

**MASSDOT INVOICES**

**IT RELATED**

**FY 2019**



Commonwealth of Massachusetts Office of the Comptroller  
Payment Commodity Form

MMARS schedule payment date is 2/8/2019.

Deadline for \$70.50 discount is 1/17/2019. Please process as soon as possible.

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION

[2120367]

Document Description: Re-Cabling 20 RMV sites

Document ID: INTF19J0090042N00006

Code: Dept Unit Document Identifier Action

PRC DOT 0287 INTF19J0090042N00006 Entry

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

SCH Pay Date Vendor/Customer No. VCG000183131

Requester ID dotabz Address Code ADD001

Report Note Comment

VENDORS CERTIFICATION

I certify that the goods were shipped or the service rendered as set forth below.

SEE ATTACHED INVOICE

Line #1 - Commodity Information

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

Line #1 - Accounting Information

Event Type	AP01	Ref. Line	44	Description	Re-Cabling 20 RMV sites	Major Program	IT18120021 (Core Infrastructure state of
Budget FY	2019	Fund		Unit	IR03	Activity	
Bank Acct		Sub Fund	402C	Object	U11	Ref Type	Partial
Dept	DOT	Program Period	EPP	Appropriation	67201307	Check Descr	
Sub Total Line Amount	\$28,200.00	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.

Print Name: William Yee Signed: [Signature] Title: [Signature]

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager

Authorized Signatory [Signature]

FOR FISCAL USE ONLY  
Entered By: [Signature] Date: 1-16-19 Verified By: [Signature] Date: 1-16-19

**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

07695 2018 441120

**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.
CTDOT028719890042		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  Lh1-44	\$ 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)**

---

**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

P: (978) 213 2507  
M: (660) 600 0000  
E: [Hector.Ocana@us.IDEMIA.com](mailto:Hector.Ocana@us.IDEMIA.com)



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70042

(S)

Document Name: **MORPHO TRUST DRIVERS LICENSE PRODUCTION** [2128404]

Document Description: **ATLAS Integration Support**

Code: Dept Unit Document Identifier Action Entry  
**PRC DOT 0287 INTF19J0090042N00008**

**Header Information**  
 Budget FY: 2019 Document Total: \$357,492.00  
 Fiscal Year: 2019 Vendor Name: MORPHOTRUST USA, LLC  
 Period: Vendor Address: 296 CONCORD RD STE 300 City: BILLERICA State: MA  
 SCH Pay Date: Vendor/Customer No. VCS000183131 Handling Code  
 Requester ID: dot8z Address Code: ADD003 Single Payment  
 Report Note: Comment

**Vendor's Certification**  
 I certify that the goods were shipped or the service rendered as set forth below:  
 SEE ATTACHED INVOICE

**Line #1 - Commodity Information**

Commodity Code	List Price	Description	Morpho Trust Drivers License P	Ref Vl	1	Vendor Inv. #	INV23135
821300000000		Service	CT	1			
Line Type	Unit Price	Ref Code	Ref Dept	DOT	1	Inv. Line	1
Quantity	Service From	1/8/2019	Ref ID	INTF00X02016J0090042		Inv. Date	1/8/2019
Unit of Measure	Service To	1/8/2019	Discount Terms	MISSED \$893.73 Discount opportunity			
Contract Amount	\$357,492.00	Days 1	PERCENT 1	0.2500	Days 3	PERCENT 3	
		Days 2	PERCENT 2		Days 4	PERCENT 4	

**Line #1 - Accounting Information**

Event Type	Ref. Line	Description	ATLAS Integration Support	Major Program	OPFIT	Program	RMV008 (Requirements definition for the
AP01	43	IR03	U11	U11	Final	Phase	
Budget FY	2019	Sub Fund	402C	17903004	Ref Type	Check Descr	
Bank Accl	DOT	Program Period	EPP				
Dept	DOT	Appropriation					
Sub Total Line Amount	\$357,492.00	Dept Object					

**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 Cadavath Signed: [Signature] Title: WA Phone Ext.: 9960 Date: 1/23/19  
 Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Phone Ext.: 9878 Date: 2/12/19  
 Prepared by: [Signature] Authorized Signatory: [Signature]

