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:	Constyard	Py Muzziott	
Hotel Information:	MAGIC Supplier Number:		
	Mailing Address: 1995 6th Greet North		
	City: (clum 25	Zip: 350 70 1	
	County:		
Onsite Hotel Phone and Fax:	Onsite Hotel Phone: (公2 - こりち・1546)		
	Onsite Hotel Fax: 062 - 245-15 39		
Onsite Hotel Email and Website:	Email: Chastow & peachtree notelaroup.com		
	Website: Www. Harriott. Com 19tecy Single S_Q_Double		
Daily Base Room Rate (Do not include tax):	\$_ 93 Single	\$93Double	
in addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$ Weekly	\$ Monthly	
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	_V _{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 – Thu Yes, rates are available Friday – Satur No, rates are not available Friday – Sa	day.	
Rates available to city/county workers, community college employees, school districts and cost reimbursable contractors on official state business?	Yes	No	
Payment options:	*Please note that the State of MS Visa Travel	Visa V Diner's Club Check V Other CHECKS Card is sales tax exempt within the	
Is direct billing available? Note: Individual agencies will be responsible for arrangements.	state of Mississippi. All other fees may be ap	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:	3:00pm Check-in	Check-out	
Cancellation Policy:	24 hours prior t	o Arrival.	
Contract Onsite Contact Information for Questions, Disputes, etc.	Contact Name/Position:	Contact Phone:	
	Roberta Beasting General Managerz	662-241-1990	
Print Authorized Name: Cristian Bastow			
Authorized Signature: Crax from Brastow			

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.