



Request for Customer Cancellation/Refund

Originator (MetroParks employee):	Date:
Facility/Program/Event:	Date of reservation:
Reason for cancellation:	Date of cancellation:
Issue refund to (Customer Name):	
Mailing address:	
Phone number:	
Total Amount Due for Reservation, etc.	\$
10% of Total Amount Due	\$
Total Amount Paid	\$
Total Refund Requested	\$
Originator signature:	
Below for MetroParks use only – forward to Financial Services for processing Financial Services shall provide a copy to Visitor Services to indicate it has been approved and is being processed.	
Approved refund amount:	
PO number/zone number:	
_____	_____
Manager of Visitor Services Approval	Date
_____	_____
Deputy or Assistant Director Approval	Date
_____	_____
Financial Services Approval	Date
_____	_____
Executive Director Approval*	Date

* Executive Director's approval is not required for refunds of \$250.00 or less to the same party per calendar year.