**FOR FISCAL USE ONLY**  
 Entered By: [Signature] Date: 2-13-19 Verified By: [Signature] Date: 1/23/19  
 (Initial)

**MorphoTrust USA**

296 CONCORD RD  
BILLERICA MA 01821

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

Invoice	INV23135
Date	1/8/2019
Page	1

JAN 8 2019 11:43:38

**Bill To:**

Antonia Pires  
COMMONWEALTH OF MASSACHUSETTS  
Mass DOT - IT  
10 Park Plaza, Room 5231  
BOSTON MA 02116  
United States

**Ship To:**

Antonia Pires  
COMMONWEALTH OF MASSACHUSETTS  
Mass DOT - IT  
10 Park Plaza, Room 5231  
BOSTON MA 02116  
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	2/7/2019	NET 30	1/8/2019	586,895	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SERVICES	Atlas Integration Support Second and Final Payment Against P.O. # CTDOT028718090042 Total Order Amount: \$557,492.00  Lh1-43	\$ 0.00000	\$ 357,492.00000	\$ 357,492.00
<b>Subtotal</b>						\$ 357,492.00	
<b>Tax</b>						\$ 0.00	
<b>Freight</b>						\$ 0.00	
<b>Less</b>						\$ 0.00	
<b>Total</b>						\$ 357,492.00	

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, January 08, 2019 4:12 PM  
**To:** Cadorette, John (DOT)  
**Cc:** Priestly, Tracey; Grochmal, Diane  
**Subject:** Commonwealth of Massachusetts DOT - IT invoice INV23135  
**Attachments:** INV23135.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  
✉ [Hector.Ocana@us.IDEMIA.com](mailto:Hector.Ocana@us.IDEMIA.com)



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**Cadorette, John (DOT)**

---

**From:** Yee, Bill (DOT)  
**Sent:** Wednesday, January 23, 2019 12:03 PM  
**To:** Ennis, Kevin (DOT)  
**Cc:** Cadorette, John (DOT)  
**Subject:** RE: Customer Acceptance Form for S to SA

Kevin,

Have invoice....please confirm next step: seek approval from A Macdonald? Thanks Bill

**From:** Ennis, Kevin (DOT) <Kevin.Ennis@dot.state.ma.us>  
**Sent:** Wednesday, January 23, 2019 11:34 AM  
**To:** Yee, Bill (DOT) <Bill.Yee@dot.state.ma.us>  
**Subject:** Fwd: Customer Acceptance Form for S to SA

Bill

Can you see if you can track this invoice down?

Thanks

K

Begin forwarded message:

**From:** "Macdonald, Alan (DOT)" <[alan.macdonald@dot.state.ma.us](mailto:alan.macdonald@dot.state.ma.us)>  
**Date:** January 23, 2019 at 3:57:01 PM GMT  
**To:** "Deveney, Erin (DOT)" <[Erin.Deveney@dot.state.ma.us](mailto:Erin.Deveney@dot.state.ma.us)>, "Evans, Steve (DOT)" <[Steve.Evans@dot.state.ma.us](mailto:Steve.Evans@dot.state.ma.us)>  
**Cc:** "Primerano, John (DOT)" <[John.Primerano@dot.state.ma.us](mailto:John.Primerano@dot.state.ma.us)>, "Ogilvie, Colleen (DOT)" <[Colleen.Ogilvie@dot.state.ma.us](mailto:Colleen.Ogilvie@dot.state.ma.us)>, "Ennis, Kevin (DOT)" <[Kevin.Ennis@dot.state.ma.us](mailto:Kevin.Ennis@dot.state.ma.us)>, "Evans, Steve (DOT)" <[Steve.Evans@dot.state.ma.us](mailto:Steve.Evans@dot.state.ma.us)>  
**Subject:** RE: Customer Acceptance Form for S to SA

I signed a completion of work acknowledgement form for REAL ID and the S to SA project on Jan. 4, 2019. I had a back and forth with Dave Kunen confirming that we made a previous payment of \$200,000 and that our outstanding balance is \$357,492.

I do not recall, nor can I find in my emails, an actual invoice to approve payment.

Hope that helps.

