

For site safe office use only

Date: Designation:

Signed:

Customer Number:

NAV Number:

Approved

Declined



REFUND FORM

Company Name/Customer Name:

Customer Number:

Email:

Credit Note Number/s:

Phone:

Original Invoice Number/s:

Total Amount to be refunded:

Reason for refund:

All refunds will be processed back to the credit card used to make the original booking.
If you did not make the original payment by credit card, please complete the bank account section below.

Bank A/C:

A/C Name:

Signed / Authorised by:

Designation:

Date:

Please email the completed refund form to: accountspayable@sitesafe.org.nz