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:	Hampton In & Swites		
Hotel Information:	MAGIC Supplier Number:		
	Mailing Address: 1915 6HH Strat NOTH		
	City:	Zip: 391701	
	County:		
Onsite Hotel Phone and Fax:	Onsite Hotel Phone: (062 - 245 - i 085		
	Onsite Hotel Fax: 66 2 - 28 5 - みょうしょう		
Onsite Hotel Email and Website:	Email: Chastow@ peachtreehotelgroup. (on		
Online Fracti Entire and VVepsite.	Website: www. hamptoning 3. h. iton com		
Daily Base Room Rate (Do not include tax):	\$Single	\$ <u>100</u> Double	
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		

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 Si Yes, rates are available Fi No, rates are not available	riday – Saturday.
Rates available to city/county workers, community college employees, school districts and cost reimbursable contractors on official state business?	Yes	No
Payment options:	American Express X	Discover Visa Diner's Club  Personal Check Other  State Government Checks  Visa Travel Card is sales tax exempt within this is may be applied
Is direct billing available? Note: Individual agencies will be responsible for arrangements.		No es tax exempt within the state of MS - All caper fel.
	may be applied	
Check-in/check-out times:	Check-in	Check-out
Check-in/check-out times:  Cancellation Policy:	✓ Check-in	
	Contact Name/Position:	Contact Phone:  (662 - 245 - 1085
Cancellation Policy:  Contract Onsite Contact Information for Questions,	Check-in S: Copr  24 Hour  Contact Name/Position:	Contact Phone:  (662 - 245 - 1085

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.