

Effective Date: 08/31/15

State of Mississippi – Office of Purchasing and Travel  
2015 – 2016 Lodging Rate Proposal  
(Please print legibly or type)

Hotel Name:	Comfort Suites		
Hotel Address:	Mailing Address: 801 Russell street		
	City: Starkville	Zip: 39759	
	County: Oktibbeha		
Onsite Hotel Phone:	662-324-9595	Onsite Hotel Fax:	662-324-1224
Onsite Hotel Email and Website:	Email: CBASTOW@peachtreehotelgroup.com		
	Website: www.comfortsuites.com/hotel-starkville-ms106		
Daily Base Room Rate (Do not include tax):	\$ 98 Single	\$ 98 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?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
Sleeping Room Door Entrances:	<input checked="" type="checkbox"/> Inside		<input type="checkbox"/> 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:	<input checked="" type="checkbox"/> Yes, rates are available Sunday – Thursday. <input checked="" type="checkbox"/> Yes, rates are available Friday – Saturday. <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Payment options:	<input checked="" type="checkbox"/> MasterCard <input checked="" type="checkbox"/> American Express	<input checked="" type="checkbox"/> Discover <input checked="" type="checkbox"/> Visa <input checked="" type="checkbox"/> Diner's Club <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Other <i>Company Checks</i>
Is direct billing available? Note: Individual agencies will be responsible for arrangements.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Check-in/check-out times:	<i>3:00 PM</i> Check-in	<i>11:00 AM</i> Check-out
Cancellation Policy:	<i>24 Hours prior to arrival</i>	
On-site Contact Information for Questions, Disputes, etc.	Contact Name/Position: <i>Cristina Baston</i> <i>Business Travel Sales Manager</i>	Contact Phone: <i>662-324-9595</i>

Print Authorized Name: *Cristina Baston*

Authorized Signature: *Cristina Baston*

**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, 2015, through September 30, 2016. 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.