

[Banquet Hall Name]

[Street Address]
[City, State, Zip]
[Phone Number]

REFUND INVOICE

DATE: _____
REFUND #: _____

Refund To:

[Customer Name]
[Customer Address]
[Phone/Email]

Original Booking Info:

Original Invoice #: _____
Event Date: _____
Hall/Room: _____

Description	Original Paid	Refund %	Refund Amount
Hall Rental Deposit	\$	%	\$
Catering/Service Advance	\$	%	\$
Security/Damage Deposit	\$	100%	\$

Description	Original Paid	Refund %	Refund Amount
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Cancellation Fee (Deduction)	-	-	(\$)
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Subtotal Refund: \$ _____

Tax Adjustment: \$ _____

Total Refunded: \$ _____

Refund Method: Check Credit Card Bank Transfer

Reason for Refund: _____

Authorized Signature

Customer Acknowledgement

Terms: This refund is subject to the original booking contract cancellation policy. Please allow 5-10 business days for the funds to appear in your account.