

MASSDOT INVOICES

IT RELATED

FY 2018

50042

(2)

MMARS schedule payment date of 9/5/2017 has passed.

Missed \$31.25 Discount opportunity

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1898062]

Document Description: enChoice FileNet Support

Document I.D. Document Identifier Action

Code Dept Unit PRC DOT 0287 INTF18J0090042N00002 Entry

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 2018 Document Total \$12,500.00

Fiscal Year 2018 Vendor Name MORPHOTRUST USA, LLC

Period 3 Vendor Address 6840 CARTHERS PKWY STE 650 City FRANKLIN State TN

SCH Pay Date Vendor/Customer No. VC6000183131 Handling Code

Requester ID dolaz8z Address Code ADD001 Single Payment

Report Note Comment

Line #1 - Commodity Information Commodity Code 821300000000 List Price

Line Type Service Unit Price Ref Code CT Ref VI 1 Vendor Inv. # INV20409

Quantity Service From 7/25/2017 Ref Dept DOT Ref cl 1 Inv. Line 1

Unit of Measure Service To 7/25/2017 Ref ID INTF00X02016J0090042 Inv. Date 7/25/2017

Contract Amount \$12,500.00 Discount Terms Missed \$31.25 Discount opportunity

DAYS 1 PERCENT 1 0.2500 DAYS 3 PERCENT 3

DAYS 2 PERCENT 2 DAYS 4 PERCENT 4

Line #2 - Accounting Information Event Type AP01 Ref. Line 26 Description enChoice FileNet Support

Budget FY 2018 Fund 0000 Unit IR03 Major Program C000000

Bank Acct Sub Fund 0000 Object J33 Activity 009N Phase 000

Dept DOT Program Period EPP Appropriation 60440001 Ref Type Partial Check Descr

Sub Total Line Amount \$12,500.00 Dept Object Function

FOR FISCAL USE ONLY Entered By: [Signature] Date: 9-26-19 Entered By: [Signature] Date: [] (Initial) Date: []

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 Cabot Signed: [Signature] Title: [Signature] Phone: 9878 Date: 9/21/17

Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Phone: 9878 Date: 9/25/17

Authorized Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Lh26

Invoice	INV20409
Date	7/25/2017
Page	1

Bill To:

MASSACHUSETTS LICENSE PROGRAM
Attn: Antonia Pires
10 Park Plaza, Room 5231
Boston MA 02116
United States

Ship To:

MASSACHUSETTS LICENSE PROGRAM
Attn: Antonia Pires
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.	
028717090042	MAS01000		8/24/2017	Net 30	7/25/2017	494,219	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
50.00	50.00	\$ 0.00	SERVICES	enChoice Professional Services Amendment: FileNet Support 1/1/17 - 12/31/17 PO CTDOT028717090042	\$ 0.00000	\$ 250.00000	\$ 12,500.00
				<i>See D. Hunter email 9/22/17 11:12 AM IT request - approval 4/7/2017 J. Molsk</i>			

Subtotal	\$ 12,500.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 12,500.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1921461]
 Document Description: Verifone Pin Pad change

Code: Dept Unit
 PRC DOT 0287
 Document I.D.: INTF18J0090042N00005
 Action: Entry
 VENDOR'S 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: 2018 Document Total: \$98,270.00
 Fiscal Year: 2018 Vendor Name: MORPHOTRUST USA, LLC
 Period: 5 Vendor Address: 6840 CAROTHERS PKWY STE 650 City: FRANKLIN State: TN
 SCH Pay Date: Vendor/Customer No.: VCG000183131 Handling Code:
 Requester ID: dota8z Address Code: ADD001 Single Payment:
 Report Note: Comment:

Line #1 - Commodity Information

Commodity Code	List Price	Description	software	Ref vi	1	Vendor Inv. #	INV21002
821300000000		CT		1			
Line Type	Service	Unit Price		Ref cl	1	Inv. Line	1
Quantity		Service From		Ref ID		Inv. Date	11/20/2017
Unit of Measure		Service To		INTF00X02016J0090042			
Contract Amount	\$98,270.00	Discount Terms		Deadline for \$245.68 discount is 1/30/2017. 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	Ref. Line	Description	Verifone Pin Pad change	Major Program	Program	IT170A6 (Card payment processing)
AP01	22	Unit		IR03		
Budget FY	2018	Fund		U11		
Bank Acct		Sub Fund	402C	Activity		
Dept	DOT	Program Period	ERP	67201307	Ref Type	Partial
Sub Total Line Amount	\$98,270.00	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 compiled with and observed.

Print Name: John Carter Signed: [Signature] Title: VP Phone: 9960 Date: 11/29/17
 Print Name: David Deland Signed: [Signature] Title: JT Finance Manager Phone: 9878 Date: 11/29/17
 Print Name: RMHye Signed: [Signature] Title: Authorized Signatory Phone: 9878 Date: 11/29/17

Report Generated On: 11/28/2017 12:11:33 PM Page 1 of 1 Tracking No.: TN269N1D51B5

FOR FISCAL USE ONLY
 Entered By: [Signature] Date: 11/29 Verified By: [Signature] Date: 11/29
 (Initial) (Initial)

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV21002
Date	11/20/2017
Page	1

Ln 22

NOV 20 2017 PM 2:10

Bill To:

COMMONWEALTH OF MASSACHUSETTS
MassDOT - IT
Attn: Antonia Pires
10 Park Plaza, Room 5231
Boston MA 02116
United States

Ship To:

COMMONWEALTH OF MASSACHUSETTS
MassDOT - RMV
Attn: Al Puccia
25 Newport Avenue Ext
Quincy MA 02171
United States

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
CTDOT028717090042	MAS01000		12/20/2017	Net 30	11/20/2017	498,459	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	SERVICES	Change to Pin Pad for Point SCA Software	\$ 0.00000	\$ 98,270.00000	\$ 98,270.00
						Subtotal	\$ 98,270.00
						Tax	\$ 0.00
						Freight	\$ 0.00
						Less	\$ 0.00
						Total	\$ 98,270.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

[1921462]

Document Name		MORPHO TRUST DRIVERS LICENSE PRODUCTION	
Document Description		Verifone MX915 Pin Pads	
Code		Dept	Unit
PRC		DOT	0287
Document I.D.		INTF18J0090042N00006	
Action		Entry	
VENDORS CERTIFICATION		I certify that the goods were shipped or the service rendered as set forth below. SEE ATTACHED INVOICE	
Header Information		Budget FY 2018	
Fiscal Year		2018	
Period		5	
SCH Pay Date		11/20/2017	
Requester ID		dota8z	
Report Note		Address Code AD001	
Document Total		\$5,664.78	
Vendor Name		MORPHOTRUST USA, LLC	
Vendor Address		6840 CAROTHERS PKWY STE 650	
Vendor/Customer No.		VC6000183131	
Address Code		AD001	
City		FRANKLIN	
State		TN	
Handling Code		Single Payment	
Comment			

Line #1 - Commodity Information	Commodity Code	List Price	Description	software	Ref Wt	Vendor Inv. #	Inv. Line	Inv. Date
	821300000000		software		1	INV21005	1	11/20/2017
	Line Type	Service	Ref Code	CT	Ref cl			
	Quantity		Ref Dept	DOT	1			
	Unit of Measure		Ref ID	INTF00X02016J0090042				
	Contract Amount	\$5,664.78	Discount Terms					
			DAYS 1	PERCENT 1	0.2500			
			DAYS 2	PERCENT 2				
			DAYS 3	PERCENT 3				
			DAYS 4	PERCENT 4				

Line #1 - Accounting Information	Event Type	Ref. Line	Description	Verifone MX915 Pin Pads	Major Program	Program	Card payment processing
	AP01	23	Unit	IFR03		IT170A6	
	Budget FY	2018	Object	U11			
	Bank Acct		Appropriation	67201307			
	Dept		Dept Object				
	Sub Total Line Amount						

