MASSDOT INVOICES

7/1/16 – 6/30/17

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 9/29/2016.

Document Name	MA LICENSE MADE JULY 2016 [1666851]
Document Description	

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r125	INTF17J0090042N00001	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign in Ink)

Header Information

Budget FY	2017	Document Total	$338,218.02				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	2	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131	Handling Code			
Requester ID	dotaxf	Address Code	AD001	Single Payment			
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Ma License Made July 2016						
Line Type	Service	Unit Price		Ref Code	CT		Ref vl	1	Vendor Inv. #	INV19002	
Quantity		Service From	7/1/2016	Ref Dept	DOT		Ref cl	1	Inv. Line	1	
Unit of Measure		Service To	7/31/2016	Ref ID	INTF00X02016J0090042				Inv. Date	8/18/2016	
Contract Amount	$338,218.02		Discount Terms								
			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	2	Description	Ma License Made July 2016				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010N	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$338,218.02		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: _____ (Initial) Date: _____ Verified By: DB (Initial) Date: 8/23/16

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 902 Date: 8/23/16

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 8/23/16

Authorized Signatory

90042

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

Tel 978-215-2400
Fax 978-215-2500

Federal ID: 04-3320515

Invoice	INV19002
Date	8/18/2016
Page	1

Bill To:
Attn: Todd A. Gurney
Massachusetts License Program
R.M.V. Operations
25 Newport Ave Ext
Quincy, Ma 02171

Ship To:
Attn: Todd A. Gurney
Massachusetts License Program
R. M. V. Operations
25 Newport Ave Ext
Quincy, Ma 02171

Purchase Order No.			Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
PER CONTRACT			UTA01000		9/18/2016	Net 30	8/18/2016	
Ordered	**Shipped**	**B/O**	**Item Number**	**Description**		**Discount**	**Unit Price**	**Ext. Price**
85,274	85,274	0.00	641280A	MA Adult Licenses Made July 2016		0	$3.44400	$ 293,683.66
12,347	12,347	0.00	641285A	MA Minor Licenses Made July 2016		0	$3.44400	$ 42,523.07
584	584	0.00	641417A	MA Emission Cards Made July 2016		0	$3.44400	$ 2,011.30

Subtotal	$ 338,218.02
Tax	$ 0.00
Freight	$ 0.00
Trade Discount	$ 0.00
Total	$ 338,218.02

PLEASE REMIT TO:
MorphoTrust USA, Inc. Lockbox 14438 Collection Center Dr, Chicago, IL 60693

Moving Massachusetts Forward **massDOT**

Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 11/23/2016.

Deadline for $934.71 discount is 10/22/2016. Please process as soon as possible.

Document Name	MA LICENSE MADE AUGUST 2016	[1706663]
Document Description		

Document I.D.				
Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r125	INTF17J0090042N00002	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign in ink)

Header Information

Budget FY	2017	Document Total	$373,884.08				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	4	Vendor Address	296 CONCORD RD STE 300	City	BILLERICA	State	MA
SCH Pay Date		Vendor/Customer No.	VC6000183131		Handling Code		
Requester ID	dotaxf	Address Code	AD003		Single Payment		
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Ma License Made August 2016				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	Sep-16
Quantity		Service From	8/1/2016	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	8/31/2016	Ref ID	INTF00X02016J0090042			Inv. Date	10/12/2016
Contract Amount	$373,884.08		Discount Terms	**Deadline for $934.71 discount is 10/22/2016. Please process as soon as possible.**					
			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	2	Description	Ma License Made August 2016				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$373,884.08		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: _____ (Initial) Date: _____ Verified By: DS (Initial) Date: 10/20/16

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 9052 Date: 10/20/16

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 10/20/16

Authorized Signatory

Report Generated On: 10/20/2016 2:16:03 PM

Tracking No : TN269N1A0AA7

9mm 90540

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

Tel 978-215-2400
Fax 978-215-2500

Federal ID: 04-3320515

Invoice	Sep-16
Date	10/11/2016
Page	1

Bill To:
Attn: Todd A. Gurney
Massachusetts License Program
R.M.V. Operations
25 Newport Ave Ext
Quincy, Ma 02171

Ship To:
Attn: Todd A. Gurney
Massachusetts License Program
R. M. V. Operations
25 Newport Ave Ext
Quincy, Ma 02171

Purchase Order No.			Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
PER CONTRACT			MAS01000		11/10/2016	Net 30	10/11/2016	448,400
Ordered	**Shipped**	**B/O**	**Item Number**	**Description**		**Discount**	**Unit Price**	**Ext. Price**
95,003	95,003	0.00	641280A	MA Adult Licenses Made August 2016		0	$3.44400	$ 327,190.33
13,623	13,623	0.00	641285A	MA Minor Licenses Made August 2016		0	$3.44400	$ 46,917.61
28	28	0.00	641417A	MA Emission Cards Made August 2016		0	$3.44400	$ 96.43
68	68	0.00	Credit	Credit - Restricted Hours		0	($3.44400)	$ (234.19)
25	25	0.00	Credit	Credit - Expedite Test Job		0	($3.44400)	$ (86.10)

