

# REFUND INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**Venue Name**  
Street Address  
City, State, Zip  
Email / Phone

---

**Refund To:**

Client Name / Organization

Street Address

City, State, Zip

**Original Booking Details:**

Original Invoice #: \_\_\_\_\_

Event Date: \_\_\_\_\_

Venue Space: \_\_\_\_\_

Description	Original Paid	Refund %	Amount
Venue Rental Deposit	\$ _____	_____ %	\$ _____
Catering/Service Fees	\$ _____	_____ %	\$ _____
Equipment/Add-ons	\$ _____	_____ %	\$ _____

Subtotal Refund: \$ \_\_\_\_\_

Cancellation Fee: - \$ \_\_\_\_\_

**Total Refunded: \$ \_\_\_\_\_**

**Reason for Refund:** \_\_\_\_\_

**Payment Method:** \_\_\_\_\_ **Transaction ID:** \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow 5-10 business days for the credit to appear on your statement.