

# [HOTEL NAME]

[Street Address]

[City, State, Zip Code]

Phone: [Phone Number] | Email: [Email Address]

## REFUND INVOICE

**Date:** [Date]

**Refund #:** [Refund-0000]

**Original Invoice #:** [Inv-0000]

### GUEST INFORMATION

**[Guest Name]**

[Guest Address]

[City, State, Zip]

[Guest Email]

### STAY DETAILS

**Confirmation #:** [Conf-0000]

**Check-in:** [MM/DD/YYYY]

**Check-out:** [MM/DD/YYYY]

**Room Type:** [Room Type/Number]

DESCRIPTION OF SERVICES	ORIGINAL AMOUNT	REFUND AMOUNT
Room Charges / Nightly Rate	[0.00]	[0.00]
Service Fees / Resort Fees	[0.00]	[0.00]

**DESCRIPTION OF SERVICES****ORIGINAL AMOUNT****REFUND AMOUNT**

Taxes (VAT/GST/Local)

[0.00]

[0.00]

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**Total Original Charged:** [0.00]**Cancellation Penalty:** ([0.00])**Total Refunded:** [0.00]**REFUND METHOD****Method:** [Credit Card / Bank Transfer / Cash]**Transaction ID:** [Transaction Reference]**Process Date:** [MM/DD/YYYY]**AUTHORIZED BY**

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**[Manager Name/Signature]**

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Note: Refunds to credit cards may take 5-10 business days to appear on your statement.

Thank you for choosing [Hotel Name]. We hope to welcome you back soon.