Commonwealth of Mass - EZDrive	CHA#9434	CHA#9298	CHA#9274	CHA#9153	CHA#9097	CHA#9009	CHA#8936	CHA #8867	Careworks	New England Trauma Services	JSI Research & Training Institute	ConvergeOne	Vendor/Invoice
\$40,40 Tolls \$8,748.66	\$850.00 Random Drug/Alcohol Screening	\$850.00 Random Drug/Alcohol Screening	\$680.00 Random Drug/Alcohol Screening	\$1,020.00 Random Drug/Alcohol Screening	\$850.00 Random Drug/Alcohol Screening	\$850.00 Random Drug/Alcohol Screening	\$680.00 Random Drug/Alcohol Screening	\$850.00 Random Drug/Alcohol Screening	\$35.02 111F Managed Case Services	\$203.74 Biohazard Service	\$1,000.00 Student Survey	\$839.50 CJIS Router Maintenance	Amount Description
FY24/FY25	FY25	FY24	FY25	FY25	FY24	Fiscal Year							
FY24/FY25 0121052-571000	0121052-530000	0121052-530000	0121052-530000	0121052-530000	0121052-530000	0121052-530000	0121052-530000	0121052-530000	0121052-530000	0121052-530000	0121052-530000	0121052-5240033	Fiscal Year Account Coding
RMV would not dismiss as the COHR car is registered as passenger vehicle and not an Emergency Vehicle	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO	Invoice went to former emloyee email - contacting vendors to send invoices to shared department email	Invoice went to former emloyee email - contacting vendors to send invoices to shared department email	PO was closed instead of carried over into new fiscal year	Invoice went to former emloyee email - contacting vendors to send invoices to shared department email	Reason



12 Hartwell Ave, Lexington, MA 02421 Accounts Receivable: 781-676-8322

# CJIS MAINTENANCE INVOICE and CONTRACT

Invoice #: CHSB-PD251-FY24

09/01/2023

SOMERVILLE Police Department Christine Masiello 220 WASHINGTON STREET SOMERVILLE, MA 02143-3117

**PAYMENT:** In consideration for the services to be performed by ConvergeOne, the customer agrees to pay an amount of **\$839.50** for FY24. The amount is in accordance with ITT72 / ITT50.

ON-SITE Maintenance Service For equipment located at 220 WASHINGTON STREET SOMERVILLE	CONTRACT #:	Maintenance Dates	AMOUNT
CJIS EQUIPMENT DESCRIPTION:			
1 SRX320 Router	GN5300-504	7/1/2023-6/30/2024	\$839.50
0 MIRCS	~	~	\$0.00
24x7 Coverage			
TOTAL DUE upon receipt			\$839.50

Applicable taxes are not included in the charge set forth above and shall be the responsibility of the customer. The customer will also provide at its own expense utilities such as light, heat, power, telephone, and air conditioning required by ConvergeOne to service and maintain the equipment.

ACCEPTANCE OF CONTRACT: The price and conditions are satisfactory and are hereby accepted. You are authorized to perform under the conditions contained herein and made part of this Agreement.

Return this signed contract to tquigley@convergeone.com

Co	onvergeOne	SOMERVILLE Police Department			
	(Seller)	(Name)	talestonic familia est		
Ву:	Mark Colp	Ву:			
	(Authorized Signature)	(Authorized Signature)			
State	e Administrator				
(Title	)	(Title)			

- For invoicing questions, please contact Tom at tquigley@convergeone.com
- Payment due upon receipt to the above address

For maintenance issues, contact CJIS hotline at 617-660-4620 Keep copy of contract and service agreement for your yearly audit



## INVOICE

From:

JSI Research & Training Institute, Inc.

44 Farnsworth Street Boston, MA 02210-1211

617-482-9485 617-482-0617

www.jsi.com

City of Somerville

Attn: Kelly Hiland, Deputy Director of Public Health

Voice

50 Evergreen Avenue Somerville MA 02145

email: khiland@somervillema.gov

Invoice Date: 04/10/2025

Invoice Number: 30475.0001-2

Period of Performance: 09/01/2024-06/30/2025 Year 1

Total Award Year 1: \$12,000.00 **Previous Billed:** \$3,000.00 Current Amount: \$3,000.00 Remaining Balance: \$6,000.00

Scope of Services:

Services Performed January 1, 2025 through March 31, 2025

Meet with City staff, Somerville Public School leadership (middle and high school), youth and other relevant stakeholders to gather input on the development and design of the Somerville Student Health middle school and high school surveys.

> **Invoice Total** \$3,000.00

Please submit payment to JSI Research and Training Institute, Inc.

Please reference the invoice number

30475.0001-2

on your payment:

To Pay Electronically:

Bank Name: Citizens Bank

Account Name: JSI Research & Training Institute Inc.

ACH Routing Number: 211070175 Account Number 131349-451-5 To Pay by Check:

JSI Research and Training Institute, Inc.

44 Farnsworth Street Boston, MA 02210-1214 Attn: Accounts Receivable

4/10/25

Federal ID: 04-2679824

# **Emily Wisdom**

From:

**Emily Wisdom** 

Sent:

Monday, July 28, 2025 9:51 AM

To:

Anoop Malik

Cc:

Joanne Hosman; Lucy Barrows; Leonor Moni

**Subject:** 

RE: Paying Procedure for Invoice from JSI Research & Training Institute Inc.

#### Good morning,

We did not carry over the remaining balance of the \$4000 PO, as I did not realize that we still had an outstanding payment that was owed to them. I guess I will have to seek council approval, as I was referring to the FY26 requisition that I am waiting to convert to a PO for this fiscal year. I will enter this into Legistar and get it in front of the Finance Committee as quickly as I can.