A

**From:** Deveney, Erin (DOT) <[Erin.Deveney@dot.state.ma.us](mailto:Erin.Deveney@dot.state.ma.us)>  
**Sent:** Wednesday, January 23, 2019 10:49 AM  
**To:** Evans, Steve (DOT) <[Steve.Evans@dot.state.ma.us](mailto:Steve.Evans@dot.state.ma.us)>  
**Cc:** Macdonald, Alan (DOT) <[alan.macdonald@dot.state.ma.us](mailto:alan.macdonald@dot.state.ma.us)>; Primerano, John (DOT) <[John.Primerano@dot.state.ma.us](mailto:John.Primerano@dot.state.ma.us)>; Ogilvie, Colleen (DOT) <[Colleen.Ogilvie@dot.state.ma.us](mailto:Colleen.Ogilvie@dot.state.ma.us)>  
**Subject:** RE: Customer Acceptance Form for S to SA

Hi-



Checking with the ATLAS PMO this morning, we have not seen an invoice from Idemia for this work to be paid out of the ATLAS capital budget.

Do we know where we are in processing this payment?

Thanks.

---

**From:** Evans, Steve (DOT)  
**Sent:** Thursday, December 13, 2018 10:09 AM  
**To:** Deveney, Erin (DOT)  
**Cc:** Macdonald, Alan (DOT)  
**Subject:** FW: Customer Acceptance Form for S to SA  
**Importance:** High

Wow!!!\$\$\$ FYI and who should sign this? I will if you want. This was a "Z" thing.

---

**From:** Armistead, Tedford (DOT)  
**Sent:** Thursday, December 13, 2018 7:55 AM  
**To:** McCollem, Steve (DOT); Evans, Steve (DOT); Primerano, John (DOT)  
**Cc:** Bedard, David (DOT); 'Kendall, Kerry'  
**Subject:** FW: Customer Acceptance Form for S to SA

Steve/Steve/John;

I'm forwarding an acceptance form received from Kerry Kendall – our new Idemia rep – requesting signoff on the S to SA work. I'm not sure exactly who should address this request for signoff.

Tedford

**From:** Kendall, Kerry [<mailto:Kerry.Kendall@us.idemia.com>]  
**Sent:** Wednesday, December 12, 2018 2:12 PM  
**To:** Armistead, Tedford (DOT) <[Tedford.Armistead@dot.state.ma.us](mailto:Tedford.Armistead@dot.state.ma.us)>  
**Subject:** Customer Acceptance Form for S to SA

Good Afternoon, Ted,

I'm looking to close a few loose ends for the Massachusetts account. I've attached a customer acceptance form for MA ATLAS Support. The final step to close this project was the delivery of the S to SA functionality, which is necessary for IDEMIA to invoice MA RMV for work completed.

Please review the document, and let me know if you can sign the acceptance. If you are not the right person, please let me know, so I can redirect the question to them.

Thank you for your team work the past month and a half, it was truly a pleasure!

Best Regards,

**Kerry E. KENDALL**  
Program Manager | Civil Identity PMO  
NORAM Identity & Security

 IDEMIA

P (978) 213 3035  
M (978) 447 0320  
E [kerry.kendall@us.IDEMIA.com](mailto:kerry.kendall@us.IDEMIA.com)

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# massDOT IT PURCHASE REQUEST FORM

Office Only:  
 File Number: 13093  
 Initials and Date: J 2/11/19  
 Contract/Project Info #:

Requestor (include others to receive status via email)  
 Kevin Ennis

Benefiting Division (drop down list)  
 RMV-ATLAS Program

Phone/Location 358-9925

Ship to address: CHQ

CommBUYS Bid #:  
 Bid Open:  
 Bid Close:

Category (from drop down list)	DESCRIPTION (dates of service, annual maint/support, license renewal)	Make/Model	Quantity	Unit Cost (in dollars)	Total Cost (in dollars)	Budgeted?	Forecasted?	Other reference (project name, servicenow#, csp#, account#, fiscal year spend)	Funding (Oper, OP, Toll, MAB, Fed, Enterprise)
Prof Svcs	ATLAS integration support (interfaces)		1	\$357,492.00	\$357,492.00	Yes	Yes	ATLAS	1790-3005
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				

