

REFUND INVOICE

[Facility Name]
[Address Line 1]
[City, State, Zip]
[Phone/Email]

Refund #: [0000]
Date: [Date]
Original Booking #: [0000]

Refund To:

[Client Name]
[Client Address]
[Client Phone]

Booking Details:

Facility/Room: [Name/Number]
Original Date: [Event Date]
Reason: [Cancellation/Overpayment/Other]

Description	Original Paid	Refund %	Refund Amount
Facility Rental Fee	\$0.00	0%	\$0.00
Security Deposit	\$0.00	0%	\$0.00
Equipment/Add-ons	\$0.00	0%	\$0.00

Subtotal Refund: \$0.00
Cancellation Fees: (\$0.00)

Total Refunded: \$0.00

Method of Refund: [Credit Card / Check / Bank Transfer]

Processing Date: [Date]

Authorized Signature: _____ Date: _____

This document serves as a record of a processed refund. Please retain for your financial records.