

REFUND INVOICE

Invoice #: [Refund-ID]

Date: [Date of Issue]

HOTEL INFORMATION

[Hotel Name]

[Address Line 1]

[City, State, Zip]

[Phone / Email]

GUEST INFORMATION

[Guest Name]

[Guest Address]

Booking Ref: [Original Confirmation #]

Cancellation Date: [Date]

BOOKING DETAILS

Description	Check-in	Check-out	Amount Paid
[Room Type / Stay Charges]	[MM/DD/YYYY]	[MM/DD/YYYY]	\$0.00

Subtotal Paid:

\$0.00

Cancellation Fee:

- \$0.00

Total Refund:

\$0.00

REFUND METHOD

[Original Payment Method / Transaction ID]

This is a formal record of your refund. Please allow 5-10 business days for the credit to appear on your statement.
Thank you for choosing [Hotel Name].