



MIMARS schedule payment date is 8/16/2019. Deadline for \$16.64 discount is 7/15/2019. Please process as soon as possible.

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [22224881]

Document Description: Taunton Move

Document I.D.

Code Dept Unit Document Identifier  
PRC DOT 0213 INTF19J0090042Y00019

Action Entry  
Please Sign In Ink!

VENDOR'S 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	\$6,657.00
Fiscal Year	2019	Vendor Name	MORPHOTRUST USA, LLC
Period	13	Vendor Address	296 CONCORD RD STE 300
SCH Pay Date		Vendor/Customer No.	VC6000183131
Requester ID	dot8z	Address Code	AD003
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License	Ref vi	1	Vendor Inv. #	INV24322
Line Type	Service	Unit Price		Ref Code	CT	Ref cl	1	Inv. Line	1
Quantity		Services From	6/30/2019	Ref Dept	DOT	Inv. Date			7/5/2019
Unit of Measure		Service To	6/30/2019	Ref ID	INTF00X02016J0090042				
Contract Amount	\$6,657.00	Discount Terms							
		DAYS 1				DAYS 3			
		DAYS 2				DAYS 4			

Deadline for \$16.64 discount is 7/15/2019. Please process as soon as possible.

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	46	Description	Morpho Trust Drivers License Production	Program	RMV/1709 (Maintenance Kiosks)
Budget FY	2019	Fund	0044	Unit	IR01	Activity	
Bank Acct		Sub Fund	0000	Object	U11	Phase	
Dept	DOT	Program Period	EPP	Appropriation	64201317	Ref Type	Partial
Sub Total Line Amount	\$6,657.00	Dept Object		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.

Print Name: John Calista Signed: [Signature] Title: IT Finance Manager Prepared by: [Signature] Date: 7/12/19

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Authorized Signatory: [Signature] Date: 7.12.19

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	INV24322
Date	7/5/2019
Page	1

JUL 5 2019 PM 5:30

**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.	
CTDOT028719090042	BD-3060	UPS_GROUND	8/4/2019	NET 30	7/5/2019	698,104	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	DELIVERABLE	Idemia Completed the work associated with the Relocation of the Taunton Office Contract # 90042  <i>Ln 1-46</i> <i>sent 6/30/19</i>	\$ 0.00000	\$ 6,657.00000	\$ 6,657.00

<b>Subtotal</b>	\$ 6,657.00
<b>Tax</b>	\$ 0.00
<b>Freight</b>	\$ 0.00
<b>Less</b>	\$ 0.00
<b>Total</b>	\$ 6,657.00

**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, July 5, 2019 3:24 PM  
**To:** Cadorette, John (DOT)  
**Cc:** Priestly, Tracey; Grochmal, Diane  
**Subject:** Commonwealth of Massachusetts Milestone invoice INV24322  
**Attachments:** INV24322.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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E. [Hector.Ocana@us.IDEMIA.com](mailto:Hector.Ocana@us.IDEMIA.com)

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Billerica, MA 01821



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