Thank you,

Emily Wisdom
Director of Finance and Administration
Somerville Police Department
220 Washington Street,
Somerville, MA 02143
W. 617.625.1600 X7239

From: Anoop Malik <amalik@somervillema.gov>

Sent: Monday, July 28, 2025 9:19 AM

To: Emily Wisdom <ewisdom@police.somerville.ma.us>

Cc: Joanne Hosman < JHosman@k12.somerville.ma.us>; Lucy Barrows < Ibarrows@somervillema.gov>; Leonor Moni

<lmoni@police.somerville.ma.us>

Subject: RE: Paying Procedure for Invoice from JSI Research & Training Institute Inc.

#### Hi Emily,

Thanks for this update. We will have to hold paying this vendor then I guess because we can't half pay the invoice. I am also wondering that I thought you had a \$4K PO opened from FY25 and only paid \$3K so should have had \$1K left. Well, we will notify the vendor about the delay because if you will use FY26 funds to pay FY25 invoice, you are probably seeking council approval as well.

Please let me know when you are ready to process your portion of \$1K because we & SPS will have to process in the same warrant.

Thanks & Regards, Anoop

From: Emily Wisdom <ewisdom@police.somerville.ma.us>

Sent: Monday, July 28, 2025 9:13 AM

To: Anoop Malik <a malik@somervillema.gov>



# New England Trauma Services 391 Oakland Street Mansfield, MA 02048 508-964-4900

Bill To:	
Somerville Police Department 220 Washington Street Somerville, MA 02143	

# **INVOICE**

Date:	Invoice #:
02/17/2025	SI-1604

Loss Description	
2/15/25 Cleaned cell 2.	

P.O. #	
Job #	
25-02-2223-PD	

Customer	Somerville Police Department			
Property Address	220 Washington Street			
City/State/ZIP	Somerville , Ma,02143			

Description	Qty.	Price	Amount
Technician - Cell/Cruiser	1.00	\$75.00	\$75.00
PPE Set - Housing/Municipality	1.00	\$75.00	\$75.00
Shockwave RTU	0.25	\$26.96	\$6.74
Bio Hazard Box - Police Department	1.00	\$50.00	\$50.00

**Grand Total** 

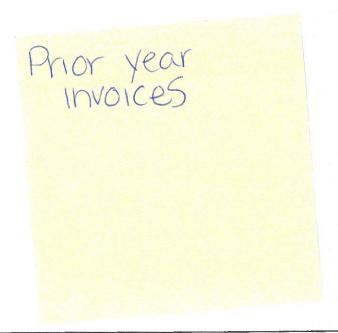
THE BACK OF THIS DOCOMENT CONTAINS AN ALTHOUGH, WATEHWARK THOLD AT AN ANGLE TO VIEW Check Number City of Somerville - Police Voucher 0000001090 93 Highland Avenue Somerville MA 02143 Issue Date: 10/09/2023 0000/0000 VOID After 180 Days Please see attached listing for items paid by this check. For \*\*\*\*\*\*\*35.02 Thirty-Five and 02/100 Dollars Pay CAREWORKS MANAGED CARE SERVICES INC To The OrderOf PO BOX 204479

NON-NEGOTIABLE

""0000001090" ":000000000: 9999999996"

DALLAS, TX 753204479

Please see attached list of 12 items paid by check: 0000001090, issued: 10/09/2023, for \$35.02.



U.S. Mail

0001078621

'Bulk check detail sheet for check number 0000001090. Issue date: 10/09/2023 Payable to: CAREWORKS MANAGED CARE SERVICES INC

Invoice Number	Amount	Service : From	Service To	ClaimId	Claimant	Description
						- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
M12929611	\$ 1.25	10/05/2023 10	0/05/2023	7250922		Service dates from 10/05/2023 To 10/05/2023
P12929611	\$ 8.64	10/05/2023 10	0/05/2023	7250922		Service dates from 10/05/2023 To 10/05/2023
M12931421	\$ 2.50	10/06/2023 10	0/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
P12931421	\$ 1.21	10/06/2023 10	0/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12931921	\$ 1.25	10/06/2023 10	7/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
P12931921	\$ 1.25	10/06/2023 10	0/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12923411	\$ 1.25	10/06/2023 10	0/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12924377	\$ 1.25	10/06/2023 10	0/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12924380	\$ 5.00	10/06/2023 10	0/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12924385	\$ 7.50	10/06/2023 10	•	7250922		Service dates from 10/06/2023 To 10/06/2023
M12925756	\$ 1.25	10/05/2023 10		7250922		Service dates from 10/05/2023 To 10/05/2023
P12925756	\$ 2.67	10/05/2023 10	0/05/2023	7250922		Service dates from 10/05/2023 To 10/05/2023

Total Amount: \$ 35.02



ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

10/01/23 - 10/31/23 Review Type: ALL

State: ALL

Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12929611

Patient Name:

Claim Number:

7250922

SSN: DOL: 02/12/2020

Employer:

City of Somerville - Police

State

Review Number Lines

**Dates Of Service** 

Provider TIN

Provider Name

Invoice Date

MA

12929611

2023-09-06 - 2023-09-06

462523117

WINCHESTER HOSPITAL

10/05/2023

Totals:

Invoice

Bills Reviewed:

1 1

Lines Reviewed: Billed Charges:

\$2,150.00

**Bill Review Reductions:** 

\$1,509.93

**Audit Reductions:** 

\$0.00

**Network Reductions:** 

\$32.00

**Total Reductions:** 

\$1,541.93

Recommended Payment:

\$608.07

Bill Review Fees:

\$1.25

**Audit Fees:** 

\$0.00

Network Fees:

\$8.64

Tax Fees:

\$0.00

**Total Fees:** 

\$9.89



### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

10/01/23 - 10/31/23 Review Type: ALL

State: ALL

Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12931421

Patient Name:

nber: 7250922

SSN: DOL: 02/12/2020

Claim Number: Employer:

City of Somerville - Police

2023-09-05 - 2023-09-05

... \_ ..

