

INVENTORY REFUND INVOICE

Date: _____
Refund ID: _____

VENDOR INFORMATION

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT]

REFUND RECIPIENT

[Recipient Name/Entity]
[Account Number]
[Original Purchase Order #]

SKU / Item #	Description	Reason Code	Qty	Unit Price	Restocking Fee	Total Refund
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Subtotal:	\$ 0.00
Adjustments / Shipping:	\$ 0.00
Tax Credit:	\$ 0.00
Total Refunded:	\$ 0.00

AUTHORIZED SIGNATURE

Terms: Refund issued via [Payment Method]. Please allow 5-10 business days for processing.