

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: 7075 Moore Drive		
	City: Southaven	Zip: 38671	
	County: DeSoto		
Onsite Hotel Phone:	662 349-0100	Onsite Hotel Fax:	662 349-0063
Onsite Hotel Email and Website:	Email: Denisem.shs@gmail.com		
	Website: Southavencomfortsuites.com		
Daily Base Room Rate (Do not include tax):	\$ 100 ⁰⁰ Single \$ 100 ⁰⁰ Double		
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax):	\$ n/a Weekly \$ n/a 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 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 type="checkbox"/> Other	
Is direct billing available? Note: Individual agencies will be responsible for arrangements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>with pre approval</u>	
Check-in/check-out times:	<u>3pm</u> Check-in <u>11 AM</u> Check-out	
Cancellation Policy:	<u>4pm - Day of arrival</u>	
On-site Contact Information for Questions, Disputes, etc.	Contact Name/Position:	Contact Phone:
	<u>Denise Chapman</u>	<u>662 349-0100</u>

Print Authorized Name: Denise Chapman

Authorized Signature: Denise Chapman

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.