**\* Architecture Review Board (ARB)**

This is a required step to complete if the hardware or software is "NEW Technology" to DDT. Has the ARB approved this "NEW Technology" request - Click YES or NO>>>>>>

Yes  No

Note: "NEW Technology" does not apply to software license renewals and hardware currently utilized

Hardware	
Software	
Contractor	
Prof Svcs	\$357,492.00
Maint Svcs	
Other	
<b>Total IT Request</b>	<b>\$357,492.00</b>

- U07 Equipment
- U03 Software licenses, annual fees
- U05 Hourly paid staff augmentation
- U11 Services paid on a per deliverable/task order basis
- U10 Equipment install/service & annual maint support
- Other (telecom, dataline, admin, chargeback, etc)

<< final cost if different from "requested" amount

Reason	Description
Reason	Connect FAST Enterprises software to multiple wholesale customers
Benefit	Supports ATLAS integration
Other	

**APPROVERS FOR IT REQUEST FORM - signing authority \$ level listed below**

Requestor		Date	1/30/2019
Business Approver/Manager/Dept Head			
COO RMV			2/05/2019
Deputy CIO / CTO / Sr IT Operations Director			
IT Finance			
Registrar			1/30/19
Chief Information Officer			2/5/19

7094 (11)

Document Name: **MORPHO TRUST DRIVERS LICENSE PRODUCTION** [2170562]

Document Description: **DL Capture Annual Maint Yr2**

Code: **DOT 0287** Unit: **INTF19J0090042N00011** Action: **Entry**

Header Information: **Document I.D.** **Document Identifier** **Entry** (Please Sign in Ink)

Budget FY: **2019** Document Total: **\$15,026.25**

Fiscal Year: **2019** Vendor Name: **MORPHOTRUST USA, LLC**

Period: **9** Vendor Address: **296 CONCORD RD STE 300** City: **BILLERICA** State: **MA**

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

Requester ID: **dotadi** Address Code: **AD003**

Report Note: **Comment**

**Line #1 - Commodity Information**

Commodity Code	List Price	Description	Morpho Trust Drivers License	Ref Code	Ref Dept	Ref ID	Ref Inv. #	Inv. Line	Inv. Date
821300000000				CT	DOT	INTF00X02016J0090042	INV22977	1	12/13/2018
Line Type	Service	Unit Price							
Quantity									
Unit of Measure									
Contract Amount	\$15,026.25								
		Discount Terms							
		DAYS 1							
		DAYS 2							
		PERCENT 1							
		PERCENT 2							
		PERCENT 3							
		PERCENT 4							

**Line #1 - Accounting Information**

Event Type	AP01	Ref. Line	4	Description	Morpho Trust Drivers License Production	Major Program	RMVOVH	Program	C000000
Budget FY	2019	Fund	0044	Unit	R110	Activity	010N	Phase	000
Bank Acct		Sub Fund	0000	Object	J33	Ref Type	Partial	Check Descr	
Dept	DOT	Program Period	EPP	Appropriation	60440001	Function			
Sub Total Line Amount				Dept Object					

**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: DE Date: 3/28/19  
(Initial) (Initial)

Print Name: John Calvert Signed: [Signature] Prepared by: [Signature] Title: Asst. Comptroller  
 Print Name: William Yee Signed: [Signature] Authorized Signatory Title: Asst. Comptroller Phone Ext.: 296 Date: 3/22/19  
 Title: Asst. Comptroller Phone Ext.: 2878 Date: 3/22/19

**MorphoTrust USA**

296 CONCORD RD  
BILLERICA MA 01821

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

Invoice	INV22977
Date	12/13/2018
Page	1

*Ln 1-4*

*sent 12/13/18*

**Bill To:**

Al Puccia  
MASSACHUSETTS LICENSE PROGRAM  
Mass DOT - RMV  
25 Newport Ave  
Quincy MA 02171  
United States

**Ship To:**

Al Puccia  
MASSACHUSETTS LICENSE PROGRAM  
Mass DOT - 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	MAS01000		1/27/2019	0.25% 10 Net 45	12/13/2018	570,927

