

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

DCI Number/Fiscal Year: HC-P003 (2023-2024)

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

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 - Benefits Admin		
<b>SUB TOTAL</b>		
Visiting Health Care Professional: - Benefits - Benefits Admin		

Programs and Activities	Budget	Actual Expenditures Interim Report(s) (Please indicate the period(s) covered)
<b>SUB TOTAL</b>		
Generic/Project (as required)		
<b>SUB TOTAL</b>		
<b>TOTAL</b>		