

REFUND INVOICE

Refund ID: _____

Date: _____

[Venue Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Refund To:

Name: _____

Address: _____

Phone: _____

Original Booking Details:

Original Invoice #: _____

Event Date: _____

Reason for Refund: _____

Description of Services/Fees	Original Amount	Refund Amount
Venue Rental Deposit	\$	\$
Catering/Service Fees	\$	\$
Equipment/Add-on Rentals	\$	\$
Security Deposit	\$	\$

Description of Services/Fees	Original Amount	Refund Amount
Less: Cancellation/Processing Fees	-	(\$)

Subtotal Refund: \$ _____
 Tax Adjustment: \$ _____
 TOTAL REFUND: \$ _____

Refund Method:

Check Credit Card Original Payment Method Other: _____

Authorized Signature

Customer Acknowledgment

Thank you for your business. Please allow 5-10 business days for the refund to reflect in your account.