

Expense Reimbursement Form

Lilly

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

Participant Name

MARC LUZ

Participant Address

4 ALLEE KATHE KOLLWITZ 67000 STRASBOURG- France

Local Transportation:

0.5 EUR/km, max amount of 300 EUR, NO GASOLINE

TAXI HOME TO AIRPORT (23/SEP/2024)

EUR 66

BUS (ROUND TRIP) TO DINNER (24/SEP/2024)

2 euros X 2

EUR 4

TAXI AIRPORT TO HOME (35/SEP/2024)

EUR 43,5

Meals are not eligible for reimbursement

LUNCH (23/SEP/2024)

~~22.90~~

DINNER (24/SEP/2024)

EUR ~~20.00~~

LUNCH (25/SEP/2024)

EUR ~~40.00~~Total amount: ~~84.90~~

113,47€

BANK Details for payment

Bank name

LA BANQUE POSTALE

Account Holder

MARC LUZ OU MARC GREGORY

IBAN/Account details

FR98 2004 1010 1503 0077 4N03 654

BIC/SWIFT

PSSTFRPPSTR

TAX ID- RPPS number or Siret/Siren

If none, please state N/A

Lilly is unable to reimburse any personal expenses, such as mobile charges, minibar, or entertainment.

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_cms@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)

MARC

Signature

Date

22/10/2024

Lilly Administrative information - FOR OFFICE USE ONLY

Prism ID:

P02151877200

Cost Element

4870

Cost Centre

2000196

Mercury Meeting ID:

M-M249239ES24



RELEVÉ D'IDENTITÉ BANCAIRE

Établissement	Guichet	N° de compte	Clé RIB
20041	01015	0300774N036	54

IBAN - Identifiant international de compte

FR98 2004 1010 1503 0077 4N03 654

BIC - Identifiant international de l'établissement

PSSTFRPPSTR

DOMICILIATION :

LA BANQUE POSTALE - CENTRE FINANCIER

45900 LA SOURCE CEDEX 9

TITULAIRE DU COMPTE :

MR MARC GREGORY OU

MME MARC LUZ

11 RUE DE KEMBS

67100 STRASBOURG

Cadre réservé au destinataire du relevé

ALSA

NEA Continental Holdings
CIF: B-85146363

Avenida de América 9-A
Planta -1 Intercambiador
C.P. 28002 Madrid
Teléfono: 911 779 951

— VENTA A BORDO —

Fecha operacion: 24/09/24 16:09:13

E.S.I A82286

Tarjetas: 00BBBBBBBBBBBB

Billetes: AE-01699

ORIGEN-A2-Hotel Auditorium (B1)

DESTINO-AvAmer-Intercambiador (A)

L0227 T0137 P0262

BUS-13134 M-1350 CON-30558

TARIFA: CRTM Ordin

COLECTIVO: NORMAL

PRECIO ABONADO: 2.00 EUR.

IVA (10%) Y SOV INCLUIDO

No olvide hacerse socio
del Club de Amigos del
Transporte Publico. Son
todas ventajas

<http://clubdeamigos.crtm.es>

ALSA

NEA Continental Holdings
CIF: B-85146363

Avenida de América 9-A
Planta -1 Intercambiador
C.P. 28002 Madrid
Teléfono: 911 779 951

— VENTA A BORDO —

Fecha operacion: 24/09/24 22:58:23

E.S.I A822AD

Tarjetas: 00BBBBBBBBBBBB

Billetes: AC-29401

ORIGEN-AvAmer-Intercambiador (A)

DESTINO-A2-Pegasus City (B1)

L0223 T0200 P0699

BUS-11134 M-1698 CON-30182

TARIFA: CRTM Ordin

COLECTIVO: NORMAL

PRECIO ABONADO: 2.00 EUR.

IVA (10%) Y SOV INCLUIDO

No olvide hacerse socio
del Club de Amigos del
Transporte Publico. Son
todas ventajas

<http://clubdeamigos.crtm.es>

TAXI ARMENANTE
67000 STRASBOURG
06 07 70 55 05

Nº Stat.: 182
Nº Immat.: FL-457-MD
Commune de rattachement:
STRASBOURG

Date: 23/09/2024
Départ: 04:13 Arrivée: 04:46
Lieu départ:

Lieu arrivée:

Prise en charge 3.00 €

TOTAL TTC 66.00 €

Total TVA 10.00% 6.00 €

Total HT 60.00 €

Le tarif minimum, suppl.
inclus, susceptible d'être
perçu pour une course est
fixé à 8.00 €

Adresse de réclamation:
ODPP CITE
ADMINISTRATIVE GAUJOT
14 RUE DU MARÉCHAL-JUIN
CS 50016, 67084
STRASBOURG CEDEX

Nom client:

Adresse client:

Exemplaire client

CARTE BANCAIRE
SANS CONTACT
A0000000421010
CB
le 23/09/24 a 06:06:55
STRASBOURG IN
67SRS1 SC
4760622
30004
38019393800079
*****3869
219D4CD7AB1FE3E7
002 001 096705
C @
No AUTO : 423541
MONTANT
23,89 EUR
DEBIT
TICKET CLIENT
CONSERVER

KAPLAN TAXI
06 79 66 86 29

Nº Stat.: 153
Nº Immat.: DP-192-PE
Commune de rattachement:
STRASBOURG

Date: 25/09/2024
Départ: 04:13 Arrivée: 04:46
Lieu départ:

Lieu arrivée:

Prise en charge 3.00 €

TOTAL TTC 43.50 €

Total TVA 10.00% 3.95 €

Total HT 39.55 €

Le tarif minimum, suppl.
inclus, susceptible d'être
perçu pour une course est
fixé à 8.00 €

Adresse de réclamation:
ODPP CITE
ADMINISTRATIVE GAUJOT
14 RUE DU MARÉCHAL-JUIN
CS 50016, 67084
STRASBOURG CEDEX

Nom client:

Adresse client:

Exemplaire client

EMPRESA: 00000001 CENTRO:1324 TPV:0003
OPERAD.: 00000001 NO.OPERACION: 477256
FECHA : 25/09/2024 HORA: 14:44:16

CAPTURA CHIP EMV /AUTORIZACION: 606230
TARJETA: *****3869
AUTENTICACION: PIN, FIRMA NO NECESARIA

AID: A0000000031010
VISA
ATC: 00AO ARC: 00

REDSYS PCI
PAYCOMET
Internacional Euro

REFERENCIA:162816 SESSION:25092024-001

***** V E N T A *****

TOTAL: 42.95 EUR

***** PARA EL TITULAR *****

Sabadell

DE TAPAS POR MADRID

CALLE SAN ANDRES 4
BANCO SABADELL
TERM: 00810001
Martes, 24/09/2024 22.25
F. Sesión: 24/09/2024 Num Sesión: 001

VISA

*****3869

38,89 EUR

AID: A0000000031010

VISA

VENTA

Oper.: 108294

Autor.: 089589

Código Respuesta: 00



Copia de recibo