State Review N

MA

Review Number Lines 12931421 2 **Dates Of Service** 

Provider TIN 043397450

Provider Name

Invoice Date

Atrius Health Inc 10/06/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	2
Billed Charges:	\$166.00
Bill Review Reductions:	<b>\$121.29</b>
Audit Reductions:	\$0.00
Network Reductions:	\$4.47
Total Reductions:	\$125.76
Recommended Payment:	\$40.24
Bill Review Fees:	\$2.50
Audit Fees:	\$0.00
Network Fees:	\$1.21
Tax Fees:	\$0.00
Total Fees:	\$3.71



#### ICE MASTER - FUTURECOMP: CITY OF SOMERVILLE

10/01/23 - 10/31/23

Review Type: ALL

State: ALL

**Billing Type: Wholesale** 

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12931921

Patient Name:

SSN:

Claim Number:

7250922

DOL:

02/12/2020

Employer:

City of Somerville - Police

State

Review Number Lines

**Dates Of Service** 

Provider TIN

**Provider Name** 

**Invoice Date** 

MA

12931921

2023-08-28 - 2023-08-28

043397450

Atrius Health Inc

10/06/2023

Totals:

Invoice

Bills Reviewed: Lines Reviewed: Billed Charges: \$172.00 **Bill Review Reductions:** \$125.80 Audit Reductions: \$0.00 **Network Reductions:** \$4.62 **Total Reductions:** \$130.42 **Recommended Payment:** \$41.58 **Bill Review Fees:** \$1.25

 Audit Fees:
 \$0.00

 Network Fees:
 \$1.25

 Tax Fees:
 \$0.00

 Total Fees:
 \$2.50



#### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

10/01/23 - 10/31/23 Review Type: ALL

State: ALL

**Billing Type: Wholesale** 

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12923411

Patient Name:

7250922

SSN:

DOL:

02/12/2020

Claim Number: Employer:

City of Somerville - Police

State

Review Number Lines

Dates Of Service

Provider TIN

Provider Name

Invoice Date

MA

12923411

2021-11-30 - 2021-11-30

042312909

**BRIGHAM AND WOMENS HOSPITAL** 

10/06/2023

Totals:

Invoice

Bills Reviewed: Lines Reviewed: 1 **Billed Charges:** \$300.00 **Bill Review Reductions:** \$234.09 **Audit Reductions:** \$0.00 **Network Reductions:** \$0.00 **Total Reductions:** \$234.09 Recommended Payment: \$65.91 **Bill Review Fees:** \$1.25 **Audit Fees:** \$0.00 **Network Fees:** \$0.00 Tax Fees: \$0.00 **Total Fees:** \$1.25



#### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

10/01/23 - 10/31/23 Review Type: ALL

State: ALL

**Billing Type: Wholesale** 

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12924377

Patient Name:

e: 7250922

SSN: DOL:

Claim Number:

Employer:

City of Somerville - Police

02/12/2020

State |

Review Number Lines

Dates Of Service

Provider TIN

Provider Name

Invoice Date

MΑ

12924377

2022-07-26 - 2022-07-26

042312909

BRIGHAM AND WOMEN'S HOSP

10/06/2023

Totals:

Invoice

Bills Reviewed: Lines Reviewed: **Billed Charges:** \$156.00 **Bill Review Reductions:** \$132.43 **Audit Reductions:** \$0.00 **Network Reductions:** \$0.00 **Total Reductions:** \$132.43 **Recommended Payment:** \$23.57 **Bill Review Fees:** \$1.25 Audit Fees: \$0.00 **Network Fees:** \$0.00 Tax Fees: \$0.00 **Total Fees:** \$1.25



### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

10/01/23 - 10/31/23

**Review Type: ALL** State: ALL

Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12924380

Patient Name:

7250922

SSN: DOL: 02/12/2020

Claim Number: Employer:

City of Somerville - Police

**Dates Of Service** 

**Provider TIN** 

**Provider Name** 

Invoice Date

**State** MA

Review Number Lines 12924380

2022-07-07 - 2022-07-28

042312909

BRIGHAM AND WOMEN'S HOSP

10/06/2023

Totals:

Invoice

Bills Reviewed: 1 Lines Reviewed: **Billed Charges:** \$764.00 **Bill Review Reductions:** \$670.16 **Audit Reductions:** \$0.00 **Network Reductions:** \$0.00 **Total Reductions:** \$670.16 **Recommended Payment:** \$93.84 **Bill Review Fees:** \$5.00 **Audit Fees:** \$0.00 **Network Fees:** \$0.00 Tax Fees: \$0.00 **Total Fees:** \$5.00



### ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

10/01/23 - 10/31/23 Review Type: ALL

State: ALL

**Billing Type: Wholesale** 

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12924385

Patient Name:

Claim Number:

7250922

SSN: DOL:

Employer:

City of Somerville - Police

. 0....

02/12/2020

<u>State</u>

Review Number Lines

Dates Of Service

Provider TIN

**Provider Name** 

Invoice Date

MA

12924385

2022-06-02 - 2022-06-23

042312909

BRIGHAM AND WOMEN'S HOSP

6

\$1,146.00

10/06/2023

**Totals** 

Invoice

Bills Reviewed:
Lines Reviewed:

Billed Charges:

Bill Review Reductions:\$1,004.79Audit Reductions:\$0.00

Network Reductions: \$0.00
Total Reductions: \$1,004.79

Recommended Payment: \$141.21

Bill Review Fees: \$7.50
Audit Fees: \$0.00

 Network Fees:
 \$0.00

 Tax Fees:
 \$0.00

 Total Fees:
 \$7.50



ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE

10/01/23 - 10/31/23

Review Type: ALL State: ALL

**Billing Type: Wholesale** 

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12925756

Patient Name:

nber: 7250922

SSN:

Claim Number: Employer:

City of Somerville - Police

DOL:

02/12/2020

State

Review Number Lines

**Dates Of Service** 

Provider TIN

**Provider Name** 

Invoice Date

MA

12925756

2023-09-13 - 2023-09-13

**Total Fees:** 

042746756

Excel Orthopaedic Specialists

\$3,92

10/05/2023

Totals:

