

## Travel Request Process for Non-CME/CDE/CEU Travel

[For CME/CDE/CEU travel refer to [N450- PROVIDER EDUCATION REIMBURSEMENT, TRAVEL AND EXPENSE POLICY](#)]

To be consistent with HealthPartners' efforts to minimize travel expenses and maximize the effectiveness of all travel, trip plans should be analyzed for the most cost-effective means of accomplishing the purpose of the travel.

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### Travel Request Process:

Travel requests must be documented using the [Travel Request Form \(TRF\)](#). The TRF should be submitted as soon as travel is anticipated to allow time for the review and approval process.

#### Before the travel:

##### **Travel within five state region of Minnesota, Wisconsin, Iowa, North and South Dakota:**

1. Complete the online TRF and route to immediate supervisor for approval; senior officer approval is not needed.

##### **Travel outside the five state region:**

1. Complete the online TRF and route to your immediate supervisor/manager. If they approve the request, they will route to your area Vice President.
2. Your area Vice President then reviews and approves/disapproves the requested travel and electronically routes the TRF to one of the senior officers for approval.
3. The TRF is then reviewed by Mary Brainerd, George Isham, Andrea Walsh, Kathy Cooney, Barb Tretheway, Brock Nelson, Nancy McClure or Brian Rank for final approval.
4. Once your TRF has received its final approval, you will be sent notification via email.

#### After the travel:

Expenses should be submitted as soon as possible after your travel is complete.

#### Out Of Pocket Expenses:

1. Out of pocket (OOP) expenses should be entered using the Cardholder Reporting Information System, ChRIS, (the ChRIS system is HealthPartners online expense reporting tool which is housed on ERIC). If you are not currently signed up to enter your expenses electronically, sign up by completing the [Electronic Expense Reporting Request Form](#). The Electronic Expense Reporting Policy guidelines should be followed when submitting expenses in the ChRIS system.

#### Pcard expenses:

1. Reconcile your monthly Pcard statement adding any additional OOP's as needed.
2. An approved copy of your TRF must be faxed in with your monthly ChRIS activity statement each time charges pertaining to the travel appear.

### **Travel Request Form (TRF) Instructions/Guidelines**

All travel requests and reimbursements for travel must follow the [HealthPartners Employee Business, Travel and Entertainment Policy-C420](#). In most cases, a HealthPartners Purchasing card (Pcard) should be used for travel related expenses if employees travel at least once per year.

### Event Location

- When considering travel, what similar activities can be found within the five state region that might satisfy the purpose of this travel?
- Can the purpose of this travel be accomplished by Internet, conference call or other method?
- \*Is the travel outside the United States?
- \*Does the travel plan include personal travel as well as business travel?

### Justification

- What is the purpose of the event?
- Is the purpose and value of the travel clearly in line with HealthPartners' mission?
- Are there external grants or contracts that fund or require your attendance?
- Does the event focus on professional development?
- Will you be responsible to present at or facilitate the event? What is the title of the presentation or facilitation?

### Will other HealthPartners employees attend the event? Who?

- Does the nature of this activity require multiple employees to attend? Why?

### What is your plan for sharing?

- How will you share the experiences and new knowledge that result from your travel with your fellow HealthPartners' employees and others? Examples would be team meetings, internal presentations, copies of presentations and notes, proposal developments, others?

### Airfare

- Does the airfare reflect cost-consciousness?
- Describe the airfare requested; coach; 21 or 14 day advance; low cost carrier (i.e. SouthWest, Sun Country).

Note: Employees should use the preferred travel vendor for our company. We currently use [GetThere](#), an online booking tool provided by our travel vendor.

### Lodging/Hotel and Cost per Night

- Does the plan for accommodations reflect cost-consciousness? Are there acceptable less expensive accommodations? Has the event arranged for discounted lodging? Have HealthPartners discount corporate rate lodging arrangements been explored? Include this information on the Travel Request Form.
- \*Is this a premium, luxury or resort property?
- Lodging can also be arranged using [GetThere](#).

### Ground Transportation

- Is the ground transportation used the least expensive alternative considering productivity time, safety, and availability?
- Will public transportation (taxi, bus, shuttle) be used?
- If you are renting a vehicle have you explored HealthPartners discount corporate rate arrangements? Are the vehicle size and type appropriate to the business use?

### Meals

- What is the daily estimate of your food expense?

**\*Travel that will require a special review and is generally discouraged and/or not allowed.**

### Source of Funding

- Who is funding your travel? Name all sources and what the sources will fund.
- Will you receive an honorarium, speaking fee or attendance fee? How much and from what source?
- If the funding source is outside HealthPartners, does the funder have any other business interests with HealthPartners that might be viewed as a conflict of interest?
- Are there external grants and contracts that fund or require your attendance? Include this information on the Travel Request Form.

### Additional policies:

- [N450- PROVIDER EDUCATION REIMBURSEMENT, TRAVEL AND EXPENSE POLICY](#)
- [N450a-PROVIDER EDUCATION REIMBURSEMENT APPROVAL TIERS](#)
- [C421 Event Policy](#)
- [C420-Employee business Travel and Entertainment Policy](#)

**Adhere to HealthPartners Employee Business, Travel and Entertainment Policy-C420, Conflict of Interest Policies and any other prudent and ethical measures to ensure compliance with responsible travel practices.**