

Booking Refund Request Form

Please submit this completed form

Employee Information

Name

Email Address

Position

Phone Number

Booking Details

Booking ID

Booking Date

Booking Type

Amount Paid

Reason for Refund

Booking canceled within the free
cancellation period

Travel restrictions

Changed my mind

Provider canceled the reservation

Incorrect billing

Personal emergency

Overbooking

Duplicate payment

Schedule change or delay

Unauthorized charge

Other

Bank Details (if applicable)

(Only required if refund cannot be returned via original method)

Account Name

Bank Name

Account Number / IBAN

SWIFT/BIC (if international)

Attachments

Copy of invoice or receipt

Communication with provider (if relevant)

Booking confirmation email

Other

Refund Policy Acknowledgment

I understand that this refund request is subject to the terms and conditions outlined in
's official refund policy. Submission does not guarantee a refund.

**I hereby confirm that the information provided above is true and complete. I request a refund in
accordance with the company's refund policy.**

Signature

Date