Invoice

Bills Reviewed: Lines Reviewed: **Billed Charges:** \$344.11 **Bill Review Reductions:** \$245.34 **Audit Reductions:** \$0.00 **Network Reductions:** \$9.88 Total Reductions: \$255.22 Recommended Payment: \$88.89 Bill Review Fees: \$1.25 **Audit Fees:** \$0.00 **Network Fees:** \$2.67 Tax Fees: \$0.00

CHA Occupational Health One Cabot Rd Second Floor Medford, MA 02155

Phone: 617-591-4660 FEIN: 04-3320571

## Invoice

August 07, 2025

Bill to: Betsy Mercado

City of Somerville 220 Washington St Somerville, MA 02143 For: City of Somerville Police & Fi

November 2024

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Proc Code	<u>Da</u> ʻ	<u>te</u>	<u>Description</u>		Qty	C	<u>Charge</u>	Recei	ot Adjust	<u>Balance</u>
	11/	14/2024	Drug Screen, coll	ection only	1.00	_	10.00			110.00
82075	11/	14/2024	Breath Alcohol T		1.00		60.00			60.00
•										170.00
			Drug Screen, coll	•	1.00		10,00			110.00
82075	11/1	18/2024	Breath Alcohol T	esting	1.00		60,00			60.00
										170.00
00.077			Drug Screen, coll		1.00		10.00			110.00
82075	11/1	15/2024	Breath Alcohol T	esting	1.00		60.00			60.00
										170.00
000##			Drug Screen, coll	. •	1.00		10.00			110.00
82075	11/0	)8/2024	Breath Alcohol Te	esting	1.00		60.00			60.00
						•				170.00
DANEE.			Drug Screen, coll		1.00		10.00			110.00
82075	11/1	4/2024	Breath Alcohol To	esting	1.00		60.00			60.00
										170.00
						Invoice a	# 8867 1	Balance	Due:	850.00
Account Stat	ement for City	of Some	rville Police 8	Fi	- Will bride - von Basseljadener yn astronegy, gygyrys y vyg	AZIRIBIAN Sarakaan Militaria, asiki tikaki kiki kiki mamangar salam		NOOLOGIE SELVER AND	gggerggerggend digten ma. som diktiva in Oldo (1972 or Substitit) fle	WOOD CANDIDATED TO A STATE OF THE STATE OF T
		Curre	nt 30+ Days	60+ Days	90+ Days	120+ Days	<u> 180+ l</u>	<u>Days</u>	360+ Days	<u>Total</u>
	Self Pay	0.0		0.00	0.00	0.00	4,93		8,195.00	13,125.00
	Work Comp. Other Ins.	0.0 0.0		0.00 0.00	0,00 0.00	0.00		0.00	0.00	0.00
	166 Invs.	0.0		0.00	0.00	0.00	4,93	0.00	0.00 8,195.00	0.00 13,125.00
and an arminiar complete are a second property of the second propert	For the state of t	V•V		V.VV	ViVU	V,UU	7,73	0.00	0,122,00	13,123.00

Cut and return with payment

Please remit 850.00 to

Cambridge Public Health Commission PO Box 847438 Boston, MA 02284-7438

Phone: 617-591-4660

CHA Occupational Health One Cabot Rd Second Floor Medford, MA 02155 Phone: 617-591-4660

FEIN: 04-3320571

### Invoice

August 07, 2025

Bill to: Betsy Mercado

City of Somerville 220 Washington St Somerville, MA 02143 For: City of Somerville Police & Fi

December 2024

Invoice # 8936

Proc Code	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	Receipt	<u>Adjust</u>	<u>Balance</u>
	12/18/2024	Drug Screen, collection only	1.00	110.00			110.00
82075	12/18/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
· · · · · · · · · · · · · · · · · · ·	12/12/2024	Drug Screen, collection only	1.00	110.00			110.00
82075	12/12/2024	Breath Alcohol Testing	1.00	60.00			60.00
						J-100-1	170.00
	12/12/2024	Drug Screen, collection only	1.00	110.00			110.00
82075	12/12/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
	12/12/2024	Drug Screen, collection only	1.00	110.00			110.00
82075	12/12/2024	Breath Alcohol Testing	1.00	60.00			60.00
						Brodeld	170.00

Invoice #	8936	Balance	Due:

680.00

#### Account Statement for City of Somerville Police & Fi

	Current	30+ Days	60+ Days	90+ Days	120+ Days	180+ Days	360+ Days	<u>Total</u>
Self Pay	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00
Work Comp.	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00
166 Invs.	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00



Cut and return with payment

Please remit 680.00 to

Cambridge Public Health Commission

PO Box 847438

Boston, MA 02284-7438 Phone: 617-591-4660

Please place invoice number 8936 on check

CHA Occupational Health One Cabot Rd Second Floor Medford, MA 02155

Phone: 617-591-4660 FEIN: 04-3320571

## Invoice

August 07, 2025

Bill to: Betsy Mercado

City of Somerville 220 Washington St Somerville, MA 02143 For: City of Somerville Police & Fi

January 2025

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Proc Code	<u>Date</u>	<u>De</u>	escription		<u>Qty</u>	<u>C</u>	harge	Receipt	<u>Adjust</u>	Balanc
	01/16/20	25 Dr	ug Screen, coll	ection only	1.00	1	10.00			110.00
82075	01/16/20	25 Br	eath Alcohol T	esting	1.00		60,00			60.00
										170.00
	01/14/202	25 Dr	ug Screen, coll	ection only	1.00	1	10.00			110.00
82075	01/14/202	25 Br	eath Alcohol T	esting	1.00		60.00			60.00
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	01/10/202	25 Dr	ng Screen, coll	ection only	1,00	1	10.00			110.00
82075	01/10/202	25 Br	eath Alcohol T	esting	1.00		60.00			60.00
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	01/15/202	25 Dr	ug Screen, coll	ection only	1.00	1	10.00			110.00
82075	01/15/202	25 Bro	eath Alcohol To	esting	1.00		60.00			60.00
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82075	01/13/202	5 Bre	eath Alcohol To	esting	1.00		60.00			60.00
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16	6 Invs.	0.00	0.00	0.00	0.00	0.00	4,93	0,00	8,195.00	13,125.00



