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 Inn-Starkule, ms		
Hotel Information:	MAGIC Supplier Number:		
	Mailing Address: 700 Highway 12		
	City: Starksille	zip: 39759	
	County: OK + i bbeha		
Onsite Hotel Phone and Fax:	Onsite Hotel Phone:		
	Onsite Hotel Fax: idbに-324-506 い		
Onsite Hotel Email and Website:	Email: Castow @ peach trechoiclarous.com		
	Website: www.hamptoning 3. hilton com		
Daily Base Room Rate (Do not include tax):	\$	\$_ <u>[00</u>	
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?		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 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?	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.			
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:	3.00Pr		Check-out	
Cancellation Policy:	24 Hours prior to arrival.			
Contract Onsite Contact Information for Questions, Disputes, etc.	Contact Name/Position:		Contact Phone:	
	Jordan Smill Choneral Mi		662.324-1333	
Print Authorized Name:	Castina F	3 pst ow		
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.