

Expense Reimbursement Form



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 <i>(please select before printing)</i>	France	Date & Location of Meeting	ACCLAIM (EZEZ) Investigator Meeting September 2024, Madrid	23-27
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Participant Name	LASSOUANI KATIA
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Participant Address	6 AVENUE DE LA REPUBLIQUE 37170 CHAMBRAY LES TOURS
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Local Transportation:	0,5 EUR/km, max amount of 300 EUR, NO GASOLINE
TO SAINT PIERRE DES CORPS TRAIN STATION 8,6 km from address	EUR 4,30 €
FROM SAINT PIERRE DES CORPS TRAIN STATION TO ADDRESS	EUR 4,30 €
	x EUR =

Meals are not eligible for reimbursement

Total amount: EUR	8,60 €
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BANK Details for payment

Bank name	BANQUE POPULAIRE VAL DE France
Account Holder	LASSOUANI KATIA
IBAN/Account details	FR76 1870 7000 6632 4191 6349 166
BIC/SWIFT	CCBPPRPPVER
TAX ID- RPPS number or Siret/Siren	N/A
<i>If none, please state N/A</i>	

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) LASSOUANI KATIA	Signature	Date 11/OCT/2024
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Lilly Administrative information - FOR OFFICE USE ONLY					
Prism IO:	P02151877200	Cost Element	4870	Cost Centre	2000196
Mercury Meeting ID:	M-M249239ES24				

Titulaire du compte / Account holder
MME KATIA LASSOUANI

**6 AVENUE DE LA REPUBLIQUE
37170 CHAMBRAY LES TOURS**

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 1870 7000 6632 4191 6349 166

CCBPFRRPVER

Code Banque

Code guichet

N° du compte

Clé RIB

Domiciliation / Paying Bank

18707

00066

32419163491

66

**Zac De La Vrillonnerie 3-5, Rue Thomas
Edison
37170 Chambray Les Tours**



Titulaire du compte / Account holder
MME KATIA LASSOUANI

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**Zac De La Vrillonnerie 3-5, Rue Thomas
Edison
37170 Chambray Les Tours**



SSP France
Extime F&B Paris
RCS Creteil 841 723 067
Pret A Manger
4 rue de la Haye
93290 Tremblay-en-France

5000074 Dede K

Fct 9766 N:0005-0407104 Cvt 0
Sep23'24 11:56AM

Sur place

1 Pt Bowl Ecreviss	9.85
Avocat PAM	
1 Sid Pot Caponata	5.75
Focaccia PAM	
1 Fr Mousse	4.65
Chocolat PAM	
1 Evian	3.15
50cl PET	
1 Espresso	2.70
PAM	
Carte Bleue	26.10

2.09 TVA 10%	22.95
TTL Net	20.86
0.16 TVA 5.5%	3.15
TTL Net	2.99
Sous Total	26.10
Reglement	26.10

Code UR :
303122

SSP France
SSP PROVINCE
RCS Creteil : 534 681 697
Starbucks
Gare Tours Saint Pierre des Corp
37700 Tours

3006227 Emilie L

Fct 6050 CHK:0001-006611 Cvt 0
Sep23'24 08:04AM

A emporter

1 STB Caffé Latte	6.40
G	
STB Xtra	0.85
Vanille	
Carte Bleue	7.25

0.66 TVA 10%	7.25
TTL Net	6.59
Sous Total	7.25
Reglement	7.25

*** Merci et bon voyage ***

Immeuble Equalia
5 Rue Charles de Gaulle
94140 ALFORTVILLE
RCS Creteil : 534 704 770

Code UR :
981110

ESP 97
Sat 161

Katia

Restaurant McDonald's ROISSY
McDonald's ROISSY 2F ZONE PUBLIQUE

Aéroport Roissy Charles de Gaulle Terminal
2F

77990 LE MESNIL-AMELOT

Tel.....

SIRET 41018882500088 - APE 5610C

RCS Nanterre-TVA INTRA FR43 410188825

ID Equipier 102

Restaurant 25001597

#CDE 97 - Caisse 8 - 25/09/2024 13:17:36

QTE	PRODUIT	UNIT	TOTAL
1	MX Royal Cheese	12.30	12.30
1	Coke Max Best Of		
1	Potatoes Mx80		
1	Sce Potatoes		
1	Flu MMs+Cho	5.50	5.50
	Remis plus tard		
2	Sup Sce Potato	0.15	0.30
1	Service en Salle	0.00	0.00

S/Place Total (TVA INCL) 18.10
CB Auto 18.10

02 18.10 TVA A 10.00% INCL. = 1.65