Please place invoice number 9008 on check

Phone: 617-591-4660

CHA Occupational Health One Cabot Rd Second Floor Medford, MA 02155

Phone: 617-591-4660 FEIN: 04-3320571

# Invoice

August 07, 2025

Bill to: Betsy

Betsy Mercado City of Somerville 220 Washington St Somerville, MA 02143 For: City of Somerville Police

February 2025

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Proc Code	<u>Date</u>	<u>Description</u>		Qty	<u>c</u>	<u>harge</u>	Receipt	<u>Adjust</u>	Balance
	02/13/2025	Drug Screen, col	lection only	1.00	1	10.00			110.00
82075	02/13/2025	Breath Alcohol T	'esting	1.00		60.00			60.00
								****	170.00
	02/10/2025	Drug Screen, col	lection only	1.00	1	10.00			110.00
82075	02/10/2025	Breath Alcohol T	esting	1.00		60.00			60.00
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82075	02/14/2025	Breath Alcohol T	esting	1.00		60.00			60.00
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	02/10/2025	Drug Screen, coll	ection only	1.00	1	10.00			110.00
82075	02/10/2025	Breath Alcohol T	esting	1.00	,	60.00			60.00
					•				170.00
	02/12/2025	Drug Screen, coll	ection only	1.00	1	10.00			110.00
82075	02/12/2025	Breath Alcohol T	esting	1.00	1	60.00			60.00
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Cut and return with payment

Boston, MA 02284-7438 Phone: 617-591-4660 CHA Occupational Health One Cabot Rd Second Floor Medford, MA 02155 Phone: 617-591-4660

FEIN: 04-3320571

## Invoice

August 07, 2025

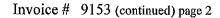
Bill to: Betsy Mercado

City of Somerville 220 Washington St Somerville, MA 02143 For: City of Somerville Police

March 2025

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Proc Code	<u>Date</u>	<u>Descript</u>	<u>ion</u>		Qty	<u>Ct</u>	narge	Receipt	<u>Adjust</u>	<u>Balanc</u>
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82075	03/21/202	5 Breath A	lcohol Te	sting	1.00	(	60.00			60.0
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32075	03/14/202	5 Breath A	lcohol Tes	sting	1.00		50.00			60.0
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	03/24/202	5 Drug Sere	een, collec	ction only	1,00	11	10,00		-	110.0
82075	03/24/202	_			1.00		50.00			60.00
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82075	03/28/202	_			1.00		50.00			60.00
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Account Stateme	ent for City of S	omerville P	olice							
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			50.00	850.00	680.00	1,870.00	0.	00	0.00	4,760.00
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CHA Occupational Health One Cabot Rd Second Floor Medford, MA 02155 Phone: 617-591-4660

FEIN: 04-3320571

## Invoice

August 07, 2025

Bill to: Betsy Mercado

City of Somerville 220 Washington St Somerville, MA 02143 For: City of Somerville Police

April 2025

### Invoice # 9274

Proc Code	Date	Dae	cription		Qty	C	harge F	Receipt	<u>Adjust</u>	<u>Balance</u>
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82075	04/10/202		g Screen, col ath Alcohol T	•	1.00 1.00	_	10.00			110.00
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									_	170.00
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82075	04/14/202	5 Brea	ith Alcohol T	esting 'esting	1.00		60.00			60.00
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82075	04/08/202	5 Brea	th Alcohol T	esting	1.00		60.00			60.00
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82075	04/11/202	5 Brea	th Alcohol T	esting	1.00		60.00			60.00
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Account Sta	atement for City of S	omervil	ie Police							
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	,	510.00	850.00	850.00	680.00	1,870.00	0.0	-	0.00	4,760.00
	Work Comp.	0.00	0.00	0,00	0.00	0.00	0.0	10	0.00	0.00

Cut and return with payment

Other Ins.

10 Invs.

Please remit 680.00 to

0.00

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Cambridge Public Health Commission

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PO Box 847438

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Boston, MA 02284-7438 Phone: 617-591-4660

Please place invoice number 9274 on check

0.00

510.00

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850.00

CHA Occupational Health One Cabot Rd Second Floor Medford, MA 02155

Phone: 617-591-4660 FEIN: 04-3320571

## Invoice

August 07, 2025

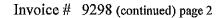
Bill to: Betsy Mercado

City of Somerville 220 Washington St Somerville, MA 02143 For: City of Somerville Police

May 2025

Invo	00	#	9298
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Proc Code	<u>Date</u>	<u>Description</u>		Qty	C	harge	Receipt	Adjust	Balance
	05/15/2025	Drug Screen, col	lection only	1.00		10.00		<u> </u>	110.00
82075	05/15/2025	Breath Alcohol	-	1.00		60.00	•		60.00
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									170.00
	05/12/2025	Drug Screen, col		1.00		10.00			110.00
82075	05/12/2025	Breath Alcohol	Testing	1.00		60.00			60.00
								Park	170.00
	05/23/2025	Drug Screen, col	•	1.00	1	10.00			110.00
82075	05/23/2025	Breath Alcohol T	Cesting	1.00	•	60.00			60.00
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82075	05/12/2025	Breath Alcohol T	'esting	1.00	(	60.00			60.00
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IV	. 6viii	0.00 850.00	850.00	680.00	1,870.00		0.00	0.00	4,760.00





CHA Occupational Health One Cabot Rd Second Floor Medford, MA 02155

Phone: 617-591-4660 FEIN: 04-3320571

# Invoice

August 07, 2025

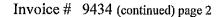
Bill to: Betsy Mercado

City of Somerville 220 Washington St Somerville, MA 02143 For: City of Somerville Police

