## Cosmetic Retailer Cash Refund Request Sheet

Date					
Refund Request No.					
Store Name					
Customer Name					
Contact No.					
Original Receipt No.					
Refund Amount					
Payment Method	<b>V</b>				
Reason for Refund					
Product Name	SKU/Code	Quantity	Unit Price	Total	Reason
Additional Remarks					
Customer Signature / Date					
Store Staff Signature / Date					
Manager Approval					