

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:	Best Western Oakmanor		
Hotel Address:	Mailing Address: 886 Beach Blvd		
	City: Biloxi	Zip: 39530	
	County: Harrison		
Onsite Hotel Phone:	(228) 435-4331	Onsite Hotel Fax:	(228) 374-7631
Onsite Hotel Email and Website:	Email: oakmanorbiloxi@aol.com		
	Website: www.bestwesternoakmanor.com		
Daily Base Room Rate (Do not include tax):	\$ 79 Single	\$ 79 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 type="checkbox"/> Yes, rates are available Friday – Saturday. <input checked="" 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 <hr/> <p>*Please note that the State of MS Visa Travel Card is sales tax exempt within the state of MS. All other fees may be applied.</p>	
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:	<u>3</u> Check-in <u>11</u> Check-out	
Cancellation Policy:	<u>4pm day of arrival</u>	
On-site Contact Information for Questions, Disputes, etc.	Contact Name/Position: <u>Lori DePauw Gm</u>	Contact Phone: <u>(228) 435-4331</u>

Print Authorized Name: Lori DePauw

Authorized Signature: Lori DePauw

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.