

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 <input type="text"/>

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
Booking confirmation email
Communication with provider (if relevant)
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