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SUPPORT	DL Capture System Annual Maintenance-Year 2 P.O. # PCDOT028718090042 Period: 10/1/2018 - 9/30/2019  <i>5 additional workstations + maintenance + plymouth office move</i>	\$ 0.00000	\$ 15,026.25000	\$ 15,026.25

<b>Subtotal</b>	\$ 15,026.25
<b>Tax</b>	\$ 0.00
<b>Freight</b>	\$ 0.00
<b>Less</b>	\$ 0.00
<b>Total</b>	\$ 15,026.25

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693



7007A

(11)

Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION [2204616]

Document Description Non-domiciled Card Change

Document I.D. INTF19J0090042N00014

Code Dept Unit Document Identifier Action Entry

PRC DOT 0287 INTF19J0090042N00014

Header Information

Budget FY 2019 Document Total \$17,850.00

Fiscal Year 2019 Vendor Name MORPHOTRUST USA, LLC

Period 12 Vendor Address 296 CONCORD RD STE 300

SCH Pay Date Vendor/Customer No. VCG6000183131

Requester ID dot8z Address Code ADD003

Report Note Comment

VENDORS CERTIFICATION  
I certify that the goods were shipped or the service rendered as set forth herein.  
SEE ATTACHED INVOICE

Line #1 - Commodity Information

Commodity Code	List Price	Description	Morpho Trust Drivers License P	Ref VI	Vendor Inv. #	Inv. Line	Inv. Date
821300000000		Service	CT	1	INV23986	1	5/15/2019
Quantity	Service From	Service To	Ref Dept	Ref cl			
	5/15/2019	5/15/2019	DOT	1			
Contract Amount	Discount Terms	Missed \$44.62 Discount opportunity					
\$17,850.00	DAYS 1	10	PERCENT 1	0.2500	DAYS 3		PERCENT 3
	DAYS 2		PERCENT 2		DAYS 4		PERCENT 4

Line #1 - Accounting Information

Event Type	Rel. Line	Description	Morpho Trust Drivers License Production	Major Program	Program	Requirements definition for the
AP01	45	IR03	RMVVOVH	RMV008		
Budget FY	Fund	Object	Activity	Ref Type	Phase	
2019	0044	U11	17903005	Partial		
Bank Acct	Sub Fund	Appropriation	Ref Type	Check Descr		
DOT	0000	EPP				
Sub Total Line Amount	Program Period	Dept Object	Function			
\$17,850.00	EPP					

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 Colvett Signed: [Signature] Title: IT Finance Manager

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager

Authorized Signatory: John Primavera

FOR FISCAL USE ONLY  
Entered By: [Signature] Date: 6-17-19 Verified By: [Signature] Date: 6-12-19

**Idemia Identity & Security USA LLC**

296 CONCORD RD  
BILLERICA MA 01821

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

Invoice	INV23986
Date	5/15/2019
Page	1

MAY 15 2019 PM 5:40

**Bill To:**

MASSACHUSETTS LICENSE PROGRAM  
MassDOT - IT  
Attn: Antonia Pires  
10 Park Plaza, Room 8350  
Boston MA 02116  
United States

**Ship To:**

COMMONWEALTH OF MASSACHUSETTS  
MassDOT - IT  
Attn: Antonia Pires  
10 Park Plaza, Room 8350  
Boston MA 02116  
United States

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
SEE BELOW	MAS01000	BEST_WAY	6/29/2019	0.25% 10 Net 45	5/15/2019	666,137	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SERVICES	Non - Domicled Card Change Purchase Order # CTDOT028719090042  Ln 45	\$ 0.00000	\$ 17,850.00000	\$ 17,850.00

**PLEASE REMIT TO:**

Idemia Identity & Security USA LLC  
14438 Collections Center Drive  
Chicago, IL 60693

ACH / Wire:  
Bank: Bank of America  
ACH Routing: 052001633  
Wire Routing: 026009593  
Swift Code: BOFAUS3N  
Account Number: 3933352246  
Email EFT Remittance To: EFT@US.Idemia.com

<b>Subtotal</b>	\$ 17,850.00
<b>Tax</b>	\$ 0.00
<b>Freight</b>	\$ 0.00
<b>Less</b>	\$ 0.00
<b>Total</b>	\$ 17,850.00

