CREDIT REFUND

Refund Invoice #

Date

Original Invoice #

Customer ID

REFUND TO

REFUND DETAILS

Refund Method

Reference / Check #

Original Payment Date

Description of Overpayment / Credit	Original Amount	Correct Amount	Credit Total

Total Overpayment

Tax Refundable (if applicable)

Total Refund Amount

PREPARED BY

AUTHORIZED APPROVAL SIGNATURE

Notes / Remarks