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: | Hamphn Inn | | |
|--|---|--|--|
| Hotel Address: | Mailing Address: 320 Coulter Cove | | |
| | city: New Albany zip: MS 38654 | | |
| | County: Union | | |
| Onsite Hotel Phone: | 662534 7722 Onsite Hotel Fax: 662 534 4010 | | |
| Onsite Hotel Email and Website: | Email: Melanie. Modarter @ hilton.com | | |
| | Website: WWW, hampton inn 3. hilfon, con | | |
| Daily Base Room Rate (Do not include tax): | \$ <u>99</u> Single \$ Double | | |
| In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax): | \$ 623 Weekly \$275900 Monthly | | |
| Have desk clerks and other personnel been informed of the agreed upon rates? | No | | |
| Sleeping Room Door Entrances: | 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 Sunday – Thursday. Yes, rates are available Friday – Saturday. 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 American Express Personal Check *Please note that the State of MS Visa Travel Card is MS. All other fees may be applied. | | |
| Is direct billing available? Note: Individual agencies will be responsible for arrangements. | *Please note that direct bill is sales tax exempt within tapplied. | No the state of MS. All other fees may be | |
| Check-in/check-out times: | 3pmCheck-in / | 2pmCheck-out | |
| Cancellation Policy: | 24 Cancellation before day of arrival | | |
| On-site Contact Information for Questions, Disputes, etc. | Contact Name/Position: | Contact Phone: | |
| | Melania McCarter | 662 5347722 | |
| Print Authorized Name: Tulk Fully | | | |
| 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, 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.