Subtotal	$ 373,884.08
Tax	$ 0.00
Freight	$ 0.00
Trade Discount	$ 0.00
Total	$ 373,884.08

PLEASE REMIT TO:
MorphoTrust USA, Inc. Lockbox 14438 Collection Center Dr, Chicago, IL 60693

Billing Summary Report

Job Number	Total Requests	Driver License			Emission Inspector ID			Identification			Liquor Identification		Manufacture Total	FACTORY PULL	DOL PULL	QTY MAILED
		Adult	Juvenile	Total	Adult	Juvenile	Total	Adult	Juvenile	Total	Adult	Total				
MA1607311		4474	12	4486	1		1	489	2	491	38	38	5016			5016
MA1608011		4277	453	4730	22	2	24	644	180	824	38	38	5616			5616
MA1608021		*4*		*4*			*0*			*0*		*0*	*4*			*4*
MA1608022		3723	333	4056			0	552	175	727	30	30	4813			4813
MA1608031		68		68			0			0		0	68			68
MA1608032		3458	424	3882			0	648	156	804	33	33	4719			4719
MA1608041		3319	366	3685			0	566	173	739	38	38	4462			4462
MA1608071		4759	689	5448			0	634	225	859	38	38	6345			6345
MA1608081		*2*	*1*	*3*			*0*			*0*		*0*	*3*			*3*
MA1608082		4069	572	4641			0	615	164	779	23	23	5443			5443
MA1608091		3397	368	3765	2		2	524	175	699	31	31	4497			4497
MA1608101		3281	403	3684			0	498	186	684	31	31	4399			4399
MA1608111		*3*		*3*			*0*	*1*		*1*		*0*	*4*			*4*
MA1608112		3075	370	3445			0	475	168	643	31	31	4119			4119
MA1608141		4518	669	5187			0	598	171	769	38	38	5994			5994
MA1608151		*4*	*1*	*5*			*0*	*4*	*2*	*6*		*0*	*11*			*11*
MA1608152		4087	546	4633			0	587	186	773	29	29	5435			5435
MA1608161		3733	394	4127			0	576	215	791	39	39	4957			4957
MA1608171		*1*		*1*			*0*		*1*	*1*		*0*	*2*			*2*
MA1608172		3038	371	3409			0	510	195	705	43	43	4157			4157
MA1608181		*4*	*1*	*5*			*0*			*0*		*0*	*5*			*5*
MA1608182		*3*		*3*			*0*		*1*	*1*		*0*	*4*			*4*
MA1608183		3209	318	3527			0	503	206	709	28	28	4264			4264
MA1608211		4166	572	4738			0	628	194	822	49	49	5609			5609
MA1608220		*16*	*1*	*17*			*0*	*4*	*5*	*9*		*0*	*26*			*26*
MA1608221		3834	623	4457			0	553	183	736	30	30	5223			5223
MA1608230		*1*	*1*	*2*			*0*		*1*	*1*		*0*	*3*			*3*
MA1608231		3653	404	4057			0	575	204	779	43	43	4879			4879
MA1608240		*1*		*1*			*0*			*0*		*0*	*1*			*1*
MA1608241		3040	315	3355	1		1	506	182	688	26	26	4070			4070
MA1608251		2959	324	3283			0	497	174	671	39	39	3993			3993
MA1608260		*1*		*1*			*0*			*0*		*0*	*1*			*1*
MA1608281		3902	718	4620			0	580	180	760	55	55	5435			5435
MA1608290		*1*		*1*			*0*			*0*		*0*	*1*			*1*
MA1608291		3809	499	4308			0	554	170	724	42	42	5074			5074
MA1608310		*1*	*1*	*2*			*0*			*0*		*0*	*2*			*2*
				0			0			0		0	0			0
Grand Total	0	81890	9749	91639	26	2	28	12321	3874	16195	792	792	108654	0	0	108654

Start	End	PPC	Qty	Total
1-Aug	31-Aug	$3.444	108,561	$ 373,884.08
			Total	*$ 373,884.08*

OTC Count:	33
Credit - Restricted Hours	68
Credit - Expedite Test Job	25

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 12/5/2016.

Deadline for $905.57 discount is 11/3/2016. Please process as soon as possible.

Document Name	MA ADUIT LICENSE MADE SEPTEMBER 2016	[1707582]
Document Description		

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r125	INTF17J0090540N00001	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2017	Document Total	$362,229.59				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	4	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131		Handling Code		
Requester ID	dotaxf	Address Code	AD001		Single Payment		
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	MA ADUIT LICENSE MADE SEPTEMBE				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	oct-16
Quantity		Service From	9/1/2016	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	9/30/2016	Ref ID	INTF00X02016J0090540			Inv. Date	10/24/2016
Contract Amount	$362,229.59		Discount Terms	**Deadline for $905.57 discount is 11/3/2016. Please process as soon as possible.**					
			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	2	Description	MA ADUIT LICENSE MADE SEPTEMBER 2016				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$362,229.59		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: _____ (Initial) Date: _____ Verified By: DH (Initial) Date: 10/28/16

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 9052 Date: 10/26/16

Print Name: Erin C Deveney Signed: _____ (Prepared by) Title: Registrar Phone Ext.: 9458 Date: 10.28.16

(Authorized Signatory)

