| Date | | |
|--------------------|--|--|
| Refund Slip No. | | |
| Cashier | | |
| Customer Name | | |
| Contact Number | | |
| tem Description | | |
| tem Code | | |
| Size | | |
| Refund Amount | | |
| Reason for Refund | | |
| Customer Signature | | |
| Authorized By | | |
| Received By | | |