**Cadorette, John (DOT)**

---

**From:** Ocana, Hector <Hector.Ocana@us.idemia.com>  
**Sent:** Wednesday, May 15, 2019 4:49 PM  
**To:** Cadorette, John (DOT)  
**Cc:** Priestly, Tracey; Grochmal, Diane  
**Subject:** Commonwealth of Massachusetts DOT IT Milestone invoice INV23986  
**Attachments:** INV23986.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](mailto:Hector.Ocana@us.IDEMIA.com)

296 Concord Road Suite 300  
Billerica, MA 01821



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40042 Y (111)

MMARS schedule payment date is 7/25/2019. Missed \$23.75 Discount opportunity

[2216243]

Document Name		MORPHO TRUST DRIVERS LICENSE PRODUCTION	
Document Description		Watertown Move	
Code		Dept	Unit
PRC	DOT	0213	
Document I.D.		Document Identifier	Action
Header Information		INTF19J0090042Y00017	Entry
Budget FY		2019	Document Total
Fiscal Year		2019	\$9,500.00
Period		13	MORPHOTRUST USA, LLC
SCH Pay Date		Vendor Address	296 CONCORD RD STE 300
Requester ID		Vendor/Customer No.	VC6000183131
Report Note		Address Code	AD003
		City	BILLERICA
		Handling Code	
		State	MA
		Single Payment	
VENDORS CERTIFICATION I certify that the goods were shipped or the service rendered as set forth herein. SEE ATTACHED INVOICE			

**Line #1 - Commodity Information**

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License	Ref Code	CT	Ref vl	1	Vendor Inv. #	INV24161
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv. Line	1	Inv. Date	6/13/2019
Quantity		Service From	6/12/2019	Ref ID	INTF00X02016J0090042						
Unit of Measure		Service To	6/12/2019	Discount Terms							
Contract Amount	\$9,500.00	Missed \$23.75 Discount opportunity									
		DAYS 1	10	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	JR03	Major Program	
Bank Accl		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		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: William Yee Signed: [Signature] Title: IT Finance Manager Phone Ext.: 9878 Date: 7/5/19

Print Name: David Roddy Signed: [Signature] Title: [Signature] Date: 7/5/19

Prepared by: [Signature] Authorized Signatory: [Signature] Date: 7/2/19

**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 4:10:20

**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

<b>Subtotal</b>	\$ 9,500.00
<b>Tax</b>	\$ 0.00
<b>Freight</b>	\$ 0.00
<b>Less</b>	\$ 0.00
<b>Total</b>	\$ 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](mailto:Hector.Ocana@us.IDEMIA.com)

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Billerica, MA 01821



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MMARS 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 [2222488]

Document Description: Taunton Move

Document ID: INTF19J0090042Y00019

Code: DOT 0213

Header Information

Budget FY: 2019

Fiscal Year: 2019

Period: 13

SCH Pay Date: Vendor/Customer No.

Requester ID: dotabz

Report Note: Address Code

**VENDORS CERTIFICATION**  
 I certify that the goods were shipped at the service rendered as set forth herein  
 SEE ATTACHED INVOICE

Document Total	\$6,657.00
MORPHOTRUST USA, LLC	
296 CONCORD RD STE 300	
VCG000183131	
ADD003	
Comment	

**Line #1 - Commodity Information**

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License	Ref Vl	1	Vendor Inv. #	INV24322
Line Type	Service	Unit Price		Ref Code	CT	Ref cl	1	Inv. Line	1
Quantity		Service From	6/30/2019	Ref Dept	DOT	Inv. Date			
Unit of Measure		Service To	6/30/2019	Ref ID	INTF00X02016J0090042				
Contract Amount	\$6,657.00	Discount Terms		Deadline for \$16.64 discount is 7/15/2019. Please process as soon as possible.					
		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	Rel. Line	46	Description	Morpho Trust Drivers License Production	Major Program		Program	RMV1709 (Maintenance Kiosks)
Budget FY	2019	Fund	0044	Unit	IR01	Activity		Phase	
Bank Accl		Sub Fund	0000	Object	U11	Ref Type	Partial	Check Descr	
Dept	DOT	Program Period	EBP	Appropriation	64201817	Function			
Sub Total Line Amount			\$6,657.00	Dept Object					