Report Generated On: 10/26/2016 10:35:33 AM

Tracking No : TN269N1A0E3E

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

Tel 978-215-2400
Fax 978-215-2500

Federal ID: 04-3320515

Invoice	Oct-16
Date	10/24/2016
Page	1

Bill To:
Attn: Todd A. Gurney
Massachusetts License Program
R.M.V. Operations
25 Newport Ave Ext
Quincy, Ma 02171

Ship To:
Attn: Todd A. Gurney
Massachusetts License Program
R. M. V. Operations
25 Newport Ave Ext
Quincy, Ma 02171

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
PER CONTRACT	MAS01000		11/24/2016	Net 30	10/24/2016	448,400

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
93,788	93,788	0.00	641280A	MA Adult Licenses Made Sept 2016	0	$3.44400	$ 323,005.87
11,115	11,115	0.00	641285A	MA Minor Licenses Made Sept 2016	0	$3.44400	$ 38,280.06
274	274	0.00	641417A	MA Emission Cards Made Sept 2016	0	$3.44400	$ 943.66

Subtotal	$ 362,229.59
Tax	$ 0.00
Freight	$ 0.00
Trade Discount	$ 0.00
Total	$ 362,229.59

PLEASE REMIT TO:
MorphoTrust USA, Inc. Lockbox 14438 Collection Center Dr, Chicago, IL 60693

massDOT

Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 12/27/2016.

Deadline for $729.34 discount is 11/25/2016. Please process as soon as possible.

Document Name	LICENSE MADE FROM OCTOBER 1-22/16	[1722304]
Document Description		

Document I.D.				
Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r125	INTF17J0090540N00002	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2017	Document Total	$291,734.35				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	5	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131		Handling Code		
Requester ID	dotaxf	Address Code	AD001		Single Payment		
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Decrease to BFY17 Estimated Production Costs				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	inv19399a
Quantity		Service From	10/1/2016	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	10/22/2016	Ref ID	INTF00X02016J0090540			Inv. Date	11/15/2016
Contract Amount	$291,734.35		Discount Terms	Deadline for $729.34 discount is 11/25/2016. Please process as soon as possible.					
			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	2	Description	License made from October 1-22/16				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$291,734.35		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: _____ (Initial) Date: _____ Verified By: DB (Initial) Date: 11/25/16

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 9052 Date: 11/21/16

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 11.22.16

Authorized Signatory

Tracking No : TN269N1A47C0

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 12/27/2016.

Deadline for $206.89 discount is 11/25/2016. Please process as soon as possible.

Document Name	LICENSE MADE FROM 10/23-10/31/2016 [1722331]
Document Description	

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r125	INTF17J0090042N00003	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign in Ink)

Header Information

Budget FY	2017	Document Total	$82,755.87				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	5	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131		Handling Code		
Requester ID	dotaxf	Address Code	AD001		Single Payment		
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	License made from 10/23-10/31/				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	inv19399
Quantity		Service From	10/23/2016	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	10/31/2016	Ref ID	INTF00X02016J0090042			Inv. Date	11/15/2016
Contract Amount	$82,755.87		Discount Terms	Deadline for $206.89 discount is 11/25/2016. Please process as soon as possible.					
			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	2	Description	License made from 10/23-10/31/2016				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$82,755.87		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: ____ (Initial) Date: ____ Verified By: ____ (Initial) Date: 11/25/16

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: _____ Date: 11/21/16

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 11.22.16

Authorized Signatory

Tracking No : TN269N1A47DB

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

INTF06X02016J090042

Invoice	INV19399
Date	11/15/2016
Page	1

Bill To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
SCRMV/1002LICNS	MAS01000		12/15/2016	Net 30	11/15/2016	455,115

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
98,403.00	98,403.00	$ 0.00	140-000046	MA Adult Licenses Made October 2016	$ 0.00000	$ 3.44400	$ 338,899.93
9,856.00	9,856.00	$ 0.00	140-000047	MA Minor Licenses Made October 2016	$ 0.00000	$ 3.44400	$ 33,944.06
478.00	478.00	$ 0.00	140-000047	MA Emission Cards Made October 2016	$ 0.00000	$ 3.44400	$ 1,646.23

From 10/1 – 10/22 use contract # 90540

$291,734.17

10/23 – 10/31 Use Contract # 90042

$82,755.87

'16 NOV 21 PM2:11

Subtotal	$ 374,490.22
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 374,490.22

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 1/19/2017.

Deadline for $1002.26 discount is 12/18/2016. Please process as soon as possible.

