

REFUND INVOICE

[Refund Number]

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

Refund To:

[Client Name / Organization]
[Client Address]
[Contact Number]

Original Booking Ref: [Booking ID]
Original Event Date: [Date]
Refund Date: [Current Date]

Description of Service	Original Paid	Refund %	Refund Amount
Seminar Hall Rental Fee	[0.00]	[%]	[0.00]
Catering/Equipment Deposit	[0.00]	[%]	[0.00]
Cancellation Admin Fee	-	-	-[0.00]

Subtotal: [0.00]

Tax Adjust: [0.00]

Total Refund: [0.00]

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

Reason for Refund: [Reason Text]

This is a formal record of a refund transaction. Please retain for your records.

Authorized Signature: _____