Effective Date: 08/31/16

State of Mississippi – Office of Purchasing and Travel 2016 – 2017 Lodging Rate Proposal (Please print legibly or type)

Hotel Name:	Best Western Flagship Inn Pascagoula/Moss Point			
Hotel Information:	MAGIC Supplier Number: 3100014255			
	Mailing Address: 4830 Amaco Road			
	City: Moss Point	Zip:	39563	
	County: Jackson			
Onsite Hotel Phone:	228-475-5000	Onsite Hotel Fax:	228-475-0601	
Onsite Hotel Email and Website:	Email: Front Desk Email: staff@bestwesternmosspoint.com			
	Website: www.shularhospitality.com			
Daily Base Room Rate (Do not include tax):	\$ 64.00 Single \$ 64.00 Double Lower than the Government Per Diem Rate			
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$ Weekly	ę	\$ Monthly	
Have desk clerks and other personnel been informed of the agreed upon rates and policies?	X_Yes	-	No	
Sleeping Room Door Entrances:	Inside	_	X Outside	
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:				

Rates available to city/county workers, community college employees, school districts and cost reimbursable contractors on official state business?	X Yes	No	
Payment options:	X MasterCard X Discover X X American Express Personal Check Company Check and Cash *Please note that the State of MS Visa Travel Card is semississippi. All other fees may be applied.		
Is direct billing available? Note: Individual agencies will be responsible for arrangements.	XYes	he state of MS. All other fees may be	
Check-in/check-out times:	3PM Check-in	2PM Check-out	
Cancellation Policy:	Individuals must cancel prior to 6PM day of arrival in order to not be charged for one night on the credit card on file.		
On-site Contact Information for Questions, Disputes, etc.	Contact Name/Position: Ted Speaker, General Manager Linda Bacon, Assistant General Manager	Contact Phone: (228) 475-5000	
Print Authorized Name:	Jamie Straus Jamie Straus		

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, 2016, through September 30, 2017. 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.