



**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):
- INVOLUNTARY** – Schedule changes:
- TAX REFUND ONLY:**
- 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 Apollo Travel LLC 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:  
email: apollo1009@aol.com**