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 Carstls Signed: [Signature] Title: WFO Phone Ext.: 9966 Date: 1/13/17
 Print Name: Dave Deland Signed: [Signature] Title: IT Expense Manager Phone Ext.: 9878 Date: 1/13/17
 Print Name: William Yee Signed: [Signature] Title: IT Expense Manager Phone Ext.: 9878 Date: 1/13/17

Prepared by: [Signature] Title: IT Expense Manager
 Approved Signatory: [Signature]
 Report Generated On: 11/28/2017 12:14:06 PM Page 1 of 1 Tracking No.: TN269M1D51B6

FOR FISCAL USE ONLY
 Entered By: [Signature] Date: 1/13/17 Verified By: _____ Date: _____
 (Initial)

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV21005 -
Date	11/20/2017
Page	1

Ln 23

NOV 20 2017 PM 4:40

Bill To:

COMMONWEALTH OF MASSACHUSETTS
MassDOT - IT
Attn: Antonia Pires
10 Park Plaza, Room 5231
Boston MA 02116
United States

Ship To:

COMMONWEALTH OF MASSACHUSETTS
MassDOT - RMV
Attn: Al Puccia
25 Newport Avenue Ext
Quincy MA 02171
United States

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
CTDOT0287/809004	MAS01000		12/20/2017	Net 30	11/20/2017	498,463	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
4.00	4.00	\$ 0.00	HARDWARE	Verifone MX915 Signature Pads	\$ 0.00000	\$ 840.27000	\$ 3,361.08
6.00	6.00	\$ 0.00	HARDWARE	Verifone VX805 Signature Pads	\$ 0.00000	\$ 383.95000	\$ 2,303.70
Subtotal						\$ 5,664.78	
Tax						\$ 0.00	
Freight						\$ 0.00	
Less						\$ 0.00	
Total						\$ 5,664.78	

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693

Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1921465]

Document Description: Veritone MX805 Pin Pads

Document ID: [1921465]

Code: Dept Unit Document Identifier Action Entry
 PRC DOT 0287 INTF18J0090042N00007

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

Header Information

Budget FY	2018	Document Total	\$46,556.00
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	5	Vendor Address	6840 CAROTHERS PKWY STE 660
SCH Pay Date		Vendor/Customer No.	VCG0000183131
Requester ID	data8z	Address Code	AD001
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	software	Ref Code	CT	Ref VI	1	Vendor Inv. #	INV21004
Line Type	Service	Unit Price		Ref Dept	DOT	Ref cl	1	Inv. Line	1	Inv. Date	11/20/2017
Quantity		Service From	11/20/2017	Ref ID	INTF00X02016J0090042						
Unit of Measure		Service To	11/20/2017	Deadline for \$116,39 discount is 11/30/2017. Please process as soon as possible.							
Contract Amount	\$46,556.00	Discount Terms	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	24	Description	Veritone MX805 Pin Pads
Budget FY	2018	Fund		IR03	Major Program
Bank Accl		Sub Fund	402C	U10	Activity
Dept	DOT	Program Period	ERP	67201307	Ref Type
Sub Total Line Amount			\$46,556.00	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: John Giverty Signed: [Signature] Title: [Signature] Prepared By: [Signature] Date: 11/29/17

Print Name: Dave Beland Signed: [Signature] Title: IT Finance Manager Phone: 9878 Date: 11/28/17

Authorized Signatory: [Signature] Date: 11/28/17

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV21004
Date	11/20/2017
Page	1

Ln 24

NOV 20 2017 PM 4:40

Bill To:

COMMONWEALTH OF MASSACHUSETTS
MassDOT - IT
Attn: Antonia Pires
10 Park Plaza, Room 5231
Boston MA 02116
United States

Ship To:

COMMONWEALTH OF MASSACHUSETTS
MassDOT - RMV
Attn: Al Puccia
25 Newport Avenue Ext
Quincy MA 02171
United States