June 2025

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Proc Code	<u>Date</u>	<u>Description</u>		Qty	Cł	narge <u>Re</u>	ceipt Adjust	Balance
	06/12/2025	Drug Screen, coll	leation only	1.00		10.00		110.00
82075	06/12/2025	Breath Alcohol T	•	1.00		50.00		60.0
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								170.00
	06/10/2025	Drug Screen, coll	ection only	1.00	11	10.00		110.00
2075	06/10/2025	Breath Alcohol T	esting	1.00		50.00		60.00
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Cut and return with payment

Please remit 850.00 to

Cambridge Public Health Commission

PO Box 847438

Boston, MA 02284-7438

Phone: 617-591-4660



### Invoice



www.paybyplatema.com 1-877-627-7745

You are receiving this invoice as the registered owner or the lessee of a vehicle that traveled on a Massachusetts toll road. Non-payment will result in additional fees.



License Plate: 2HVB59 License Plate State: MA Invoice Number: 105340464

Balance

\$0.00

Invoice Date: 09/28/2024 Invoice Period: 10/17/2023 -09/28/2024

Previous Payment/

Summary of Activity Balance Toll Fees/ Payment Credits Due Date Charges Due Adj. \$0.00 \$0.60 \$4.20 10/28/2024 \$3.60

SOMERVILLE CITY OF 220 WASHINGTON ST SOMERVILLE, MA 02143-3117

#### Save Money! Join E-ZPass at www.EZDriveMA.com

#### Payment Options:

Pay Online:

The easiest and quickest way to pay your invoice.

• Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your

invoice number and license plate information available (located above).

· E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would

like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.

Pay in Person:

For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please

have the following receive code available: 17166.

Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Phone: Pay by Mail:

Include the Payment Form below with your check or money order.

Appeals:

Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are

available at www.EZDriveMA.com/pbpdocuments.

Leasing

Fees:

Companies:

If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit

www.EZDriveMA.com/pbpdocuments to download the Lease Reassignment Form.

\$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.

• \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.

• \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.

\$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

#### Return form below with check or money order payment DO NOT SEND CASH

## Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount **Enclosed** 



Check or money order payment. Make payable to: Commonwealth of Massachusetts Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59 License Plate State: MA Invoice Number: 10534046	34
Payment Due Date	Balance Due
10/28/2024	\$4.20

Commonwealth of Massachusetts EZDriveMA Payment Processing Center P.O. Box 847840 Boston, MA 02284-7840



## **Transaction Activity**

į	Entry	Exit

Posted*	Transaction	License Plate Location	Date/Time **	Location	Class	Amount
09/27/2024	Toli PAY BY PLATE MA	MA - 2HVB59	09/25/2024 10:10:32	Tobin Bridge Local - North	2	\$1.55
09/27/2024	Toll PAY BY PLATE MA	MA - 2HVB59	09/25/2024 12:01:53	Sumner Tunnel - West	2	\$2.05
09/28/2024	Invoice Fee					\$0.60
Activity	for the Posting Perio	d				\$4.20

<sup>\*</sup> Posted - represents the date activity was charged to your account, \*\* Date/Time - represents the date and time of your travel.



### Past Due Invoice



www.paybyplatema.com 1-877-627-7745

Non-payment of a previous invoice has resulted in the assessment of fees. Failure to pay this invoice will result in additional fees.



License Plate: 2HVB59 License Plate State: MA Invoice Number: 106698219

Invoice Date: 11/03/2024 Invoice Period: 09/28/2024 -

11/03/2024

SOMERVILLE CITY OF 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740

		Summary	of Activity		
Previous Balance	Payment/ Credits	Toll Charges	Fees/ Adj.	Balance Due	Payment Due Date
\$4.20	\$0.00	\$0.00	\$2.60	\$6.80	12/03/2024

#### Save Money! Join E-ZPass at www.EZDriveMA.com

#### Payment Options:

Pay Online:

The easiest and quickest way to pay your invoice.

• Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your

invoice number and license plate information available (located above).

• E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would

like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.

Pay in Person:

For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please

have the following receive code available: 17166.

www.paybyplatema.com

Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Phone: Pay by Mail:

Include the Payment Form below with your check or money order.

Appeals:

Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are

available at www.EZDriveMA.com/pbpdocuments

Leasing

Fees:

Companies:

If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpdocuments to download the Lease Reassignment Form.

• \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing. • \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.

• \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.

\$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

#### Return form below with check or money order payment DO NOT SEND CASH

# Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Please list your license plate and invoice number on check or money order.

Check or money order payment. Make payable to: Commonwealth of Massachusetts

Amount Enclosed

License Plate: 2HVB59 License Plate State: MA

Invoice Number: 106698219		
Balance Due		
\$6.80		

Commonwealth of Massachusetts EZDriveMA Payment Processing Center P.O. Box 847840 Boston, MA 02284-7840



## **Transaction Activity**

Entry	Exit
- Table 1 And Park Mark 1 (1998) と Park 2 (1998) Each Carlo (199	

Posted*	Transaction	License Plate Location	Date/Time **	Location	Class	Amount
11/03/2024	Late Fee(s)	MA - 2HVB59	09/25/2024 10:10:32	Tobin Bridge Local - North	2	\$1.00
11/03/2024	Late Fee(s)	MA - 2HVB59	09/25/2024 12:01:53	Sumner Tunnel - West	2	\$1.00
11/03/2024	Invoice Fee					\$0.60
Activity	for the Posting Peri	od				\$2.60

<sup>\*</sup> Posted - represents the date activity was charged to your account.
\*\* Date/Time - represents the date and time of your travel.



# Notice of Non-Payment Invoice

www.paybyplatema.com

Non-payment of previous invoices has resulted in the assessment of fees. Failure to pay this notice will result in additional fees and being unable to renew your vehicle registration and/or driver's license. Failure to pay subsequent notices may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



License Plate: 2HVB59 License Plate State: MA Invoice Number: 107976945

Payment/

Credits

\$0.00

Charges

\$0.00

Previous

Balance

\$6.80

Invoice Date: 12/09/2024 Invoice Period: 11/03/2024 -12/09/2024

Adj.

