



FY 21-22 FAIRGROUND TRAINING REIMBURSEMENT FORM v Oct 2021

Fair Training Information	
Fair Name	
Fair Manager	
Mailing Address	
Training Event	
Dates of Training	
Location of Training	

Training Registration Detail*		Mileage Reimbursement	
Attendee	Fee	Year of Travel:	The mileage rate for the year selected is:
			<b>Enter Valid Year</b>
		Date	
		Departure Site	
		Arrival Site	
		Miles Driven	
<b>Total Training Costs</b>	<b>\$ -</b>	<b>Total Mileage Cost</b>	<b>\$ -</b>

Lodging Fee Detail*				
Name of Hotel	Number of Nights	Cost Per Night	Tax Per Night	Total Cost
				-
				-
<b>Total Lodging Cost</b>				<b>\$ -</b>

Meal Fee Detail**				
Total Breakfast Costs	Total Lunch Costs	Total Dinner	Incidental (over 24 Hours)	Total Meal Costs
				\$ -
**Maximum daily amounts: Breakfast \$7, lunch \$11, Dinner \$23, Incidental \$5				

Travel Detail				
To Event From Event	Trip Departure Time	Trip Departure Date	Trip Arrival Time	Trip Arrival Date

Transportation & Travel Detail*		Grand Total for Training Costs	
	Fee		
Flight Cost		Travel	\$ -
Parking Fees		Lodging	\$ -
Ground Transport Costs		Meals	\$ -
Car Rental Costs		Mileage	\$ -
Fees & Taxes		Training	\$ -
<b>Total Cost</b>	<b>\$ -</b>	<b>Grand Total</b>	<b>\$ -</b>

**\*Supporting Documentation Required**  
These costs will only be processed for reimbursement when detailed supporting documentaion is supplied (e.g. vendor invoices).

Fair Manager\*\*\* \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*By signing this document, I attest that all travel claims are accurate and in accordance with the California Department of Human Resources authorized travel policies.

## FORM COMPLETION INSTRUCTIONS

Fair Training Information: Please complete this section with the requested fair and training information.

Training Registration Detail\*: Please provide the name of the attendee(s) and the amount of their registration.  
**Training payment documentation required for reimbursement.**

Mileage Reimbursement: Enter in the year of travel, date of trip (or date range for a multi-day trip), the trip departure location, the destination location, and the mile driven on the trip. The form will calculate the amount of the reimbursement in the Total Mileage Cost field. Rates per mile for 2021 are \$0.56 and the rates for 2022 will be updated when available.

Lodging Fee Detail\* Enter in the name of the establishment, the number of nights at the location, the daily room rate, and the taxes paid in each of the provided fields.  
**Itemized lodging receipts that include the name and address of the establishment, the name of the traveler, date(s) of lodging, the daily room rate, and the daily tax rate will be required for reimbursement.**

Meal Fee Detail If a meal is included in a conference fee, hotel expense, transportation cost such as an airline ticket, or otherwise provided, that meal shall not be claimed for reimbursement as a meal expense.

**Travel Totaling Less Than 24 Hours:**

**Breakfast** – May be claimed if trip commences at or before 6:00 a.m. (0600) and terminates at or after 9:00 a.m. (0900).

**Lunch** – May not be claimed.

**Dinner** – May be claimed if trip commences at or before 4:00 p.m. (1600) and terminates at or after 7:00 p.m. (1900).

**Incidentals** - May not be claimed on trips less than 24 hours.

**Travel Totaling More Than 24 Hours:**

*First Day of Travel*

**Breakfast** – May be claimed if trip commences at or before 6:00 a.m. (0600).

**Lunch** – May be claimed if trip commences at or before 11:00 a.m. (1100).

**Dinner** – May be claimed if trip commences at or before 5:00 p.m. (1700).

**Incidentals** - May not be claimed.

*Last Fractional Day of Travel*

**Breakfast** – May be claimed if travel terminates at or after 8:00 a.m. (0800)

**Lunch** – May be claimed if travel terminates at or after 2:00 p.m. (1400)

**Dinner** – May be claimed if travel terminates at or after 7:00 p.m. (1900)

**Incidentals** - May be claimed on each full day and at the end of 24 hour travel period.

Travel Detail: Enter in the time and date of the departure and arrival for each leg of the trip (e.g. to the event and from the event).

Transportation & Travel Detail\*: Complete each of the applicable fields for transportation costs and other fees associated with the listed trip.

**Itemized travel receipts must include the name of the traveler, the date(s) of travel, and the daily taxes or fees paid. Parking receipts with dates corresponding to the travel claim must be included for reimbursement.**

Grand Total: These fields are automatically calculated based on the other amounts entered into the other fields of this form.

Authorizing Signature: An authorizing signature and date are required for submission.

- \* All sections of the reimbursement form that have an asterisk must include proper documentation for processing the claim. Unsupported reimbursement requests will be adjusted accordingly.

While email reimbursement submissions are preferred, please send hard copy claims to the follow address:

Email forms and supporting documentation to: [kenneth.anater@cdfa.ca.gov](mailto:kenneth.anater@cdfa.ca.gov)

CDFA Fairs & Expositions Branch  
1220 N Street, Sacramento, CA 95814  
Attn: Training Reimbursements

For questions, please call (900) 999-3000 to speak with the F&E Unit Training Coordinator.