



Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [2216243]
Document Description: Watertown Move

Code: DOT 0213
Dept: 0213
Unit: 0213
Document I.D.: INTF19J0090042Y00017
Action: Entry
VENDORS CERTIFICATION
I certify that the goods were shipped as the service rendered as per tenth delivery.
SEE ATTACHED INVOICE
[Please Sign In Ink]

Header Information
Budget FY: 2019 Document Total: \$9,500.00
Fiscal Year: 2019 Vendor Name: MORPHOTRUST USA, LLC
Period: 13 Vendor Address: 296 CONCORD RD STE 300 City: BILLERICA State: MA
SCH Pay Date: Vendor/Customer No.: VC6000183131 Handling Code: Single Payment
Requester ID: dot8z Address Code: AD003
Report Note: Comment

Line #1 - Commodity Information

Commodity Code	List Price	Description	Morpho Trust Drivers License	Ref VI	1	Vendor Inv. #	INV24161
821300000000							
Line Type	Service	Unit Price	CT	Ref VI	1 <td>Vendor Inv. #</td> <td>INV24161</td>	Vendor Inv. #	INV24161
Quantity		Service From	6/12/2019	Ref Dept	DOT	Inv. Line	1
Unit of Measure		Service To	6/12/2019	Ref ID	INTF00X02016J0090042	Inv. Date	6/13/2019
Contract Amount	\$9,500.00	Discount Terms	Missed \$23.75 Discount opportunity				
		DAYS 1	PERCENT 1	0.2500	DAYS 3	PERCENT 3	
		DAYS 2	PERCENT 2		DAYS 4	PERCENT 4	

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	30	Description	Morpho Trust Drivers License Production	Program	C000000
Budget FY	2019	Fund	0044	Unit	IR03	Major Program	
Bank Acct		Sub Fund	0000	Object	U10	Activity	009N
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial
Sub Total Line Amount			\$9,500.00	Dept Object		Function	

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: William Yee
Signed: [Signature] Title: IT Finance Manager
Phone Ext.: 9878 Date: 7/5/19
Print Name: [Signature] Title: [Signature] Date: 7/5/19
Authorized Signatory

MorphoTrust USA

296 CONCORD RD
 BILLERICA MA 01821

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

Invoice	INV24161
Date	6/12/2019
Page	1

JUN 13 2019 AM 10:20

Bill To:

COMMONWEALTH OF MASSACHUSETTS
 Mass DOT - IT
 10 Park Plaza, Room 5231
 BOSTON MA 02116
 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	7/12/2019	NET 30	6/12/2019	683,685	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SERVICES	Completion of Watertown Move Purchase Order # CTDOT028719090042 Contract # 90042 <i>Ln 1-30</i>	\$ 0.00000	\$ 9,500.00000	\$ 9,500.00

Subtotal	\$ 9,500.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 9,500.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Cadorette, John (DOT)

From: Ocana, Hector <Hector.Ocana@us.idemia.com>
Sent: Thursday, June 13, 2019 8:41 AM
To: Cadorette, John (DOT)
Cc: Priestly, Tracey; Grochmal, Diane; Kunen, David
Subject: Massachusetts Milestone invoice INV24161
Attachments: INV24161.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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