Document Name	MA ADULT LICENSES MADE NOVEMBER 2016 [1730605]
Document Description	

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r124	INTF17J0090042N00004	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign in Ink)

Header Information

Budget FY	2017	Document Total	$400,902.26				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	6	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131	Handling Code			
Requester ID	dotaxf	Address Code	AD001	Single Payment			
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Ma Adult Licenses Made October				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	INV19527
Quantity		Service From	11/1/2016	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	11/30/2016	Ref ID	INTF00X02016J0090042			Inv. Date	12/8/2016
Contract Amount	$400,902.26		Discount Terms	Deadline for $1002.26 discount is 12/18/2016. Please process as soon as possible.					
			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	2	Description	Ma Adult Licenses Made NOVEMBER 2016				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$400,902.26		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: _____ (Initial) Date: _____ Verified By: _____ (Initial) Date: 12/15/16

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: _____ Date: 12/12/16

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 12.12.16

Authorized Signatory

Report Generated On: 12/12/2016 11:19:35 AM

Tracking No : TN269N1A682D

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV19527
Date	12/7/2016
Page	1

Bill To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
SCRMV/1002LICNS	MAS01000		1/6/2017	Net 30	12/7/2016	461,120

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
104,994.00	104,994.00	$ 0.00	140-000046	MA Adult Licenses Made November 2016	$ 0.00000	$ 3.44400	$ 361,599.34
9,956.00	9,956.00	$ 0.00	140-000047	MA Minor Licenses Made November 2016	$ 0.00000	$ 3.44400	$ 34,288.46
1,456.00	1,456.00	$ 0.00	140-000047	MA Emission Cards Made November 2016	$ 0.00000	$ 3.44400	$ 5,014.46

Subtotal	$ 400,902.26
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 400,902.26

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Moving Massachusetts Forward
massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 3/2/2017.

Deadline for $993.84 discount is 1/29/2017. Please process as soon as possible.

Document Name	MA ADULT LICENSES MADE DECEMBER 2016 [1756932]
Document Description	

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r124	INTF17J0090042N00005	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2017	Document Total	$397,534.03				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	7	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131		Handling Code		
Requester ID	dotaxf	Address Code	AD001		Single Payment		
Report Note			Comment				

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Ma Adult Licenses Made Decembe				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	INV19683
Quantity		Service From	12/1/2016	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	12/31/2016	Ref ID	INTF00X02016J0090042			Inv. Date	1/19/2017
Contract Amount	$397,534.03		Discount Terms	**Deadline for $993.84 discount is 1/29/2017. Please process as soon as possible.**					
			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	2	Description	Ma Adult Licenses Made December 2016				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$397,534.03		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: _____ (Initial) Date: _____ Verified By: DB (Initial) Date: 1/20/17

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 902 Date: 1/19/17

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 1.19.17

Authorized Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV19683
Date	1/16/2017
Page	1

Bill To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
SCRMV/1002LICNS	MAS01000		2/15/2017	Net 30	1/16/2017	467,367

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
105,136.00	105,136.00	$ 0.00	140-000046	MA Adult Licenses Made December 2016	$ 0.00000	$ 3.44400	$ 362,088.38
9,628.00	9,628.00	$ 0.00	140-000047	MA Minor Licenses Made December 2016	$ 0.00000	$ 3.44400	$ 33,158.83
664.00	664.00	$ 0.00	140-000047	MA Emission Cards Made December 2016	$ 0.00000	$ 3.44400	$ 2,286.82

Subtotal	$ 397,534.03
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 397,534.03

PLEASE REMIT TO:
MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Billing Summary Report

		Driver License			Emission Inspector ID			Identification			Liquor Identification			FACTORY	DOL	
Job Number	Total Requests	Adult	Juvenile	Total	Adult	Juvenile	Total	Adult	Juvenile	Total	Adult	Total	Manufacture Total	PULL	PULL	QTY MAILED
MA1611301	4,315	3551	260	3811	31		31	391	69	460	13	13	4315	2		4313
MA1612011	5,083	4103	269	4372	24	2	26	571	91	662	23	23	5083	4		5079
MA1612041	*7,406*	*5897*	*660*	6557	*27*		27	*687*	*109*	796	*26*	26	*7406*	*1*	*1*	*7404*
MA1612051	4,662	3724	399	4123			0	456	62	518	21	21	4662		1	4661
MA1612061	6,155	5086	336	5422	22	4	26	570	102	672	35	35	6155	4		6151
MA1612071	5,448	4656	259	4915	2		2	431	77	508	23	23	5448	1		5447
MA1612081	5,855	4891	338	5229	29	1	30	486	85	571	25	25	5855	4		5851
MA1612111	8,603	7190	634	7824	2		2	640	104	744	33	33	8603	7		8596
MA1612121	*5,360*	*4232*	*394*	4626	*158*	*1*	159	*448*	*99*	547	*28*	28	*5360*	*4*		*5356*
MA1612131	5,651	4712	333	5045	13	2	15	511	59	570	21	21	5651			5651
MA1612141	4,711	3899	274	4173			0	447	63	510	28	28	4711	5		4706
MA1612151	4,570	3769	256	4025	87	1	88	349	67	416	32	32	4561			4561
MA1612181	*6,186*	*5117*	*550*	5667	*1*		1	*423*	*85*	508	*19*	19	*6195*			*6195*
MA1612191	4,590	3656	419	4075	67		67	373	50	423	25	25	4590	1	1	4588
MA1612201	5,454	4454	468	4922	1		1	431	75	506	25	25	5454			5454
MA1612211	*4,735*	*3884*	*324*	4208	*50*		50	*382*	*72*	454	*23*	23	*4735*			*4735*
MA1612221	4,500	3633	339	3972	31	1	32	415	54	469	27	27	4500		1	4499
MA1612251	4,995	4115	373	4488	15	1	16	394	67	461	30	30	4995	1		4994
MA1612261	*770*	*702*	*42*	744			0	*24*	*2*	26		0	*770*			*770*
MA1612271	4,705	3934	232	4166	62	2	64	357	92	449	26	26	4705	4		4701
MA1612281	*5,792*	*4750*	*332*	5082	*22*		22	*533*	*136*	669	*19*	19	*5792*	*4*		*5788*
MA1612291	*5,834*	*4774*	*377*	5151	*4*	*1*	5	*516*	*135*	651	*27*	27	*5834*			*5834*
				0			0			0		0	*0*			*0*
MA1612020		*1*		1			0			0		0	*1*			*1*
MA1612050		*2*		2			0			0		0	*2*			*2*
MA1612060		*2*	*1*	3			0			0		0	*3*			*3*
MA1612070		*3*		3			0	*1*		1		0	*4*			*4*
MA1612080		1		1			0			0		0	1			1
MA1612090				0			0	1		1		0	1			1
MA1612120			1	1			0			0		0	1			1
MA1612130		1		1			0	1		1		0	2			2
MA1612140		5		5			0		1	1		0	6			6
MA1612190		2		2			0	1		1		0	3			3
MA1612200		1		1			0			0		0	1			1
MA1612210				0			0	2		2		0	2			2
MA1612220		4	1	5			0		1	1		0	6			6
MA1612230		3		3			0			0		0	3			3
MA1612260		1		1			0			0		0	1			1
MA1612280		4		4			0			0	1	1	5			5
MA1612290		2		2			0			0		0	2			2
MA1612300		4		4			0			0		0	4			4
				0			0			0		0	0			0
Grand Total	115380	94765	7871	102636	648	16	664	9841	1757	11598	530	530	115428	42	4	115382

