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:	Cabot Lodge Millsaps	
Hotel Information:	MAGIC Supplier Number: 3100019134	
	Mailing Address: 2375 N. State St	
	City: Jackson	• • • • • • • • • • • • • • • • • • • •
	County: Hinds	
Onsite Hotel Phone and Fax:	Onsite Hotel Phone: 601-948-8650	
	Onsite Hotel Fax: 601-326-8543	
Onsițe Hotel Email and Website:	Email: gjackson a mming.com	
	Website: cabotlodge millsaps. com	
Daily Base Room Rate (Do not include tax):	\$ <u>93.9</u> Single	\$ <u>73.9</u> Double
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$_NA_Weekly	\$ N A Monthly
Have desk clerks and other personnel been informed of the agreed upon rates and policies?	X_ Yes	No
Sleeping Room Door Entrances:	Inside	Outside
Minority Vendor Status:	Yes	<u>X</u> 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	
Rates available to city/county workers, community college employees, school districts and cost reimbursable contractors on official state business?		
Payment options:	MasterCard X Discover X Visa Diner's Club  American Express Personal Check X Other  School Chack Dinact Bill	
	*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.	
Is direct billing available? Note: Individual agencies will be responsible for arrangements.	No 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:	3 p L Check-in 12 pm Check-out	
Cancellation Policy:	lepm-Day of Arrival	
Contract Onsite Contact Information for Questions, Disputes, etc.	Contact Name/Position: Contact Phone:	
	Gray Jackson, President Sala LOI-326-8535	
Print Authorized Name: Gray Jackson  Authorized Signature: May Jackson		
Disputes, etc.  Gray Jackson, Presson Lol-326-8535  Print Authorized Name:  Gray Jackson  On D		

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.