

REFUND INVOICE

[Institution/Organization Name]

[Street Address]

[City, State, Zip]

Refund #: _____

Date: _____

Original Order #: _____

REFUND ISSUED TO:

[Student Name]

[Student ID]

[Email Address]

REFUND METHOD:

[Original Payment Method]

[Transaction Reference ID]

Course Description	Enrollment Date	Original Fee	Refund Amount
[Course Name / ID]	[Date]	\$0.00	\$0.00
[Course Name / ID]	[Date]	\$0.00	\$0.00

Subtotal Refund: \$0.00

Processing Fees: (\$0.00)

Total Refunded: \$0.00

Note: Refunds may take 5-10 business days to appear on your statement depending on your financial institution.

For inquiries, please contact [Department Email] or [Phone Number].