Start	End	PPC	Qty	Total
1-Dec	31-Dec	$3.444	115,428	$ 397,534.03
			Total	*$ 397,534.03*

MassDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 4/4/2017.

Deadline for $1070.91 discount is 3/3/2017. Please process as soon as possible.

Document Name	MA LICENSES MADE JANUARY 2017 [1780972]
Document Description	

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r125	INTF17J0090042N00008	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2017	Document Total	$428,364.72				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	8	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131	Handling Code			
Requester ID	dotaxf	Address Code	AD001	Single Payment			
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	MA Licenses made January 2017				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	INV19829
Quantity		Service From	1/1/2017	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	1/31/2017	Ref ID	INTF00X02016J0090042			Inv. Date	2/21/2017
Contract Amount	$428,364.72		Discount Terms	**Deadline for $1070.91 discount is 3/3/2017. Please process as soon as possible.**					
			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	2	Description	MA Licenses made January 2017				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$428,364.72		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: _____ (Initial) Date: _____ Verified By: DS (Initial) Date: 3/1/17

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 9682 Date: 2/27/17

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 2.27.17

Authorized Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV19829
Date	2/21/2017
Page	1

Bill To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042	MAS01000		3/23/2017	Net 30	2/21/2017	473,794

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
112,533.00	112,533.00	$ 0.00	140-000046	MA Adult Licenses Made January 2017	$ 0.00000	$ 3.44400	$ 387,563.65
11,245.00	11,245.00	$ 0.00	140-000047	MA Minor Licenses Made January 2017	$ 0.00000	$ 3.44400	$ 38,727.78
602.00	602.00	$ 0.00	140-000047	MA Emission Cards Made January 2017	$ 0.00000	$ 3.44400	$ 2,073.29

Subtotal	$ 428,364.72
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 428,364.72

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

Document Name	MORPHO TRUST DRIVERS LICENSE PRODUCTION[1715477]	[1803568]
Document Description	Purchase 325 USB 3.00 Hubs $ 20,000.00	

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	R124	INTF17J0090042N00009	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2017	Document Total	$396,407.85				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	9	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131		Handling Code		
Requester ID	dotaxf	Address Code	AD001		Single Payment		
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	MA Licenses made				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	INV19899
Quantity		Service From	2/1/2017	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	2/28/2017	Ref ID	INTF00X02016J0090042			Inv. Date	3/17/2017
Contract Amount	$396,407.85		Discount Terms						
			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	2	Description	NZT to Atlas for FileNet Support				
Budget FY	2017	Fund	0044	Unit	R110	Major Program		Program	
Bank Acct		Sub Fund	0000	Object	J33	Activity		Phase	
Dept	DOT	Program Period		Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$357,999.40		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: _____ (Initial) Date: _____ Verified By: DS (Initial) Date: 3/28/17

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 9052 Date: 3/23/17

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 3/28/17

Prepared by

Authorized Signatory

Tracking No : TN269N1B8530

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

Document Name	[1803568]
Document Description	

Document I.D.				
Code	Dept	Unit	Document Identifier	Action
				Mod

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign In Ink)

Line #5- Accounting Information

Event Type	AP01	Ref. Line	12	Description					
Budget FY	2017	Fund	0210	Unit	IR03	Major Program	DOTR	Program	RMV1709 (Maintenance Kiosks
Bank Acct		Sub Fund	403C	Object	J33	Activity		Phase	
Dept	DOT	Program Period	EPP	Appropriation	64201317	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$2,938.05		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: _____ (Initial) Date: _____ Verified By: _____ (Initial) Date: _____

