# 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 (EZEF) Investigator Meeting 23-27 September 2024, Madrid |
|---|---|---|---|
| Participant Name | MR EL JARROUDI FAYCAL | | |
| Participant Address | 28 RUE DU DR ROUX 59000 PRESEAU France | | |

**Local Transportation:** *0,5 EUR/km, max amount of 300 EUR, NO GASOLINE*

| | | | |
|---|---|---|---|
| *TRANSPORT TAXI GO* | | EUR | 24 |
| TRANSPORT TAXI BACK | | EUR | 28 |
| | | EUR | |
| | x | EUR = | |

**Meals are not eligible for reimbursement**

| | |
|---|---|
| RESTAURANT MADRID LUNCH | EUR 27 |
| **Total amount:** EUR | ~~52~~ 52€ |

**BANK Details for payment**

| | |
|---|---|
| Bank name | BANQUE POPULAIRE DU NORD |
| Account Holder | EL JARROUDI FAYCAL |
| IBAN/Account details | FR76 1350 7001 4731 5727 2196 615 |
| BIC/SWIFT | CCBPFRPPLIL |
| 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) | Signature | Date |
|---|---|---|
| EL Jarroudi Faycal | | 11/10/2024 |

***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

## 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 (virements, 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 setting 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.

| IBAN | BIC |
|---|---|
| FR76 1350 7001 4731 5727 2196 615 | CCBPFRPPLIL |

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

BANQUE POPULAIRE
NORD

Titulaire du compte / Account holder
M FAYCAL EL JARROUDI

28 RUE DU DOCTEUR ROUX
59990 PRESEAU

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 (virements, 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 setting 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.

IBAN
FR76 1350 7001 4731 5727 2196 615

BIC
CCBPFRPPLIL

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

Titulaire du compte / Account holder
M FAYCAL EL JARROUDI

28 RUE DU DOCTEUR ROUX
59990 PRESEAU

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 (virements, 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 setting 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.

IBAN
FR76 1350 7001 4731 5727 2196 615

BIC
CCBPFRPPLIL

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

CARTE BANCAIRE
SANS CONTACT

A0000000421010
CB
LE 25/09/24 A 17:55:16
PHILIPPE RUELLE 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

TAXI MADRID LIC. NUM. 4359
MADRID
COMERCIO:350852331 TPV: 003900115 39
Tran:0051 5 APLIC.:A0000000031010
**********5353
VENTA VISA
/
Aut 017264 CONTACTLESS
Fecha:23.09.24 Hora:13:19
27,55 EUR
OPERACION CONTACTLESS
FIRMA NO NECESARIA

BBVA

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

Total: 24.00 EUR

VENTA
AUTORIZADA
Referencia: 1727098664
Tarjeta: ************5353
Fecha:23/09/2024 Hora: 15:37:46
Aut: 435018 Pedido: 4377

VISA
Aplicación: A0000000031010
N. Trans: 000519
TVR: 0000000000
Resp: 00

OPERACION CONTACTLESS
FIRMA NO NECESARIA

# CERVECERIA TINEO

PLAZA MAYOR 14, MADRID
TFNO. 913664410

## FACTURA SIMPLIFICADA

Fra Sim: 00002TM00021802 Fecha: 23/09/2024
Le Atendió KUMAR 14:30

| Unid. | Descripción | Precio | Impor |
|---|---|---|---|
| 2,00 | AGUA SIN GAS 0,50 L | 3,00 | 6,0 |
| 1,00 | BOQUERONES FF | 8,00 | 0 |
| 1,00 | OPITOS | 9,00 | ,0 |
| 1,00 | 1/2 MARES AND | 9 | 9,0 |
| 1,00 | GAMB AJILLO | | 19,5 |
| 2,00 | PAN | 0 | 3,4 |

| Base | % | IVA |
|---|---|---|
| 49,91 | 10,0 | 4,99 |

TOTAL 54,90

PAGO ,90
COMENS TOTAL/COMENSAL

BAR TINEO C.B. E-80191679
PLAZA MAYOR 14, 28012 MADRID

Gracias por su Visita