\$2.60

**Summary of Activity** Payment Toll Fees/ Balance

Due

\$9.40

Due Date

01/08/2025

SOMERVILLE CITY OF 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740

## Save Money! Join E-ZPass at www.EZDriveMA.com

#### Payment Options:

Pay Online:

The easiest and quickest way to pay your invoice.

Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your

invoice number and license plate information available (located above).

• E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would

like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.

Pay in Person:

For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please

have the following receive code available: 17166.

Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or Pay by Phone:

account number, PIN and payment information available.

Pay by Mail:

Include the Payment Form below with your check or money order.

Appeals:

Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are

available at www.EZDriveMA.com/pbpdocuments.

Leasing Companies:

Fees:

If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit

www.EZDriveMA.com/pbpdocuments to download the Lease Reassignment Form.

• \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing. • \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.

• \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.

• \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

#### Return form below with check or money order payment DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount **Enclosed** 



Check or money order payment. Make payable to: Commonwealth of Massachusetts Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59 License Plate State: MA Invoice Number: 10797694	<b>1</b> 5
Payment Due Date	Balance Due
01/08/2025	\$9.40

Commonwealth of Massachusetts EZDriveMA Payment Processing Center P.O. Box 847840 Boston, MA 02284-7840



## **Transaction Activity**

Entry	Exit
	- CAIL

Posted*	Transaction	License Plate Location	Date/Time **	Location	Class	Amount
12/09/2024	Non-Payment Fee	MA - 2HVB59	09/25/2024 10:10:32	Tobin Bridge Local - North	2	\$1.00
12/09/2024	Non-Payment Fee	MA - 2HVB59	09/25/2024 12:01:53	Sumner Tunnel - West	2	\$1.00
12/09/2024	Invoice Fee					\$0.60
Activity for the Posting Period						\$2.60

<sup>\*</sup> Posted - represents the date activity was charged to your account.
\*\* Date/Time - represents the date and time of your travel.



# Notice of Liability Invoice



www.paybyplatema.com 1-877-627-7745

Non-payment of previous invoices has resulted in the assessment of fees and, per an agreement with your motor vehicle agency, you are unable to renew your vehicle registration and/or driver's license until your debt has been paid in full. Failure to pay this notice may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



License Plate: 2HVB59 License Plate State: MA Invoice Number: 109180178 Invoice Date: 01/14/2025 Invoice Period: 12/09/2024 -

01/14/2025

www.paybyplatema.com

SOMERVILLE CITY OF 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740

Summary of Activity						
Previous Balance	Payment/ Credits	Toll Charges	Fees/ Adj.	Balance Due	Payment Due Date	
\$9.40	\$0.00	\$0.00	\$22.60	\$32.00	Immediately	

#### Save Money! Join E-ZPass at www.EZDriveMA.com

#### **Payment Options:**

Pay Online:

The easiest and quickest way to pay your invoice.

• Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your

invoice number and license plate information available (located above).

• E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would

like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.

Pay in Person:

For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please

have the following receive code available: 17166.

Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available

Pay by Phone:

Include the Payment Form below with your check or money order.

Pay by Mail: Appeals:

Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are

available at www.EZDriveMA.com/pbpdocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit

www.EZDriveMA.com/pbpdocuments to download the Lease Reassignment Form.

Fees:

• \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.

• \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.

• \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.

• \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

#### Return form below with check or money order payment DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed



Check or money order payment. Make payable to: Commonwealth of Massachusetts Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59 License Plate State: MA Invoice Number: 1091801	78
Payment Due Date	Balance Due
Immediately	\$32.00

Commonwealth of Massachusetts EZDriveMA Payment Processing Center P.O. Box 847840 Boston, MA 02284-7840



## **Transaction Activity**

•	
Entry Exit	

Posted*	Transaction	License Plate Location	Date/Time **	Location	Class	Amount
01/14/2025	NOL Fee	MA - 2HVB59	09/25/2024 10:10:32	Tobin Bridge Local - North	2	\$1.00
01/14/2025	NOL Fee	MA - 2HVB59	09/25/2024 12:01:53	Sumner Tunnel - West	2	\$1.00
01/14/2025	Invoice Fee					\$0.60
01/14/2025	RMV Fee					\$20.00
Activity	for the Posting Pe	riod				\$22.60

<sup>\*</sup> Posted - represents the date activity was charged to your account.
\*\* Date/Time - represents the date and time of your travel.



# **Notice of Liability Invoice**



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Non-payment of previous invoices has resulted in the assessment of fees and, per an agreement with your motor vehicle agency, you are unable to renew your vehicle registration and/or driver's license until your debt has been paid in full. Failure to pay this notice may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



License Plate: 2HVB59 License Plate State: MA Invoice Number: 113034032 Invoice Date: 05/19/2025 Invoice Period: 01/14/2025 -

05/19/2025

SOMERVILLE CITY OF 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740

Summary of Activity						
					Payment Due Date	
\$32.00	\$0.00	\$1.55	\$0.60	\$34.15	Immediately	

## Save Money! Join E-ZPass at www.EZDriveMA.com

#### Payment Options:

Pay Online:

The easiest and quickest way to pay your invoice.

• Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your

invoice number and license plate information available (located above).

• E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would

like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.

Pay in Person:

For a list of payment locations, please visit <u>www.paybyplatema.com</u>. If paying at a MoneyGram location, please

have the following receive code available: 17166.

Pay by Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or

account number, PIN and payment information available.

Pay by Mail:

Include the Payment Form below with your check or money order.

Appeals:

Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are

available at www.EZDriveMA.com/pbpdocuments.

Leasing Companies:

If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit

www.EZDriveMA.com/pbpdocuments to download the Lease Reassignment Form.

Fees: • \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.

• \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.

• \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.