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: _____ Date: _____

Prepared by

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: _____ Date: _____

Authorized Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV19899
Date	3/7/2017
Page	1

Bill To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042	MAS01000		4/6/2017	Net 30	3/7/2017	479,340

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
105,630.00	105,630.00	$ 0.00	140-000046	MA Adult Licenses Made February 2017	$ 0.00000	$ 3.44400	$ 363,789.72
8,889.00	8,889.00	$ 0.00	140-000047	MA Minor Licenses Made February 2017	$ 0.00000	$ 3.44400	$ 30,613.72
582.00	582.00	$ 0.00	140-000047	MA Emission Cards Made February 2017	$ 0.00000	$ 3.44400	$ 2,004.41

Subtotal	$ 396,407.85
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 396,407.85

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Moving Massachusetts Forward **massDOT** Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 5/23/2017. **Deadline for $1243.28 discount is 4/21/2017. Please process as soon as possible.**

Document Name	MORPHO TRUST DRIVERS LICENSE PRODUCTION	[1811105]
Document Description		

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r124	INTF17J0090042N00011	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2017	Document Total	$497,313.59				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	10	Vendor Address	296 CONCORD RD STE 300	City	BILLERICA	State	MA
SCH Pay Date		Vendor/Customer No.	VC6000183131	Handling Code			
Requester ID	dotaxf	Address Code	AD003	Single Payment			
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License P				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	inv20036
Quantity		Service From	3/1/2017	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	3/31/2017	Ref ID	INTF00X02016J0090042			Inv. Date	4/11/2017
Contract Amount	$497,313.59		Discount Terms	**Deadline for $1243.28 discount is 4/21/2017. Please process as soon as possible.**					
			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	2	Description	Morpho Trust Drivers License Production				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$497,313.59		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: _____ (Initial) Date: _____ Verified By: NDB (Initial) Date: 4/14/17

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 9052 Date: 4/13/17

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 4.14.17

Authorized Signatory

Report Generated On: 4/13/2017 12:30:50 PM

Tracking No : TN269N1BA2A1

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV20036
Date	4/11/2017
Page	1

Bill To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042	MAS01000		5/11/2017	Net 30	4/11/2017	486,235

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
132,303.00	132,303.00	$ 0.00	140-000046	MA Adult Licenses Made March 2017	$ 0.00000	$ 3.44400	$ 455,651.53
11,271.00	11,271.00	$ 0.00	140-000047	MA Minor Licenses Made March 2017	$ 0.00000	$ 3.44400	$ 38,817.32
826.00	826.00	$ 0.00	140-000047	MA Emission Cards Made March 2017	$ 0.00000	$ 3.44400	$ 2,844.74

Subtotal	$ 497,313.59
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 497,313.59

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 7/3/2017.

Deadline for $1053.84 discount is 6/1/2017. Please process as soon as possible.

Document Name	MORPHO TRUST DRIVERS LICENSE PRODUCTION	[1834674]
Document Description		

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r125	INTF17J0090042N00012	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2017	Document Total	$421,535.27				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	11	Vendor Address	296 CONCORD RD STE 300	City	BILLERICA	State	MA
SCH Pay Date		Vendor/Customer No.	VC6000183131	Handling Code			
Requester ID	dotaxf	Address Code	AD003	Single Payment			
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License P				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	INV20196
Quantity		Service From	4/1/2017	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	4/30/2017	Ref ID	INTF00X02016J0090042			Inv. Date	5/22/2017
Contract Amount	$421,535.27		Discount Terms	**Deadline for $1053.84 discount is 6/1/2017. Please process as soon as possible.**					
			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	2	Description	Morpho Trust Drivers License Production				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$421,535.27		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: _____ (Initial) Date: _____ Verified By: _____ (Initial) Date: 5/25/17

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 9052 Date: 5/24/17

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 5.25.17

Authorized Signatory

Tracking No : TN269N1BFEB2

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV20196
Date	5/22/2017
Page	1

Bill To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042	MAS01000		6/21/2017	Net 30	5/22/2017	492,658

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
112,243.00	112,243.00	$ 0.00	140-000046	MA Adult Licenses Made April 2017	$ 0.00000	$ 3.44400	$ 386,564.89
9,405.00	9,405.00	$ 0.00	140-000047	MA Minor Licenses Made April 2017	$ 0.00000	$ 3.44400	$ 32,390.82
749.00	749.00	$ 0.00	140-000047	MA Emission Cards Made April 2017	$ 0.00000	$ 3.44400	$ 2,579.56

Subtotal	$ 421,535.27
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 421,535.27

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 8/1/2017.

Deadline for $1190.70 discount is 6/30/2017. Please process as soon as possible.

