



REFUND REQUEST FORM

**Please submit this form with every refund request
NO REFUNDS ARE ACCEPTED WITHOUT THIS FORM**

Today's Date: [_____] AGENCY NAME: [_____]

Requested by Agent: [_____]
(Name)

Please process refund for the following tickets:

TICKET NUMBER(s):

PASSENGER NAME(s):

[_____] [_____]

[_____] [_____]

[_____] [_____]

[_____] [_____]

Reason for refund: (please check the appropriate box):

VOLUNTARY (fare rules apply):

TAX REFUND ONLY:

INVOLUNTARY – Schedule changes:

OTHER INVOLUNTARY:

*Please specify the reason and include all supporting documents, e.g. proof of hospitalization, death certificate, etc.

Airline penalty (will be deducted by the airline from the ticket value): [_____]

Recall commission: [_____] Enclosed Check #: [_____]

Or charge passenger's credit card

DTT processing fee: [_____] Enclosed Check #: [_____]

Or charge passenger's credit card

Agency fee (if any): [_____] Enclosed Check #: [_____]

Or charge passenger's credit card

*If anything from the above is payable to Downtown Travel on passenger's credit card please include the Credit Card Authorization Form **signed by the card holder** for the amount due so we can complete the refund process.*

Please note that all refunds are processed back to the original form of payment.

Please fax or email the completed form to:

Fax No: (212) 481-5516 email: refunds@downtowntravel.com