

NON-INSURED HEALTH BENEFITS (NIHB) GOVERNMENT OF NORTHWEST TERRITORIES (GNWT) VISION PROVIDER TRAVEL AND VISION EYEWEAR MONTHLY FINANCIAL REPORT

DCI number / Fiscal year: HC-P077 (2024-2025)

NOTE: This document is a representation of the reporting requirements for DCI HC-P077. 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
Community name													
Ophthalmic technician													
Travel (airfare only)													
Travel (taxis)													
Accommodation													
Meals													
Number of service days													
Cost for service days													
Total cost for professional fee													
Number of exams													
Equipment freight cost													

	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	TOTAL
Client reimbursement (exams)													
Optician													
Travel (airfare)													
Travel (taxis)													
Accommodation													
Meals													
TOTAL COST FOR NEW GLASSES													
TOTAL COST FOR REPAIRS													
AVERAGE COST OF REPAIRS													
CLIENT REIMBURSEMENT (GLASSES)													
TOTAL													