

# NON-INSURED HEALTH BENEFITS (NIHB) INTERIM REPORT ON PROGRAM EXPENDITURES

DCI number / Fiscal year: HC-P003 (2024-2025)

**NOTE:** This document is a representation of the reporting requirements for DCI HC-P003. 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:**

Non-Insured Health Benefits (NIHB) Interim Report on program expenditures fiscal year 20\_/20\_.

Complete only the sections that apply based on funded NIHB program areas, and add/or remove benefit specific financial sub-categories as necessary.

**Financial reporting requirements**

Programs and activities	Budget	Actual expenditures Interim report(s) (Please indicate the period(s) covered)
Medical transportation: - Benefits - Admin		
Mental health: - Counselling benefits - Counselling benefits admin		
<b>SUB TOTAL</b>		
Dental care: - Benefits - Admin		
<b>SUB TOTAL</b>		
Pharmacy: - Benefits - Admin		
<b>SUB TOTAL</b>		
Medical supplies and equipment: - Benefits - Admin		
<b>SUB TOTAL</b>		
Vision care: - Benefits - Admin		
<b>SUB TOTAL</b>		
Community dental: - Benefits		

<b>Programs and activities</b>	<b>Budget</b>	<b>Actual expenditures Interim report(s)</b> (Please indicate the period(s) covered)
- Benefits admin		
<b>SUB TOTAL</b>		
Visiting health care professional: - Benefits - Benefits admin		
<b>SUB TOTAL</b>		
Generic/project (as required)		
<b>SUB TOTAL</b>		
<b>TOTAL</b>		