

# REFUND INVOICE

Document No: # \_\_\_\_\_

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

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## REFUND TO

**[Client Name]**  
[Client Address]  
[Phone Number]

## EVENT DETAILS

**Event Name:** [Event Name]  
**Original Date:** [MM/DD/YYYY]  
**Refund Date:** [MM/DD/YYYY]

Description of Services / Fees	Original Amount	Refund %	Refund Amount
Venue Rental Deposit	\$0.00	0%	\$0.00
Catering/Service Fees	\$0.00	0%	\$0.00
Equipment/AV Rental	\$0.00	0%	\$0.00

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Subtotal Refund: \$0.00  
Cancellation Fees: - \$0.00  
**TOTAL REFUND: \$0.00**

**NOTES & POLICY**

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

Reason for Refund: [Cancellation / Overpayment / Service Adjustment]

Please allow 7-10 business days for the funds to reflect in your account. This document serves as a confirmation of the reversal of charges or issuance of funds.