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
CTDOT028718090042	MAS01000		12/20/2017	Net 30	11/20/2017	498,462	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
80.00	80.00	\$ 0.00	HARDWARE	VX805 with Point SCA - w/required cable	\$ 0.00000	\$ 377.95000	\$ 30,236.00
80.00	80.00	\$ 0.00	SUPPORT	Year 2 Maintenance & Support	\$ 0.00000	\$ 68.00000	\$ 5,440.00
80.00	80.00	\$ 0.00	SUPPORT	Year 3 Maintenance & Support	\$ 0.00000	\$ 68.00000	\$ 5,440.00
80.00	80.00	\$ 0.00	SUPPORT	Year 4 Maintenance & Support	\$ 0.00000	\$ 68.00000	\$ 5,440.00

Subtotal	\$ 46,556.00
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 46,556.00

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693



Commonwealth of Massachusetts Office of the Comptroller
Payment Commodity Form

MMARS schedule payment date is 4/27/2018.

Deadline for \$167.03 discount is 3/26/2018. Please process as soon as possible.

50042 (20)

Document Name MORPHO TRUST DRIVERS LICENSE PRODUCTION

[1983942]

Document Description Verifone VX805(130) w/Maint

Document ID INTF18J0090042N00020

Code Dept Unit Document Identifier Action Entry

PRC DOT 0287 INTF18J0090042N00020

Header Information

Budget FY 2018 Document Total \$66,813.50

Fiscal Year 2018 Vendor Name MORPHOTRUST USA, LLC

Period 9 Vendor Address 6840 CAROTHERS PKWY STE 650

SCH Pay Date Vendor/Customer No. VC6000183131

Requester ID dotabz Address Code AD001

Report Note Address Code AD001

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

City	FRANKLIN	State	TN
Handling Code		Single Payment	

Line #1 - Commodity Information

Commodity Code	821300000000	List Price		Description	maint	Ref Code	CT	Ref vl	1	Vendor Inv. #	INV21452
Line Type	Service	Unit Price		Ref Code	CT	Ref vl	1	Ref cl	1	Inv. Line	1
Quantity		Service From	3/15/2018	Ref Dept	DOT	Ref cl	1	Inv. Date	3/16/2018		
Unit of Measure		Service To	3/15/2018	Ref ID	INTF00X02016J0090042						
Contract Amount	\$66,813.50	Discount Terms		Deadline for \$167.03 discount is 3/26/2018. 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	Ref. Line	24	Description	Verifone VX805(130)	Major Program		Program	IT170A6 (Card payment processing)
Budget FY	2018	Fund		Unit	IR03	Activity	009N	Phase	P11
Bank Acct		Sub Fund	402C	Object	U10	Ref Type	Partial	Check Descr	
Dept		Program Period	EPP	Appropriation	67201307	Function			
Sub Total Line Amount			\$66,813.50	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: [Signature] Date: 3/16
Verified By: [Signature] Date: 3/16/18

Print Name: John Carveth Signed: [Signature] Title: hA

Phone Ext.: 9966 Date: 3/16/18

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

Phone Ext.: 9878 Date: 3/16/18

Authorized Signatory

MorphoTrust USA

296 CONCORD RD
BILLERICA MA 01821

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

Invoice	INV21452
Date	3/15/2018
Page	1

MMK 15 2018 AM10:58

Bill To:

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

Ship To:

COMMONWEALTH OF MASSACHUSETTS
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.
CTDOT02871809004	BD-3060	UPS_GROUND	4/14/2018	NET 30	3/15/2018	501,567

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	DELIVERABLE	130 VeriFone VX805 Signature Pads and Associated Accessories Delivered	\$ 0.00000	\$ 49,133.50000	\$ 49,133.50
1.00	1.00	\$ 0.00	SUPPORT	Maintenance Year 2 and Year 3	\$ 0.00000	\$ 17,680.00000	\$ 17,680.00



Subtotal	\$ 66,813.50
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 66,813.50

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, March 16, 2018 11:20 AM
To: Cadorette, John (DOT); Pires, Antonia (DOT)
Cc: McDonough, Maura; Grochmal, Diane
Subject: Commonwealth of Massachusetts invoice INV21452
Attachments: INV21452.pdf

Attached you will find your invoice. If you have any questions, please feel free to contact me.

