Handling Code
Single Payment

Line #1 - Commodity Information

Commodity Code	List Price	Description	PC	Ref vl	Vendor Inv. #
80117130000	\$1.00	HARDWARE		1	INV24341
Line Type:	Item	Unit Price	Ref Code	Ref vl	Vendor Inv. #
Quantity	1390	Service From	DOT	1	1
Unit of Measure	EA	Service To	INTF00002018M0103179	Inv. Date	7/9/2019
Contract Amount	\$1,390.00	Discount Terms			
		DAYS 1	PERCENT 1	DAYS 3	PERCENT 3
		DAYS 2	PERCENT 2	DAYS 4	PERCENT 4

Line #1 - Accounting Information

Event Type	Ref. Line	Description	Verifone VX915(2)	Major Program	HSRBNF	Program
AP01	6	Unit	IR01	HSRBNF	C000000	
Budget FY	2019	Fund	0044	Activity	009N	Phase
Bank Acct		Sub Fund	0000	Ref Type	Partial	Check Descr
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type
Sub Total Line Amount	\$1,390.00	Dept Object		Function	15667	

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 Colvert Signed: [Signature] Title: MA Phone Ext.: 9960 Date: 7/12/19

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Phone Ext.: 9878 Date: 7-23-19
Prepared by: [Signature] Authorized Signatory

MorphoTrust USA

296 CONCORD RD
 BILLERICA MA 01821

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

Invoice	INV24341
Date	7/9/2019
Page	1

JUL 9 2019 PM 4:40

Bill To:

COMMONWEALTH OF MASSACHUSETTS
 200 ARLINGTON ST
 STE 2200
 CHSB - FISCAL DEPT
 CHELSEA MA 02150
 United States

Ship To:

COMMONWEALTH OF MASSACHUSETTS
 200 ARLINGTON ST
 STE 2200
 CHSB - FISCAL DEPT
 CHELSEA MA 02150
 United States

Purchase Order No.		Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
SEE BELOW		BD-3060	UPS_GROUND	8/8/2019	NET 30	7/9/2019	700,416
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	DELIVERABLE	Two Verifone MX915 Signature Pads for MassDOT to use at the new Danvers branch Office Purchase Order # PCDOT028719103179-7 Contract # 90042 <i>Ln 1-6 sent 6/30/19 g</i>	\$ 0.00000	\$ 1,390.00000	\$ 1,390.00

Subtotal	\$ 1,390.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 1,390.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Cadorette, John (DOT)

From: Ocana, Hector <Hector.Ocana@us.idemia.com>
Sent: Tuesday, July 9, 2019 3:55 PM
To: Cadorette, John (DOT)
Cc: Priestly, Tracey; Grochmal, Diane
Subject: Commonwealth of Massachusetts Milestone invoice INV24341
Attachments: INV24341.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

296 Concord Road Suite 300
Billerica, MA 01821



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