Document Name	MORPHO TRUST DRIVERS LICENSE PRODUCTION	[1853339]
Document Description		

Document I.D.				
Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r125	INTF17J0090042N00013	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign in Ink)

Header Information

Budget FY	2017	Document Total	$476,281.09				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	12	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131	Handling Code			
Requester ID	dotaxf	Address Code	AD001	Single Payment			
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License P				Vendor Inv. #	INV20309	
Line Type	Service	Unit Price		Ref Code	CT		Ref vl	1	Inv. Line	1	
Quantity		Service From	5/1/2017	Ref Dept	DOT		Ref cl	1	Inv. Date	6/20/2017	
Unit of Measure		Service To	5/31/2017	Ref ID	INTF00X02016J0090042						
Contract Amount	$476,281.09		Discount Terms	**Deadline for $1190.70 discount is 6/30/2017. Please process as soon as possible.**							
			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	2	Description	Morpho Trust Drivers License Production				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$476,281.09		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: _____ (Initial) Date: _____ Verified By: DB (Initial) Date: 6/26/17

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 9072 Date: 6/22/17

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 6.23.17

Authorized Signatory

Report Generated On: 6/22/2017 2:41:15 PM

Tracking No : TN269N1C479B

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV20309
Date	6/20/2017
Page	1

Bill To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042	MAS01000		7/20/2017	Net 30	6/20/2017	493,351

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
126,960.00	126,960.00	$ 0.00	140-000046	MA Adult Licenses Made May 2017	$ 0.00000	$ 3.44400	$ 437,250.24
10,747.00	10,747.00	$ 0.00	140-000047	MA Minor Licenses Made May 2017	$ 0.00000	$ 3.44400	$ 37,012.67
586.00	586.00	$ 0.00	140-000047	MA Emission Cards Made May 2017	$ 0.00000	$ 3.44400	$ 2,018.18

Subtotal	$ 476,281.09
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 476,281.09

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 9/8/2017.

Deadline for $1213.48 discount is 8/7/2017. Please process as soon as possible.

Document Name	MORPHO TRUST DRIVERS LICENSE PRODUCTION [1873212]
Document Description	June 2017

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	r124	INTF17J0090042Y00017	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below:
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2017	Document Total	$485,393.91				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	13	Vendor Address	6840 CAROTHERS PKWY STE 650	City	FRANKLIN	State	TN
SCH Pay Date		Vendor/Customer No.	VC6000183131		Handling Code		
Requester ID	dotaxf	Address Code	AD001		Single Payment		
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Morpho Trust Drivers License				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	INV20459
Quantity		Service From	6/1/2017	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	6/30/2017	Ref ID	INTF00X02016J0090042			Inv. Date	7/28/2017
Contract Amount	$485,393.91		Discount Terms	Deadline for $1213.48 discount is 8/7/2017. Please process as soon as possible.					
			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	2	Description	Morpho Trust Drivers License Production				
Budget FY	2017	Fund		Unit	R110	Major Program		Program	R100000
Bank Acct		Sub Fund	0000	Object	J33	Activity	010n	Phase	000
Dept	DOT	Program Period	EPP	Appropriation	60440001	Ref Type	Partial	Check Descr	
Sub Total Line Amount		$485,393.91		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: _____ (Initial) Date: _____ Verified By: RB (Initial) Date: 8/1/17

Print Name: _____ Signed: _____ Title: _____ Phone Ext.: 9050 Date: 7/31/17

Prepared by

Print Name: Erin C Deveney Signed: _____ Title: Registrar Phone Ext.: 9458 Date: 7.31.17

Authorized Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV20459
Date	7/25/2017
Page	1

Bill To:

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

Ship To:

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

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
90042	MAS01000		8/24/2017	Net 30	7/25/2017	494,455

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
127,903.00	127,903.00	$ 0.00	140-000046	MA Adult Licenses Made June 2017	$ 0.00000	$ 3.44400	$ 440,497.93
12,503.00	12,503.00	$ 0.00	140-000047	MA Minor Licenses Made June 2017	$ 0.00000	$ 3.44400	$ 43,060.33
533.00	533.00	$ 0.00	140-000047	MA Emission Cards Made June 2017	$ 0.00000	$ 3.44400	$ 1,835.65

Subtotal	$ 485,393.91
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 485,393.91

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 6/25/2017. | **Missed $250.00 Discount opportunity**

Copy
CTR
5/10/17

Document Name	MORPHOTRUST [1769173]
Document Description	Support & Maintenance of Kiosks at select RMV Branches

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	R110	INTF17J0090042N00006	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below.
SEE ATTACHED INVOICE
(Please Sign in ink)

Header Information

Budget FY	2017	Document Total	$100,000.00				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	8	Vendor Address	296 CONCORD RD STE 300	City	BILLERICA	State	MA
SCH Pay Date		Vendor/Customer No.	VC6000183131		Handling Code		
Requester ID	dotaxf	Address Code	AD003		Single Payment		
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Support & Maintenance of Kiosk				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	INV18827
Quantity		Service From	5/15/2016	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	5/14/2017	Ref ID	INTF00X02016J0090042			Inv. Date	7/21/2016
Contract Amount	$100,000.00		Discount Terms	**Missed $250.00 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	10	Description	Support & Maintenance of Kiosk				
Budget FY	2017	Fund		Unit	R110	Major Program	DOTR	Program	RMV1709 (Maintenance Kiosks
Bank Acct		Sub Fund	403C	Object	U10	Activity		Phase	
Dept	DOT	Program Period	EPP	Appropriation	64201317	Ref Type	Partial	Check Descr	Support & Maintenance of Kiosks at select RMV Branches
Sub Total Line Amount		$100,000.00		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: ____ (Initial) Date: ____ Verified By: BK (Initial) Date: 2/7/17

