

[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

REFUND INVOICE

Invoice #: _____
Date: _____
Original Booking #: _____

CLIENT INFORMATION

[Client Name]
[Client Address]
[Client Email]

HOTEL DETAILS

[Hotel Property Name]
Check-in: [Date]
Check-out: [Date]

Description	Original Amount	Refund %	Total Refund
Hotel Accommodation Refund	\$ 0.00	0%	\$ 0.00
Taxes and Fees	\$ 0.00	-	\$ 0.00
Cancellation Fee (Deduction)	-	-	(\$ 0.00)

Subtotal: \$ 0.00
Processing Fee: \$ 0.00
Total Refund: \$ 0.00

Notes: Refund will be credited to the original form of payment within 7-10 business days. Cancellation policies of the specific hotel provider apply.

Thank you for choosing [Agency Name].