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:	La Quinta Inn 3 Suites			
Hotel Information:	MAGIC Supplier Number: VNd 203 [8100]			
	Mailing Address: 1013 N. Coloster St			
	Mailing Address: 013 N. Co105- City: Tupe 10 Zip: 3		7804	
	County: Lee			
Onsite Hotel Phone:	662-847-8000 Ons	site Hotel Fax:	662-847-8008	
Onsite Hotel Email and Website:	Email: 186380 dos@laquinta, com			
	Website: WWW. laquinta tupuloms.com			
Daily Base Room Rate (Do not include tax):	\$Single		\$Double	
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$ <u>577.</u> 5 Weekly		\$/_AMonthly	
Have desk clerks and other personnel been informed of the agreed upon rates and policies?	Yes		No	
Sleeping Room Door Entrances:	Inside		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:	Yes, rates are available Yes, rates are available No, rates are not available	Friday – Saturd	ay.	

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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 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	Yes	No		
arrangements.	*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:	$\frac{3100}{\rho_{\text{cm}}}$ Check-in	<u>(2: ⊶</u> Check-out		
Cancellation Policy:	M:00 pm - day of arrival			
On-site Contact Information for Questions,	Contact Name/Position:	Contact Phone:		
	Cambria Mass / Director of	(elez-847-8000		
Disputes, etc.	Carolyn Moss/Director of Sales	(062-871-1462		
	$\wedge$			
Print Authorized Name:	Carolyn Moss			
Authorized Signature:	Conaly Moss			

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.