Print Name: Joseph Tomassini Signed: Joseph Tomassini Title: Accountant Phone Ext.: 9456 Date: 2.6.17

Prepared by

Print Name: Erin C Deveney Signed: Erin C Deveney Title: Registrar Phone Ext.: 9458 Date: 2.7.17

Authorized Signatory

Tracking No : TN269N1AFED5

MorphoTrust USA
296 CONCORD RD
BILLERICA MA 01821

CL1
AL10

90042

Invoice	INV18827
Date	7/21/2016
Page	1

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

Bill To:

ATTN: TODD A. GURNEY
MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

ATTN: TODD A. GURNEY
MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
PER CONTRACT	MAS01000		8/20/2016	Net 30	7/21/2016	429,206

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	$ 0.00	SUPPORT	Year 2 Maintenance for 8 Kiosks & 1 UAT Kiosk	$ 0.00000	$ 92,500.00000	$ 92,500.00
1.00	1.00	$ 0.00	SUPPORT	Year 2 Maintenance for 2 Kiosks Maintenance Period: 5/15/16 - 5/14/17	$ 0.00000	$ 7,500.00000	$ 7,500.00

Joe,
The Registrar said we should pay this out of capital. Can you take care of it?

Sarah

300K ADD Requirement [illegible] to existing

Subtotal	$ 100,000.00
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 100,000.00

PLEASE REMIT TO:
MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

massDOT Commonwealth of Massachusetts Office of the Comptroller

Payment Commodity Form

MMARS schedule payment date is 6/25/2017. **Missed $250.00 Discount opportunity**

Document Name	MORPHOTRUST [1769173]
Document Description	Support & Maintenance of Kiosks at select RMV Branches

Document I.D.

Code	Dept	Unit	Document Identifier	Action
PRC	DOT	R110	INTF17J0090042N00006	Entry

VENDORS CERTIFICATION
I certify that the goods were shipped or the service rendered as set forth below.
SEE ATTACHED INVOICE
(Please Sign In Ink)

Header Information

Budget FY	2017	Document Total	$100,000.00				
Fiscal Year	2017	Vendor Name	MORPHOTRUST USA, LLC				
Period	8	Vendor Address	296 CONCORD RD STE 300	City	BILLERICA	State	MA
SCH Pay Date		Vendor/Customer No.	VC6000183131		Handling Code		
Requester ID	dotaxf	Address Code	AD003		Single Payment		
Report Note		Comment					

Line #1- Commodity Information

Commodity Code	821300000000	List Price		Description	Support & Maintenance of Kiosk				
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Vendor Inv. #	INV18827
Quantity		Service From	5/15/2016	Ref Dept	DOT	Ref cl	1	Inv. Line	1
Unit of Measure		Service To	5/14/2017	Ref ID	INTF00X02016J0090042			Inv. Date	7/21/2016
Contract Amount	$100,000.00		Discount Terms	Missed $250.00 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	10	Description	Support & Maintenance of Kiosk				
Budget FY	2017	Fund		Unit	R110	Major Program	DOTR	Program	RMV1709 (Maintenance Kiosks
Bank Acct		Sub Fund	403C	Object	U10	Activity		Phase	
Dept	DOT	Program Period	EPP	Appropriation	64201317	Ref Type	Partial	Check Descr	Support & Maintenance of Kiosks at select RMV Branches
Sub Total Line Amount		$100,000.00		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: _____ (Initial) Date: _____ Verified By: DK (Initial) Date: 2/7/17

Print Name: Joseph Tomasini Signed: Joseph Tomasini Title: Accountant Phone Ext.: 9456 Date: 2.6.17

Prepared by

Print Name: Erin C Deveney Signed: Erin C Deveney Title: Registrar Phone Ext.: 9458 Date: 2.7.17

Authorized Signatory

MorphoTrust USA
296 CONCORD RD
BILLERICA MA 01821

CL1
AL10

90042

Invoice	INV18827
Date	7/21/2016
Page	1

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

Bill To:

ATTN: TODD A. GURNEY
MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Ship To:

ATTN: TODD A. GURNEY
MASSACHUSETTS LICENSE PROGRAM
RMV QUINCY HEADQUARTERS
25 NEWPORT AVENUE EXT
QUINCY MA 02171
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.
PER CONTRACT	MAS01000		8/20/2016	Net 30	7/21/2016	429,206

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	$ 0.00	SUPPORT	Year 2 Maintenance for 8 Kiosks & 1 UAT Kiosk	$ 0.00000	$ 92,500.00000	$ 92,500.00
1.00	1.00	$ 0.00	SUPPORT	Year 2 Maintenance for 2 Kiosks Maintenance Period: 5/15/16 - 5/14/17	$ 0.00000	$ 7,500.00000	$ 7,500.00

Joe,
The Registrar said we should pay this out of capital. Can you take care of it?

Sarah

300K ADA Requirement upgrades to existing

Subtotal	$ 100,000.00
Tax	$ 0.00
Freight	$ 0.00
Less	$ 0.00
Total	$ 100,000.00

PLEASE REMIT TO:
MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693