

REFUND INVOICE

[Establishment Name]

[Street Address]

[City, State, Zip]

Date: [MM/DD/YYYY]

Refund #: [00000]

Original Booking #: [00000]

GUEST DETAILS

[Guest Name]

[Guest Email]

[Guest Phone]

RESERVATION SUMMARY

Check-in: [MM/DD/YYYY]

Check-out: [MM/DD/YYYY]

Room Type: [Room Details]

Description	Original Amount	Refund Amount
Room Charges / Nightly Rate	\$0.00	\$0.00
Service Fees & Taxes	\$0.00	\$0.00
Cancellation Fee (Deduction)	-	(\$0.00)

Total Paid Originally: \$0.00

TOTAL REFUNDED: \$0.00

Refund Method: [Credit Card / Bank Transfer / Cash]

Notes: Please allow 5-10 business days for the refund to reflect in your account depending on your financial institution.