

REFUND INVOICE

[Venue Name]
[Venue Address]

DATE
REFUND #

BILL TO
EVENT DETAILS
Original Event Date:
Original Invoice #:

Description of Services/Fees	Original Amount	Refund Amount
Venue Rental / Space Booking	\$	\$
Catering / Refreshments	\$	\$
Equipment / AV Rental	\$	\$
Service Charges / Labor	\$	\$
<i>Less: Non-refundable Deposit / Cancellation Fee</i>	-	(\$)

Total Original Paid: \$
NET REFUND AMOUNT: \$

REASON FOR PARTIAL REFUND

Refund Method: Check Credit Card Bank Transfer

This document confirms a partial refund for the services listed above. Please allow 5-10 business days for the transaction to process.