Effective Date: 09/11/16

## State of Mississippi – Office of Purchasing and Travel 2017 – 2018 Lodging Rate Proposal (Please print legibly or type)

Hotel Name:	Hyatt Place Biloki		
	MAGIC Supplier Number: VND 204571201		
Hotel Information:	Mailing Address: 1/50 BEACH BLVD		
	city: BILOXI	Zip: 39530	
	County: Harrison		
Onsite Hotel Phone and Fax:	Onsite Hotel Phone: 228-424-6 228-206-0958		
	Onsite Hotel Fax: 229		
Onsite Hotel Email and Website:	Email: Micheile. Wood @ hyatt. Com		
	Website:		
Daily Base Room Rate (Do not include tax):	\$ <u>93</u> Single	\$ <u>93</u> Double	
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$	\$ 2190 Monthly 30 day	
Have desk clerks and other personnel been informed of the agreed upon rates and policies?	Yes	No	
Sleeping Room Door Entrances:	Inside	Outside	
Minority Vendor Status:	Yes	No	

Rates will be needed Sunday – Thursday. If you will also honor the rates for Friday and Saturday for official state business, please check the line indicating so:	Yes, rates are available Sunday – Thursday  Yes, rates are available Friday – Saturday  No, rates are not available Friday – Saturday	<i>i</i> .		
Rates available to city/county workers, community college employees, school districts and cost reimbursable contractors on official state business?	Yes	No		
Payment options:	MasterCard Discover Visa Diner's Club  American Express Personal Check Other  *Please note that the State of MS Visa Travel Card is sales tax exempt within the state of Mississippi. All other fees may be applied.			
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Is direct billing available? Note: Individual agencies will be responsible for arrangements.	Yes	No		
	*Please note that direct bill is sales tax exempt within the state of MS. All other fees may be applied.			
Check-in/check-out times:	3mCheck-in	More Check-out		
Cancellation Policy:	48 hours			
Contract Onsite Contact Information for Questions, Disputes, etc.	Contact Name/Position:	Contact Phone:		
	Michelle Wood	228-424-6730		
Print Authorized Name:  Authorized Signature:  Michelle Wood  Authorized Signature:				
Authorized Signature:				

Note: By signing the above, you are indicating your rates will be effective according to the guidelines as set forth in the Proposal Format and Guidelines and Check List Form for Hotel and Motel Services for the period of October 1, 2017, through September 30, 2018. No rate changes will be acceptable during this contract period unless the Federal Register publishes a rate change. In addition, you are indicating that rates will be made available to desk clerks for state employees who request "state rate" to be given these rates.