

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)	Romania	Date & Location of Meeting	ACCLAIM (EZEI) Investigator Meeting 27 September 2024, Madrid
Participant Name	ERNOULD Audrey		
Participant Address	6 rue des quatre vents - 44710 Saint Leger Les Vignes		

Local Transportation:	Fuel costs: 80 RON/ 100 km		
From 6 rue des quatre vents - 44710 Saint Leger Les Vignes to airport Nantes	9 km	36 + 36	RON
			RON
			RON
11,70 + 26,60 + 38,88	X		RON = 77,18
*Meals limits applicable for event: Maximum of 15 EUR /45 EUR/ 46 EUR (Breakfast/ Lunch/ Dinner)			
RON 149,18 €			
Total amount: RON			

*Per pharmaceutical requirements, we adhere to the strictest meal limits for international meetings.

BANK Details for payment

Bank name			
Account Holder			
IBAN/Account details	FR76 1444 5004 0004 2303 5995 654		
BIC/SWIFT			
Tax ID / CNP			
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_romania_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](#)

[Romania](#)

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.

ERNOULD

Signature

24 OCT 2024

Name (printed)

Date

Lilly Administrative Information - FOR OFFICE USE ONLY

Prism ID:	P02151877511	Cost Element	4870	Cost Centre	5110153
Mercury Meeting ID:	M-M237990ES24				

Titulaire du compte / Account holder
MLLE ERNOULD AUDREY
6 RUE DES 4 VENTS
44710 ST LEGER LES VIGNES

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 1444 5004 0004 2303 5995 654	CEPAFRPP444			
<hr/>				
Code Banque	Code guichet	N° du compte	Clé RIB	Domiciliation / Paying Bank
14445	00400	04230359956	54	117 RUE DU DROUILLARD 44620 LA MONTAGNE

Titulaire du compte / Account holder
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AEROP. ADOLFO SUAREZ MADRID-BARAJAS
 TELF. 932401515 AREAS, SAU
 LE COQ T2 - TPV2 NIF:A-08225013
 FACTURA SIMPLIFICADA MTBT/5137
 LE COQ - C/MAD/155/22-A-004-04
 FECHA 25/09/2024 9:46:17 TPVMB
 CAMARERO 27817 SALA 0 MESA 817
 UDS DESCRIPCION IVA IMPORTE

 1 CHOCOLATINA M&M'S EFFE 10% 3,10
 1 CHOCOLATINA FERRERO KI 10% 3,10
 1 ZUMO NARANJA GRANDE 10% 5,50
 =====
 BASE IMPONIBLE 10,64
 IMPUESTO 10% 1,06
 TOTAL 11,70
 ENTREGADO 0,00
 CAMBIO 0,00
 TARJETA CF 11,70

 Fra.: <http://gestionfacturas.es.areas.com>
 Referencia: MTB-5137
 *** GRACIAS POR SU VISITA ***
 es.areas.com

****Tu opinión es importante****
¿Nos ayudas a mejorar?
Your opinion matters
Can you help us to improve?



Conforme al cumplimiento de la Ley
712022 Residuos y Suelos Contaminados
para una Economía Circular, TITULO V,
ap 55, p 2, se le ha cobrado 0,01 € por
cada envase que contiene plástico de su
consumición.

Nº DE TICKET AENA: 5137

2 005

AEROP. ADOLFO SUAREZ MADRID-BARAJAS
TELF. 932401515 AREAS, SAU
S. GLORIA T2A TPV 1 NIF: A-0825013
FACTURA SIMPLIFICADA MJ1T/1131229
S. GLORIA - MAD/218/21-A-001-01
FECHA 25/09/2024 10:46:34 01325301 -
CAMARERO 27050 SALA 0 MESA 050
UDS DESCRIPCION IVA IMPORTE

1 YOGURT NATURAL (125 G)	10%	3,70
1 ENSALADA CESAR POLLO U	10%	9,45
1 AGUA C/GAS FONTER PET	10%	3,50
1 BOCADILLO PALETA IBERI	10%	9,95
=====		=====
BASE IMPONIBLE		24,18
IMPUESTO 10%		2,42
TOTAL		26,60
ENTREGADO	CAMBIO	
TARJETA CF	26,60	0,00
*****	*****	*****
Fra.: http://gestionfacturas.es.areas.com		
Referencia: MJ1-1131229		
*** GRACIAS POR SU VISITA ***		
es.areas.com		

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ap 55, p 2, se le ha cobrado 0,01 € por
el envase que contiene plástico de su
ción.

TICKET AENA: 1131229

B Sabadell
DE TAPAS POR MADRID
CALLE SAN ANDRÉS 4
BANCO SABADELL
TERM. 06812881
Martes. 24/09/2024
F Sesión: 24/09/2024 Num Sesión:

VISA *****3264
38,88 EUR
AID: A8000000031010 VISA D

VENTA
Oper.: 108292 Autor.: 794
Codigo respuesta: 08



4G SERVICE Philippe GEVAUDAN

20 bis avenue de launay - 44100 nantes
n° SIREN / SIRET : 852471549
N° TVA: FR56852471549
N° TVA UE : FR56852471549
E-mail: philigevau18@gmail.com
Téléphone: +33641970298

Destinataire: Mme Audrey ERNOULD
France

Facture: 784

Date de facture: 23/09/2024

Date d'échéance: Acquittée

Description	Quantité	Unité	Prix	TVA	Montant
trajet domicile st leger-----Aeroport de Nantes	1	pièce	32,73	10%	32,73
		Sous-total HT			32,73
		TVA 10% de 32,73			3,27
		Montant Total EUR			36,00
		Montant payé			36,00
		Montant à payer (EUR)			0,00

Instructions de paiement

Veuillez payer cette facture par virement bancaire (voir les détails ci-dessous) et inclure cette référence de paiement:
41942198.



Banque : SUMUP LIMITED Titulaire du compte : philippe gevaudan El

BIC : SUMUIE22XXX IBAN : IE06SUMU99036510162917

Via ce lien: <https://invoice.sumup.com/s/X-6TMOy6GQd7uS>

Ou scannez le code QR en utilisant l'appareil photo de votre smartphone.

Payer
maintenant

