



## CUSTOMER REFUND FORM

CUSTOMER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CUSTOMER PHONE NUMBER # \_\_\_\_\_

CUSTOMER EMAIL: \_\_\_\_\_

(OPTIONAL – IF THEY WANT TO GIVE IT)

REFUND AMOUNT: \$ \_\_\_\_\_

METHOD OF PAYMENT: CASH / CREDIT  
(CIRCLE ONE)

REASON FOR REFUND: (DETAILED EXPLANATION)

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MANAGER OR SUPERVISOR SIGNATURE:

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**\*\*TURN IN THIS FORM DAILY WITH THE ADMIN PAPERWORK\*\***