INV21452

Best regards,
Hector Ocana

Hector Ocana
Accountant | Finance

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



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Document Name: MORPHO TRUST DRIVERS LICENSE PRODUCTION [1983944]

Document Description: Verifone VX915(15)

Document I/D: Document Identifier: INTF18J0090042N00021

Code: Dept Unit Action Entry (Please Sign in Ink)

PRC DOT 0287 INTF18J0090042N00021 1

Header Information

Budget FY	2018	Document Total	\$12,604.05
Fiscal Year	2018	Vendor Name	MORPHOTRUST USA, LLC
Period	9	Vendor Address	6840 CAROTHERS PKWY STE 650
SCH Pay Date		Vendor/Customer No.	VG6000183131
Requester ID	dotabz	Address Code	ADD001
Report Note		Comment	

Line #1 - Commodity Information

Commodity Code	List Price	Description	Ref Code	Ref VI	Vendor Inv. #
821300000000		maint	CT	1	INV21451
Line Type	Service	Unit Price	Ref Dept	Ref cl	Inv Line
Quantity		Service From	3/15/2018	1	1
Unit of Measure		Service To	3/15/2018		Inv. Date
Contract Amount	\$12,604.05	Discount Terms	Days 1	PERCENT 1	0.2500
		Days 2	PERCENT 2	Days 3	PERCENT 3
		Days 4	PERCENT 4		

Line #1 - Accounting Information

Event Type	Ret Line	Description	Verifone VX915(15)	Major Program	Program
AP01	24	Unit	IR03	009N	IT170A6 (Card payment processing)
Budget FY	2018	Sub Fund	402C	Activity	P11
Bank Acct		Program Period	EPP	Ref Type	Partial
Dept	DOT	Dept Object	67201307	Function	
Sub Total Line Amount			\$12,604.05		

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: [Signature] Date: 3/16/18
 Verified By: [Signature] Date: 3/16/18

Print Name: John Calvert Signed: [Signature] Title: IA Phone: 9960 Date: 3/16/18
 Print Name: William Yee Signed: [Signature] Title: IT Finance Manager Phone: 9878 Date: 3-16-18

Authorized Signatory

MorphoTrust USA

296 CONCORD RD
 BILLERICA MA 01821

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

Invoice	INV21451
Date	3/15/2018
Page	1


MAR 15 2018 AM 10:20

Bill To:

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

Ship To:

COMMONWEALTH OF MASSACHUSETTS
 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.			
CTDOT028718090042		BD-3060		UPS_GROUND		4/14/2018		NET 30		3/15/2018		501,565			
Ordered	Shipped	B/O	Item Number	Description				Discount	Unit Price	Ext. Price					
1.00	1.00	\$ 0.00	DELIVERABLE	15 VeriFone MX915 Signature Pads and Associated Accessories Delivered				\$ 0.00000	\$ 12,604.05000	\$ 12,604.05					
															
										Subtotal		\$ 12,604.05			
										Tax		\$ 0.00			
										Freight		\$ 0.00			
										Less		\$ 0.00			
										Total		\$ 12,604.05			

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, March 16, 2018 10:48 AM
To: Cadorette, John (DOT); Pires, Antonia (DOT)
Cc: McDonough, Maura; Grochmal, Diane
Subject: Commonwealth of Massachusetts invoice INV21451
Attachments: INV21451.pdf

Attached you will find your invoice. If you have any questions, please feel free to contact me.

INV21451

Best regards,
Hector Ocana

Hector Ocana
Accountant | Finance

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



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MASSDOT Commonwealht of Massachusetts Office of the Comptroller
Payment Commodity Form

MARS schedule payment date is 5/10/2018. Deadline for \$850.18 discount is 4/8/2018. Please process as soon as possible.

