**THE AUSTRALIAN SOCIETY FOR PARASITOLOGY INC.**

|  |  |
| --- | --- |
| **Reference** |  |
| **Date** |  |

**ABN 65 979 686 445**

**2025 ASP Undergraduate Prize request form**



|  |  |
| --- | --- |
| **Name & Address****of Claimant/University** |  |

**Requests for prizes must include the following for each eligible course (add additional tables as needed). Please email to the ASP Treasurer: treasurer@parasite.org.au**

|  |  |
| --- | --- |
| 1. Course name/code/degree year |  |
| 2. Number of Students enrolled in 2024 |  |
| 3. Number of hours dedicated to parasitology (and total number of hours for the course) |  |
| 4. Name of financial ASP member (of at least 1 year standing) teaching course |  |

**PARTICULARS OF CLAIM (NOTE: $400 per eligible course may be requested)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | Particulars | **Amount (ex GST)** | **GST** | **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |

**Please provide BSB and account number, and payment reference.** Please note that cheques will not be issued.

If issuing an invoice please address to **Australian Society for Parasitology Inc.**

**PO Box 480**

**Cairns North QLD 4870**For the attention of the **ASP Treasurer,** Email: **treasurer@parasite.org.au**

**BSB\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **TOTAL AMOUNT PAID**  |  |
| **ASP Treasurer’s Signature:** **………………………………………………………** | **Date**  |
| **CERTIFICATE OF CLAIMANT I certify that the amount claimed above is due and payable for the goods supplied or services rendered as described above.** |  |  |
| **Signature of Claimant** | **Date** |