

REFUND INVOICE

Guest House Name

Address Line 1
City, State, Zip
Contact Email / Phone

Invoice #: _____

Date: _____

Original Booking #: _____

Guest Details:

Name: _____

Address: _____

Email: _____

Stay Details:

Check-in: _____

Check-out: _____

Cancellation Date: _____

Description	Amount Paid
Total Booking Amount Paid	\$ 0.00
Cancellation Fee (Deduction)	- \$ 0.00
Other Adjustments	- \$ 0.00

Subtotal: \$ 0.00

Refund Amount: \$ 0.00

Refund Method: _____

Notes: _____

Thank you. For any inquiries regarding this refund, please contact us within 7 business days.