Document Name: **MORPHO TRUST DRIVERS LICENSE PRODUCTION** [1998948]

Document Description: **Honeywell Genesis 7580 Scanners**

Code: **DOT 0287** Document Identifier: **INTF18J0090042N00022** Action: **Entry** (Please Sign In Ink)

Header Information: Budget FY: **2018** Document Total: **\$340,073.48**

Fiscal Year: **2018** Vendor Name: **MORPHOTRUST USA, LLC** City: **FRANKLIN** State: **TN**

Period: **10** Vendor Address: **6940 CAROTHERS PKWY STE 650** Handling Code: **Single Payment**

SCH Pay Date: **dotadi** Vendor/Customer No.: **VC6000183131**

Requester ID: **dotadi** Address Code: **AD001** Comment:

Report Note:

Line #1: Commodity Information

Commodity Code	List Price	Description	Ref Code	Ref Dept	Ref ID	Inv. Date	Vendor Inv. #
821300000000		maint	CT	DOT	INTF00X02016J0090042	3/29/2018	INV21464
Line Type	Service	Unit Price	3/29/2018	Ref Dept	DOT	Inv. Line	1
Quantity		Service From	3/29/2018	Ref ID	INTF00X02016J0090042	Inv. Date	3/29/2018
Unit of Measure		Service To					
Contract Amount	\$340,073.48	Discount Terms	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	Honeywell Genesis 7580 Scanners	Major Program	Program	IT18220042 (RMV service center)
AP01	27	Unit	IR03	009N	P11	
Budget FY	2018	Fund	402C	67201307	Partial	
Bank Acct	DOT	Sub Fund	EPP			
Dept	DOT	Program Period				
Sub Total Line Amount	\$174,139.00	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 C. Coburn Signed: [Signature] Title: MA Phone Ext.: 9964 Date: 4/6/18

Print Name: William Lee Signed: [Signature] Title: IT Financial Mgr Phone Ext.: 2871 Date: 4/6/18

FOR FISCAL USE ONLY
 Entered By: [Signature] Date: 4/6/18 Verified By: [Signature] Date: 4/6/18
 (Initial)



MMARS schedule payment date is 5/10/2018.

[1998948]

Document Name	MORPHO TRUST DRIVERS LICENSE PRODUCTION		
Document Description	Honeywell Genesis 7580 Scanners		
Document I.D.		Document Identifier	
Code	Dept	Unit	Action
PRC	DOT	0287	Entry
INTF18J0090042N00022		[Please Sign in Ink]	
VENDORS CERTIFICATION			
I certify that the goods were shipped or the service rendered as set forth below.			
SEE ATTACHED INVOICE			

Line #2- Accounting Information

Event Type	Ref. Line	Description	Honeywell Genesis 7580 Scanners	Major Program	Program	IT18220042 (RMV/ service center
Budget FY	2018	Fund				
Bank Acct		Sub Fund	402C	U11	009N	P11
Dept		Program Period	EPP	Appropriation	67201307	Ref Type
Sub Total Line Amount			\$143,508.00	Dept Object		Function

Line #3 Accounting Information

Event Type	Ref. Line	Description	services	Major Program	Program	C000000
Budget FY	2018	Fund				
Bank Acct		Sub Fund	0000	J33	009N	000
Dept		Program Period	EPP	Appropriation	60440001	Ref Type
Sub Total Line Amount			\$22,426.48	Dept Object		Function

FOR FISCAL USE ONLY			
Entered By:	Date:	Verified By:	Date:
(initial)		(initial)	

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: _____ 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	INV21464
Date	3/29/2018
Page	1

