

REFUND RECEIPT

[Hospitality Entity Name]
[Address Line 1]
[City, State, Zip]

Receipt #: [000000]
Date: [MM/DD/YYYY]

GUEST DETAILS

[Guest Name]
[Reservation ID]
[Phone/Email]

STAY INFORMATION

Check-in: [Date]
Check-out: [Date]
Room/Service: [Details]

Description of Service	Original Paid	Refund Qty	Refund Total
[Service/Room Charge Name]	\$0.00	1	\$0.00
[Additional Fees/Taxes]	\$0.00	-	\$0.00

Subtotal Refund: \$0.00
Tax Adjustment: \$0.00
TOTAL REFUNDED: \$0.00

REASON FOR REFUND

[Detail reason for refund here]

REFUND METHOD

[Credit Card / Cash / Original Payment Method]

Ref #: [Transaction ID]

This document confirms that a refund has been processed. Funds may take 5-10 business days to appear in your account depending on your financial institution.

Authorized Signature: _____ Date: _____