

NON-INSURED HEALTH BENEFITS (NIHB) GOVERNMENT OF NUNAVUT (GN) VISION PROVIDER TRAVEL AND VISION EYEWEAR MONTHLY FINANCIAL REPORT

DCI Number/Fiscal Year: HC-P092 (2023-2024)

NOTE: This document is a representation of the reporting requirements for DCI HC-P092. 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 (taxi) | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |