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:	La Quinta Inn & Suites Biloxi		
Hotel Information:	MAGIC Supplier Number: VND204359501		
	Mailing Address: 957 Cedar Lake Road		
	City: BI/OXI	zip: 3953Z	
	county: Harrison County		
Onsite Hotel Phone and Fax:	Onsite Hotel Phone: 228 - 392 - 5978		
	Onsite Hotel Fax: 228 - 392 - 598 2		
Onsite Hotel Email and Website:	Email: 1960699me laquinta.com		
	Website: 600000 h#p://6069.lq.com		
Daily Base Room Rate (Do not include tax):	\$ <u>93°</u> Single	\$	
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$ <u>574</u> Weekly	\$ Monthly	
Have desk clerks and other personnel been informed of the agreed upon rates and policies?	Yes	No	
Sleeping Room Door Entrances:	X_ 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. Not last Room 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:	3pmCheck-in	12pmcheck-out	
Cancellation Policy:	lopm day of arrival		
Contract Onsite Contact Information for Questions, Disputes, etc.	Contact Name/Position:	Contact Phone:	
	Juan Ortiz	228-392-5978	
Print Authorized Name: Christine Ronning 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.