



HOTEL/MOTEL/BED & BREAKFAST
IN-STATE LODGING RATE AGREEMENT

For State of Iowa employee business travelers – July 1, 2016 through June 30, 2017

Instructions: Please provide all information requested. If not applicable or not available, please indicate N/A. Properties with incomplete information will not be included in the State of Iowa’s In-State Lodging Directory for state employee business travelers.

1. General Property Information

Property Name _____

Address _____
Street City Zip

Mailing Address (if different) _____
Street City Zip

General Manager/Owner’s Name _____

General Manager/Owner’s E-mail _____

2. Contact Information – Please submit all information requested for inclusion in the directory.

Website Address _____

E-Mail (Reservations) _____

Facility Telephone (Direct) _____

Toll-Free Reservations Line _____

TDD for the DEAF _____

3. Rates for State of Iowa Business Travelers

State of Iowa employees traveling on official state business are limited to a reimbursement rate of \$65 per day for a single occupancy room, plus applicable taxes.

Will this property honor a \$65 single room rate for State of Iowa business travelers? ___ Yes ___ No

Please indicate below when the \$65 room rate will be honored, or other rates will be offered, to state employee business travelers.

State Rate: Sunday-Thursday

Single Occupancy Room (Room Occupied by 1 person) \$ _____

Double Occupancy Room (Room Occupied by 2 persons) \$ _____

State Rate: Friday-Saturday*

Single Occupancy Room (Room Occupied by 1 person) \$ _____

Double Occupancy Room (Room Occupied by 2 persons) \$ _____

**Requires weekend work schedule verification and state-issued employee identification (see #4).*

4. State Employee Identification

As validation of entitlement to State of Iowa rates, participating facilities must accept one of the forms of identification described below.

- Employee identification card issued by the State of Iowa (department or agency)
- State of Iowa payroll ID (state warrant stub)
- Written documentation on official state department letterhead signed by an agency officer identifying the bearer as traveling on official state business

5. Accessibility

Does your facility meet or exceed the Americans with Disabilities Act (ADA) accessibility guidelines? _____ Yes _____ No

6. Rate Extension

Will the provisions of this agreement be extended to:

- Political subdivisions? (They include city and county governments, school districts, community colleges, or combination thereof. *Note: Employees of the State's Regent Universities are State employees.*) _____ Yes _____ No
- Will State Rates be extended for State employee personal travel? _____ Yes _____ No

7. Agreement Terms (please check the boxes to which you agree)

- I certify that I possess the authority to bind the hotel/motel/bed & breakfast set forth in Question #1.
- I certify that the information listed in this Rate Agreement is accurate and that the rates quoted will be valid July 1, 2016, through June 30, 2017, subject to availability.
- I understand the State may cancel this agreement at any time and for any reason or no reason at all. I understand the State will cancel this agreement for failure to honor the quoted rates and policies or submission of inaccurate information. I further understand submission of this form to the State does not guarantee the State's acceptance.

Printed Name _____
(General Manager/Owner)

Signature _____

Date _____

Accepted on behalf of the State by:

Printed Name: Barbara A. Sullivan
 (Hotel/Motel Coordinator)

Signature _____

Date _____

Please email this completed application to Barbara.Sullivan@iowa.gov
or fax to 515-725-0062 by Thursday, June 23, 2016. Thank you.