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
USA

Purchase Order No.	Customer ID	Shipping Method	Net Due Date	Payment Terms	Req Ship Date	Master No.	
PCDOT02871809004	MAS01000		5/13/2018	0.25% 10 Net 45	3/29/2018	501,018	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1.00	1.00	\$ 0.00	DELIVERABLE	Honeywell Genesis 7580 - Barcode Scanners Anker 7 Port USB Data Hubs Cable Matters SuperSpeed 3.0 type A To B USB 15' Cables	\$ 0.00000	\$ 174,137.30000	\$ 174,137.30
1.00	1.00	\$ 0.00	DELIVERABLE	Installation of Cabling Project Project Management and Oversight	\$ 0.00000	\$ 93,508.00000	\$ 93,508.00
1.00	1.00	\$ 0.00	SUPPORT	Maintenance for 3.67 Years	\$ 0.00000	\$ 72,428.18000	\$ 72,428.18

Subtotal	\$ 340,073.48
Tax	\$ 0.00
Freight	\$ 0.00
Less	\$ 0.00
Total	\$ 340,073.48

PLEASE REMIT TO:

MorphoTrust USA 14438 Collections Center Drive Chicago IL 60693



QUOTATION

Date: October 27, 2017
 Quota No: FQ20170712MA08R5
 Valid Through: 60 days from date above
 Payment Terms: Payable within 30 days of Invoice
 Delivery: Confirm schedule with RMV, not planned to go beyond February 2018

To:
 Sarah Zaphiris
 Deputy Registrar for Operations
 Registry of Motor Vehicles
 25 Newport Avenue Extension
 Quincy, MA 02171

From:
 John Corson
 MorphoTrust USA
 296 Concord Rd.
 Billerica, MA 01821

Product/Service	Unit Price	Qty	Total
Equipment			
Honeywell Genesis 7580 - barcode scanner	\$364.93	360	\$131,374.80
Anker 7 Port USB 3.0 Data Hubs	\$76.67	350	\$26,834.50
Cable Matters SuperSpeed 3.0 type A to B USB Cable 15'	\$26.07	380	\$9,906.60
Shipping			\$6,021.40
Total Equipment			\$174,137.30
Services			
Installation and Cabling Project			\$101,200.00
Project Management and Oversight			\$42,308.00
Total Services			\$143,508.00
Maintenance			
			3.67 Years*
Honeywell Genesis 7580 - barcode scanner	\$42.84	360	\$56,600.21
Anker 7 Port USB 3.0 Data Hubs	\$9.00	350	\$11,560.50
Cable Matters SuperSpeed 3.0 type A to B USB Cable 15'	\$3.06	380	\$4,267.48
Total Maintenance			\$72,428.18
Total Project			\$390,073.48

* Maintenance costs for the 3 years and 8 months remaining on the committed contract.

Cadorette, John (DOT)

From: Cadorette, John (DOT)
Sent: Thursday, April 05, 2018 9:25 AM
To: Zaphiris, Sarah (DOT)
Cc: Bedard, David (DOT)
Subject: RE: Massachusetts DOT invoice INV21464

Yes. Thanks Sarah. Will process.

John

From: Zaphiris, Sarah (DOT) [<mailto:sarah.zaphiris@MassMail.State.MA.US>]
Sent: Thursday, April 05, 2018 9:18 AM
To: Cadorette, John (DOT)
Cc: Bedard, David (DOT)
Subject: FW: Massachusetts DOT invoice INV21464

John,

I think this is an IT invoice. Can you confirm?

Sarah

From: Evans, Steve (DOT)
Sent: Thursday, April 5, 2018 8:43 AM
To: Zaphiris, Sarah (DOT)
Subject: FW: Massachusetts DOT invoice INV21464

Sarah, here is one of those invoices that doesn't belong here- Do you know where this should go?

From: Ocana, Hector [<mailto:Hector.Ocana@us.idemia.com>]
Sent: Thursday, March 29, 2018 2:12 PM
To: Gurney, Todd (DOT); Evans, Steve (DOT)
Cc: McDonough, Maura; Grochmal, Diane
Subject: Massachusetts DOT Invoice INV21464

Attached you will find your invoice. If you have any questions, please feel free to contact me.

INV21464

Best regards,
Hector Ocana

Hector Ocana





Accountant | Finance

P: (978) 215 2597

M: (000) 000 0000

E: Hector.Ocana@us.IDEMIA.com



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