

NON-INSURED HEALTH BENEFITS (NIHB) GOVERNMENT OF NUNAVUT (GN) VISION CARE EYEWEAR ACTIVITY REPORT

DCI Number/Fiscal Year: HC-P083 (2023-2024)

NOTE: This document is a representation of the reporting requirements for DCI HC-P083. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

Program Reporting Requirements:

Complete template *NIHB VC-B* or other approved alternative.

NIHB VC-B - FINANCIAL/PROGRAM ACTIVITY PROGRESS REPORT

NIHB Vision Care Expenditures

	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	TOTAL
Region -													
Ophthalmic Technician													
Travel (airfare only)													
Travel (taxies)													
Accommodation and Meals													
Number of service days													
Number of weather days													
Cost for weather days (if applicable)													
Total cost for Salaries													
Number of exams													

	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	TOTAL
Equipment Freight Cost													
Client Reimbursement (exams)													
Optician													
Travel (airfare)													
Travel (taxies)													
Accommodation and Meals													
Number of Service Days													
Professional fees													
Number of Glasses													
TOTAL COST FOR NEW GLASSES													
NUMBER OF REPAIRS													
TOTAL COST FOR REPAIRS													
CLIENT REIMBURSEMENT (GLASSES)													
TOTAL													