

Expense Reimbursement Form

Stacy

To be completed by Meeting Participant in BLOCK capitals or electronically. If completed electronically, the form must be printed and a hardcopy signed. For further guidance how to fill in this form, please refer to the Thank you letter email.

Country of Residence (please select before printing)	France	Date & Location of Meeting	ACCLAIM (EZE) Investigator Meeting 23-27 September 2024, Madrid
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Participant Name	MR EL JARROUDI FAYCAL
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Participant Address	28 RUE DU DR ROUX 59000 PRESLEAU France
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Local Transportation: 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE

TRANSPORT TAXI GO	EUR 28
TRANSPORT TAXI BACK	EUR 28

EUR	EUR
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EUR =	x
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Meals are not eligible for reimbursement

RESTAURANT MADRID LUNCH

Total amount: EUR	52€
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BANK Details for payment

Bank name

Account Holder

IBAN/Account details

BIC/SWIFT

TAX ID- RPPS number or Siret/Siren

If none, please state N/A

Please ensure that all reasonable expenses, except for mileage claims, are accompanied by ORIGINAL RECEIPTS. It is acceptable to scan and email receipts.

PLEASE RETURN this form with your scanned receipts to the email address provided below. Your expenses will only be paid if this claim is satisfactorily completed, signed, and returned within 90 days of the meeting date.

lilly.france.cnrs@lilly.com

Privacy Notice and Consent

I confirm to the best of my knowledge and belief, all the information provided above is true and correct. I hereby give my consent for the use of my personal information, which includes my Basic Personal Details (Name, Address), Financial Information (Bank Account Information); Personal Contact Information (Email Address); and Travel & Expense Details (expense details), for the administration of our business processes, namely the Reimbursement of Expenses, in accordance with the conditions provided in the Privacy Statement below. Your PI may be transferred and processed by and between Eli Lilly and Company, its affiliates and wholly-owned subsidiaries and Third parties world wide.

For more information about Lilly's privacy practices, please refer to the Privacy Statement at

Privacy notice

France

I acknowledge that I have received and had the opportunity to review the full privacy policy concerning how my personal information will be used by Lilly, what my rights are with respect to such processing, and have received information on how to contact Lilly should I have any questions regarding such processing. I understand that I have the right to withdraw my consent at any time by contacting Lilly using the information provided in the Privacy Statement. Withdrawal of consent does not affect the lawfulness of processing based on consent before its withdrawal.

Name (printed)

Signature

Date

Lilly Administrative Information - FOR OFFICE USE ONLY

Prism ID:

P02151877200

Cost Element

4870

Cost Centre

2000196

Mercury Meeting ID:

M-M249239ES24

BANQUE POPULAIRE NORD		Titulaire du compte / Account holder		M FAYCAL EL JARROUDI		28 RUE DU DOCTEUR ROUX		59990 PRESEAU	
IBAN		FR76 1350 7001 4731 5727 2196 615		CCBPRFPPLL		BIC		which might result in unnecessary delays.	
Code Banque		Code guichet		N° du compte		Clé RIB		Domiciliation / Paying Bank	
13507		00147		31572721966		15		147 Rue Pierre Legrand	
								59000 Lille	

BANQUE POPULAIRE	NORD	+X
Titulaire du compte / Account holder		
M FAYCAL EL JARROUDI	28 RUE DU DOCTEUR ROUX	59990 PRESEAU
Son utilisation vous garantit le bon enregistrement des opérations en cause et vous élimine ainsi des réclamations pour erreurs ou retards d'imputation. / This statement is intended for your payees and/or payors when submitting direct debit, standing orders, transfers and payments. Please use this form accurately which might result in unnecessary delays.		
Ce relevé est destiné à être remis, sur leur demande, à vos créanciers ou débiteurs associés à l'aveu inscrite des opérations à votre compte (virements, paiements de quittances, etc.).		
Relevé d'identité Bancaire / Bank details statement		
IBAN	BIC	
FR76 1350 7001 4731 5727 2196 615	CCBPPRPLIL	
Code Banque	N° du compte	Cle RIB
13507	00147	15
	31572721966	147 Rue Pierre Legendre
		59000 Lille


BANQUE POPULAIRE
NORD

Relevé d'identité Bancaire / Bank details statement

Ce relevé est destiné à être remis, sur leur demande, à vos créanciers ou débiteurs appelés à faire inscrire des opérations à votre compte (chèques, paiements de quittances, etc.).
 Son utilisation vous garantit le bon enregistrement des opérations en cause et vous évite ainsi des réclamations pour erreurs ou retards d'imputation. / This statement is intended for your payees and/or payors when settling up direct debit, standing orders, transfers and payment. Please use this Bank account statement when booking transactions. It will help avoiding execution errors which might result in unnecessary delays.

Titulaire du compte / Account holder
M FAYCAL EL JARROUDI
 28 RUE DU DOCTEUR ROUX
 59990 PRESEAU

IBAN
 FR76 1350 7001 4731 5727 2196 615

Code Banque	Code guichet	N° du compte	Clé RIB	Domiciliation / Paying Bank
13507	00147	31572721966	15	147 Rue Pierre Legrand 59000 Lille

BBVA

TAXI MADRID LIC. NUM. 4359
MADRID
COMERCIO: 350852331 - TPV: 00360011559
Tran: 00515 APLIC.: A0000000031010
*****553

VENTA VISA
Aut: 017264 Op: 004845 CONTACTLESS
Fecna: 23.09.24 Hora: 13:19

27,55 EUR

OPERACION CONTACTLESS
FIRMA NO NECESARIA

CERVECERIA TINEO
PLAZA MAYOR 14, MADRID
TFNO. 913664410

FACTURA SIMPLIFICADA

Fra Sim: 00002TMM00021802 Fecha: 23/09/2024
Le Alendio KUMAR

Unid. Descripción Precio Impor

2.00	AGUA SIN GAS 0,50 L	3.00	6.00
1.00	BOQUERONES FF	8.00	8.00
1.00	1/2 PANTOPITOS	9.00	9.00
1.00	1/2 MARES AND.	9.00	9.00
1.00	GAMB. AJILLO	19.50	19.50
2.00	PAN	3.40	3.40

TOTAL 54,90

PAGO 54,90

COMENSAL TOTAL/COMENSAL

BAR TINEO C.B. E-80191679
PLAZA MAYOR 14, 28012 MADRID
Gracias por su Visita

CARTE BANCAIRE
SANS CONTACT



A00000000421010 CB
LE 25/09/24 A 17:55:16
PHILIPPE RUEILLE 59
PRESEAU
7477726
30003
40098584200055
2010
4990423501795353
AB52E364B4933691
FIN 31/03/25
001 000006 51
C
NO AUTO:
MONTANT:
26,50 EUR
DEBIT
TICKET COMMERCANT
A CONSERVER

BBVA
TAXI LIC. 10163
MADRID
Comercio: 350229381
TPV: 1

Total: 24.00 EUR

VENTA

AUTORIZADA

Referencia: 1727098664
Tarjeta: 4444444444444444
Fecha: 23/09/2024 Hora: 15:37:46
Aut: 493018 Pedido: 4377

VISA

Aplicación: A0000000031010
N. Trans: 000519
TVN: 0000000000
Resp: 00

OPERACION CONTACTLESS
FIRMA NO NECESARIA