• \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

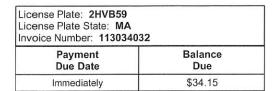
# Return form below with check or money order payment DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Check or money order payment. Make payable to: <u>Commonwealth of Massachusetts</u> Please list your license plate and invoice number on check or money order.

Amount Enclosed





Commonwealth of Massachusetts EZDriveMA Payment Processing Center P.O. Box 847840 Boston, MA 02284-7840



# **Transaction Activity**

Entry	Exit	

Posted*	Transaction	License Plate Location	Date/Time **	Location	Class	Amount
05/18/2025	Toll PAY BY PLATE MA	MA - 2HVB59	05/15/2025 13:50:14	Tobin Bridge Local - South	2	\$1.55
05/19/2025	Invoice Fee					\$0.60
Activity for the Posting Period				-		\$2.15

<sup>\*</sup> Posted - represents the date activity was charged to your account.
\*\* Date/Time - represents the date and time of your travel.



# Notice of Liability Invoice



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Non-payment of previous invoices has resulted in the assessment of fees and, per an agreement with your motor vehicle agency, you are unable to renew your vehicle registration and/or driver's license until your debt has been paid in full. Failure to pay this notice may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



License Plate: 2HVB59 License Plate State: MA Invoice Number: 114199201 Invoice Date: 06/22/2025 Invoice Period: 05/19/2025 -

06/22/2025

SOMERVILLE CITY OF 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740

Summary of Activity						
Previous Payment/ Toll Fees/ Balance Balance Credits Charges Adj. Due					Payment Due Date	
\$34.15	\$0.00	\$2.05	\$1.60	\$37.80	Immediately	

#### Save Money! Join E-ZPass at www.EZDriveMA.com

## Payment Options:

Pay Online:

The easiest and quickest way to pay your invoice.

• Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your

invoice number and license plate information available (located above).

• E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would

like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.

Pay in Person:

For a list of payment locations, please visit <u>www.paybyplatema.com</u>. If paying at a MoneyGram location, please

have the following receive code available: 17166.

Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or

account number, PIN and payment information available.

Pay by Phone:
Pay by Mail:

Include the Payment Form below with your check or money order.

Appeals:

Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are

available at www.EZDriveMA.com/pbpdocuments.

Leasing Companies:

Fees:

If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit

www.EZDriveMA.com/pbpdocuments to download the Lease Reassignment Form.

• \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.

• \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.

• \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.

• \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

# Return form below with check or money order payment DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed



Check or money order payment. Make payable to: <u>Commonwealth of Massachusetts</u> Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59 License Plate State: MA Invoice Number: 11419920	01
Payment Due Date	Balance Due
Immediately	\$37.80

Commonwealth of Massachusetts EZDriveMA Payment Processing Center P.O. Box 847840 Boston, MA 02284-7840



## **Transaction Activity**

Entry & Salar All Salar	o na antique de la Frita de la casa de la ca

Posted*	Transaction	License Plate Location	Date/Time **	Location	Class	Amount
05/19/2025	Toli PAY BY PLATE MA	MA - 2HVB59	05/16/2025 08:10:10	Sumner Tunnel - West	2	\$2.05
06/22/2025	Late Fee(s)	MA - 2HVB59	05/15/2025 13:50:14	Tobin Bridge Local - South	2	\$1.00
06/22/2025	Invoice Fee					\$0.60
Activity for the Posting Period						\$3.65

<sup>\*</sup> Posted - represents the date activity was charged to your account.
\*\* Date/Time - represents the date and time of your travel.



# Notice of Liability Invoice



www.paybyplatema.com 1-877-627-7745

Non-payment of previous invoices has resulted in the assessment of fees and, per an agreement with your motor vehicle agency, you are unable to renew your vehicle registration and/or driver's license until your debt has been paid in full. Failure to pay this notice may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



License Plate: 2HVB59 License Plate State: MA Invoice Number: 115695931 Invoice Date: 07/30/2025 Invoice Period: 06/22/2025 -

07/30/2025

www.paybyplatema.com

SOMERVILLE CITY OF 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740

Summary of Activity								
Previous Balance	Payment/ Credits	Toll Charges	Fees/ Adj.	Balance Due	Payment Due Date			
\$37.80	\$0.00	\$0.00	\$2.60	\$40.40	Immediately			

### Save Money! Join E-ZPass at www.EZDriveMA.com

#### Payment Options:

Pay Online:

Pay by Phone:

The easiest and quickest way to pay your invoice.

Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your

invoice number and license plate information available (located above).

• E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would

like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.

Pay in Person:

have the following receive code available: 17166.

For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please

Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Include the Payment Form below with your check or money order. Pay by Mail:

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are

available at www.EZDriveMA.com/pbpdocuments.

Leasing Companies:

Fees:

If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit

www.EZDriveMA.com/pbpdocuments to download the Lease Reassignment Form.

• \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.

• \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.

• \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.

• \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

#### Return form below with check or money order payment DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount **Enclosed** 



Check or money order payment. Make payable to: Commonwealth of Massachusetts Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59 License Plate State: MA Invoice Number: 11569593	31	
Payment Due Date	Balance Due	
Immediately	\$40.40	

Commonwealth of Massachusetts EZDriveMA Payment Processing Center P.O. Box 847840 Boston, MA 02284-7840



## **Transaction Activity**

Entry	Exit

Posted*	Transaction	License Plate Location	Date/Time **	Location	Class	Amount
07/30/2025	Non-Payment Fee	MA - 2HVB59	05/15/2025 13:50:14	Tobin Bridge Local - South	2	\$1.00
07/30/2025	Late Fee(s)	MA - 2HVB59	05/16/2025 08:10:10	Sumner Tunnel - West	2	\$1.00
07/30/2025	Invoice Fee					\$0.60
Activity for the Posting Period						\$2.60

<sup>\*</sup> Posted - represents the date activity was charged to your account.
\*\* Date/Time - represents the date and time of your travel.