

REFUND INVOICE

Invoice #: _____

Date: _____

Provider Information

Company Name: _____

Address: _____

Email/Phone: _____

Client / Group Leader

Name: _____

Group Name: _____

Booking Ref: _____

Description of Services	Original Booking Total	Cancellation Fee	Refund Amount
_____	\$ 0.00	\$ 0.00	\$ 0.00
_____	\$ 0.00	\$ 0.00	\$ 0.00

Total Original Paid: \$ _____

Total Cancellation Fees: \$ _____

TOTAL REFUND DUE: \$ _____

Refund Method

Method: Credit Card Bank Transfer Check Other: _____

Note: Refunds are processed according to the group booking terms and conditions agreed upon at the time of reservation.