

REIMBURSEMENT REQUEST FORM

Panama, _____ of _____, year 20()

To:
Hoteles Decameron S.R.L.

I, _____, identified with ID number _____, confirm that I am the card holder and/or the holder of reservation number _____, and hereby request HOTELES DECAMERON, S.R.L. to process a refund for said reservation, based on the following reasons:

Please select the payment method used for the reservation:

Payment Method Amount (USD)	
Cash	
Deposit	
Check	
Bank Transfer	
Debit Card	
Credit Card**	

** If you select payment by credit card, please complete the following information and note that the refund will be processed through a reversal directly with the card issuer.

Credit Card Number	
CVC	
Cardholder Name	
Cardholder ID Number	

I also authorize HOTELES DECAMERON, S.R.L. to make a transfer to the following account. This applies to all payment methods except credit card payments:

Checking Account	
Savings Account	

Bank: _____
Account Number: _____
Account Holder: _____

Additionally, to maintain contact with you, I provide the following information:
Phone Numbers: _____
Email Address: _____

Thank you very much for your attention.
Sincerely,

Signature of the reservation holder

**If you request a deposit to an account other than that of the invoice holder or cardholder, this same letter must be duly notarized and submitted along with the required documents through the authorized channels for this procedure.

1.Versión Control

Versión	Description	Prepared by (Name - Position - Date)	Reviewed by (Name - Position - Date)	Approved by (Name - Position - Date)
1	Initial Version	Elvis Salazar Process Analyst 09/09/2024	Monica Segura Functional Coordinator of Commercial Operations 09/09/2024	Lina Palma Head of Corporate Customer Service and Back Office 09/09/2024