



Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OF CAPIZ
Banica, Roxas City

April 20, 2023

DIVISION MEMORANDUM

No. 185, s. 2023

LETTER REQUEST FORMAT FOR GSIS REFUND

To: OIC, Office of the Assistant Schools Division Superintendent
Chief Education Program Supervisors, SGOD & CID
Public Schools District Supervisors
Heads of Public Elementary, Secondary and Integrated Schools
All Others Concerned

1. Attached is **Regional Memorandum No. 278, s. 2023** titled “**Letter Request Format for GSIS Refund**”.
2. Immediate dissemination of and compliance with this Memorandum are desired.

MIGUEL MAC D. APOSIN EdD, CESO V
Schools Division Superintendent

Encl: As stated

Reference: As stated

To be indicated in the Perpetual Index
Under the following subjects:

REFUND

BENEFIT

CLAIMS



Address: Banica, Roxas City
Contact Number: (036) 651-8454
Email Address: capiz@deped.gov.ph
Website: <http://depedcapiz.ph>



Republic of the Philippines
Department of Education
REGION VI-WESTERN VISAYAS

APR 18 2023

REGIONAL MEMORANDUM

No. 278 s. 2023

LETTER REQUEST FORMAT FOR GSIS REFUND

To: Schools Division Superintendents
All Others Concerned

1. Relative to Regional Memorandum No. 870, s. 2022, attached is a format letter to be executed by the employee for GSIS Request for Refund.
2. Immediate dissemination of and compliance with this Memorandum are desired.


RAMIR B. UYTICO EdD, CESO III
Regional Director

To be indicated in the Perpetual Index
under the following subjects:

REFUND BENEFITS CLAIMS



Address: Duran Street, Iloilo City, 5000
Telephone Nos: (033)509-7653; (033)336-2816
Email Address: region6@deped.gov.ph
Website: region6.deped.gov.ph

HEADING

Date

DR. RAMIR B. UYTICO, CESO III
Regional Director
DEPED – Regional Office VI

ATTENTION:

JEPNIE JAN G. BARRIDO
Supervising Administrative Officer
RPSU Head

Dear Sir:

I would like to request from your good office a refund of my GSIS (GFAL, Emergency, Computer or other) for the month/s of _____ 2022.

Attached are the photocopy of my Payslip, OR / Certificate of full payment from GSIS, and photocopy of my LBP ATM.

I hereby authorize the Cashier of the Regional Office to deposit the said claims directly to my LBP Account _____ and deduct the bank charge from the amount to be refunded in my favor, if any.

I hope for your immediate action.

Thank you very much.

Sincerely,

JUAN S. DELA CRUZ
022-001-460760
(Div-Sta-Employee#)
CP #:
Email:
LBP ACCOUNT: