

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:	Country Inn & Suites Jackson Airport / Pearl		
Hotel Information:	MAGIC Supplier Number: 3102025730		
	Mailing Address: 3051 White Blvd.		
	City: Pearl	Zip: 39208	
	County: Rankin		
Onsite Hotel Phone:	601-420-2244	Onsite Hotel Fax:	601-420-2266
Onsite Hotel Email and Website:	Email: gmcispearl@gmail.com		
	Website: www.countryinns.com/pearl-hotel-ms-39208/msjacaii		
Daily Base Room Rate (Do not include tax):	\$ 89 Single	\$ 89 Double	
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$ 624.75 Weekly		\$ — Monthly
Have desk clerks and other personnel been informed of the agreed upon rates and policies?	<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"/> Discover <input checked="" type="checkbox"/> Visa <input checked="" type="checkbox"/> Diner's Club <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Other <u>Cash accepted however not tax exempt.</u>	
Is direct billing available? Note: Individual agencies will be responsible for arrangements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Upon completion of Direct Bill Request Form</u>	
Check-in/check-out times:	<u>3pm</u> Check-in <u>12pm</u> Check-out	
Cancellation Policy:	<u>24 hours prior to checkin from March to September</u> <u>6pm on day of reservation from September to February</u>	
On-site Contact Information for Questions, Disputes, etc.	Contact Name/Position: <u>Anjay Parshotam / General Manager</u>	Contact Phone: <u>601-420-2244</u>

Print Authorized Name: Anjay Parshotam

Authorized Signature: AParshotam

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.