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	MARC LUZ		
Participant Address	4 ALLEE KÄTHE 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)			~~23,89~~
DINNER (24/SEP/2024)		EUR	~~38,99~~
LUNCH (25/SEP/2024)		EUR	~~40,05~~
		Total amount:	~~113,8~~ 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.

MARC — **Name (printed)**

Signature

22 OCT 2024 — **Date**

Lilly Administrative information - FOR OFFICE USE ONLY

Prism IO:	P02151877200	**Cost Element**	4870	**Cost Centre**	2000196
Mercury Meeting ID:	M-M249239ES24				

RELEVÉ D'IDENTITÉ BANCAIRE

LA BANQUE POSTALE

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

NEX 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.: A82266
Tarjeta: 00BBBBBBBBBBBB
Billete: AE-01699

ORIGEN-A2-Hotel Auditorium (B1)
DESTINO-AvAmer-Intercambiad (A)
L0227 T0107 P0262
BUS-13164 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 todo ventajas

http://clubdeamigos.crtm.es

alsa

NEX 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.: 4822AD
Tarjeta: 00BBBBBBBBBBBB
Billete: AC-29401

ORIGEN-AvAmer-Intercambiad (A)
DESTINO-A2-Pegaso 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 todo ventajas

http://clubdeamigos.crtm.es

TAXI ARMENANTE
67000 STRASBOURG
06 07 70 55 05

N° Stat.: 182
N° 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:
DDPP CITE
ADMINISTRATIVE GAUJOT
14 RUE DU MARECHAL-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

N° Stat.: 153
N° Immat.: DP-192-PE
Commune de rattachement:
STRASBOURG

Date: 25/09/2024
Départ:18:55 Arrivée:19:18
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:
DDPP CITE
ADMINISTRATIVE GAUJOT
14 RUE DU MARECHAL-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: 00A0 ARC: 00

REDSYS PCI
PAYCOMET
Internacional Euro

REFERENCIA:162816 SESION: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. Sesion: 001

VISA **********3869

38,89 EUR

AID: A0000000031010 VISA

VENTA

Oper.: 108294 Autor.: 089589
Código respuesta: 00

Copia de recibo