REFUND INVOICE

#REF-000000
Date: [Date]

[Store Name]
[Business Address]
[City, State, Zip]
[Email/Phone]

Refund To:
[Customer Name]
[Shipping Address]
[Customer Email]
Original Order Info:
Order ID: [Order #]
Transaction ID: [ID #]
Payment Method: [Card/PayPal/etc]

Item Description	Qty	Unit Price	Total
[Product Name/SKU]	[0]	$0.00	$0.00
[Product Name/SKU]	[0]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Restocking Fee: -$0.00

Total Refund: $0.00

Refund Reason: [Reason for return/refund]
Notes: Please allow 5-10 business days for the credit to appear on your statement.