

SECURITY DEPOSIT REFUND

[Venue Name]
[Venue Address]
[City, State, Zip]

Refund #: _____
Date: _____

Refund To:

[Client Name]
[Client Address]
[Phone/Email]

Event Details:

Event Date: _____
Event Name: _____

Description	Amount
Original Security Deposit Received	\$ 0.00
Deduction: [Description of Damage/Overtime]	(\$ 0.00)
Deduction: [Description of Cleaning Fees]	(\$ 0.00)
Total Refund Amount	\$ 0.00

Notes:

[Enter details regarding deductions or inspection notes here]

Refund Method: Check Credit Card Bank Transfer

Authorized Signature: _____ Date: _____