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 Caldwell Signed: [Signature] Prepared by: [Signature] Title: MA  
 Print Name: William Yee Signed: [Signature] Authorized Signatory Title: IT Finance Manager Phone Ext.: 9968 Date: 7/12/19  
 Date: 7/12/19

FOR FISCAL USE ONLY  
 Entered By: [Signature] Date: 7-15-19 Verified By: [Signature] Date: 7/12/19

**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 add 6/30/19 g</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)

---

**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

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

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MMARS schedule payment date is 8/23/2019. Deadline for \$8.50 discount is 7/22/2019. Please process as soon as possible.

90042 7 1001

[2222818]

Document Name		MORPHO TRUST DRIVERS LICENSE PRODUCTION	
Document Description		Maint Yr2 34 Barcode Scanners	
<b>Document ID:</b>			
Code	Dept	Unit	Action
PRC	DOT	0213	Entry
Document Identifier		INTF19J0090042Y00020	
<b>Header Information</b>			
Budget FY	2019	Document Total	\$3,400.00
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	dola8z	Address Code	AD003
Report Note		City	BILLERICA
		State	MA
		Handling Code	Single Payment
		Comment	

**VENDORS CERTIFICATION**  
 I certify that the goods were shipped or the service rendered as set forth below.  
 SEE ATTACHED INVOICE

Line #1 - Commodity Information											
Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License	Ref Code	CT	Ref vl	1	Vendor Inv. #	INV24370
Line Type	Service	Unit Price		Ref Dept	DOT	Ref vl	1	Inv. Line	1		
Quantity		Service From	6/30/2019	Ref ID	INTF00X02016J0090042	Inv. Date	7/12/2019				
Unit of Measure		Service To									
Contract Amount	\$3,400.00	Discount Terms		Deadline for \$8.50 discount is 7/22/2019. Please process as soon as possible.							
		DAVS 1	10	PERCENT 1	0.2500	DAVS 3		PERCENT 3			
		DAVS 2		PERCENT 2		DAVS 4		PERCENT 4			

Line #1 - Accounting Information											
Event Type	AP01	Ref. Line	30	Description	Maint Yr2 34 Barcode Scanners	Major Program	IR03	Activity	009N	Program	C0000000
Budget FY	2019	Fund	0044	Unit	U10	Object	60440001	Ref Type	Partial	Phase	000
Bank Acct		Sub Fund	0000	Appropriation	60440001	Ref Type	Partial	Check Descr			
Dept	DOT	Program Period	EPP	Dept Object		Function					
Sub Total Line Amount			\$3,400.00								

**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.

<b>FOR FISCAL USE ONLY</b>			
Entered By:	Date:	Verified By:	Date:
(Initial)		(Initial)	

Print Name: William Yee Signed: [Signature] Prepared by: [Signature] Title: IT Finance Manager  
 Authorized Signatory

**MorphoTrust USA**

296 CONCORD RD  
BILLERICA MA 01821

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

Invoice	INV24370
Date	7/12/2019
Page	1

JUL 12 2019 9H 41ST

**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	8/11/2019	NET 30	7/12/2019	701,902
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SUPPORT	Maintenance on 34 Barcode Scanners - Year 2 P.O. # CTDOT028718090042 Contract # 90042 Quote # FQ20180608MA05  <i>rec'd 6/30/19</i>	\$ 0.00000	\$ 3,400.00000	\$ 3,400.00
<b>Subtotal</b>							\$ 3,400.00
<b>Tax</b>							\$ 0.00
<b>Freight</b>							\$ 0.00
<b>Less</b>							\$ 0.00
<b>Total</b>							\$ 3,400.00

**PLEASE REMIT TO:**

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693



Cadorette, John (DOT)

---

**From:** Ocana, Hector <Hector.Ocana@us.idemia.com>  
**Sent:** Friday, July 12, 2019 3:50 PM  
**To:** Cadorette, John (DOT); Kunen, David  
**Cc:** Priestly, Tracey; Grochmal, Diane  
**Subject:** Commonwealth of Massachusetts Milestone invoice INV24370  
**Attachments:** INV24370.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](mailto:Hector.Ocana@us.IDEMIA.com)

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