

# 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 "Thank you letter email."

Country of Residence (please select before printing)	France	Date & Location of Meeting	GZBO Investigator Meeting EMEA 13- 18 October 2024, Amsterdam
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Participant Name
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Participant Address
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Local Transportation: 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE

Taxi from home to the airport 17.10.2024	52 eur	EUR
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Taxi from airport to home 18.10.2024	71,70 eur	EUR
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		EUR
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x	EUR =
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Meals are not eligible for reimbursement

	EUR
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Total amount: EUR 123,7
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## BANK Details for payment

Bank name	Boursobank
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Account Holder	Hadidi Zahia
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IBAN/Account details	FR76 4061 8803 4400 0409 9767 333
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BIC/SWIFT	BOUS FRPP XXX
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TAX ID- RPPS number or Siret/Siren	NA
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If none, please state N/A	
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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](mailto: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)

*Hadidi Zahia*

Signature

Date

*24.10.2024*

## Lilly Administrative information - FOR OFFICE USE ONLY

Prism ID:	P02151877200	Element	4870	Cost Centre	2000196
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Mercury Meeting ID:

M-M252074NL24

**Titulaire du compte**

Mlle HADIDI Zahia  
123 AVENUE DE VERDUN  
5 ÉME ÉTAGE À DROITE  
92130 ISSY LES MOULINEAUX

**BIC / SWIFT**

BOUS FRPP XXX

**IBAN**

FR76 4061 8803 5000 0210 2378 648

Les virements vers ce compte épargne ne pourront provenir que d'un compte au nom de Zahia HADIDI

**Domiciliation**

BoursoBank  
44 rue Traversière  
92772 BOULOGNE-BILLANCOURT CEDEX FRANCE

**RIB**

Code Banque	Code Guichet	N° de compte	Clé RIB
40618	80350	00021023786	48

**Titulaire du compte**

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123 AVENUE DE VERDUN  
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92130 ISSY LES MOULINEAUX

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# HEETCH

Facture n° ZAZ4HWK1-2024-10-000082

<b>Destinataire</b>	Facture émise par Heetch Europe SL au nom de
Zahia Hadidi	
	<b>Société:</b> Ducton VIP Trans
	63 rue Cartier-Bresson
	93500 Pantin
	France
	<b>N° SIREN:</b> 844317610
	<b>TVA intra:</b> FR87844317610
	SAS au capital social de 1 500,00 €

**Date d'émission de la facture:** 17/10/2024

**Date de la prestation:** 17/10/2024

Description	Prix HT	%TVA	TVA	Prix TTC
Prestation de transport	47,26 €	10.0 %	4,73 €	52,00 €

**Départ:** 20-24 Rue de la Poterie, 92150 Suresnes, France

**Arrivée:** Paris Charles de Gaulle Arpt (CDG), 95700 Roissy-en-France, France

Facture émise au nom et pour le compte de Ducton VIP Trans par

HEETCH EUROPE SL  
Diagonal, 472, 6-4  
08006 BARCELONA (BARCELONA)  
NIF: B13768239  
TVA intra: ESB13768239

ITMACENE KAMEL

Nº Stat.: 44061  
Nº Immat.: FT 681 HT  
Commune de rattachement:  
PARIS

Date: 18/10/2024  
Départ: 21:55 Arrivée: 22:38  
Distance: 37.8 km  
Lieu départ:

Lieu arrivée:

Tarif(s) appliqué(s)  
Prise en charge 3.00 €  
C (1.74€/km, 42.10€/h)  
37.8km 00:42 68.70 €

<b>TOTAL TTC</b>	<b>71.70 €</b>
Total TVA 10.00%	6.52 €
Total HT	65.18 €

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

Adresse de réclamation:  
Prefecture de police  
DUPA  
Bureau des taxis et  
transports publics  
36 rue des Morillons  
75732 Paris cedex 15

Nom client:

Adresse client:

Exemplaire client

**CARTE BANCAIRE**  
CREDIT AGRICOLE  
ILE DE FRANCE

A0000000031010

VISA

le 18/10/24 à 22:35:54

ITMACENE KAMEL

PARIS 19

75019

1832012

18206

Siret 51061583400015

#####4316

FCECAEBB9A9CC3AA

001 000002

C @

No AUTO : 663852

MONTANT

**71,70 EUR**

DEBIT

TICKET CLIENT A

CONSERVER

MERCI AU REVOIR

0390208837