

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 (please select before printing)	France	Date & Location of Meeting
		GZBO Investigator Meeting EMEA 13-18 October 2024, Amsterdam
Participant Name	CHEVALIER Claire-Isabelle	
Participant Address	19, rue du clos d'Orct 63670 ORCET	
Local Transportation: 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE		
Home to the airport and back with my car	25,2 km x 0,5	EUR 12,600
Parking airport		EUR 45,000
	x	EUR =
Meals are not eligible for reimbursement EUR Total amount: EUR 57,600		
BANK Details for payment		
Bank name	BANQUE POSTAL	
Account Holder	MLE CHEVALIER CLAIRE-ISABELLE	
IBAN/Account details	FR5020041010030882698L02477	
BIC/SWIFT	PSSTFRPPCLE	
TAX ID- RPPS number or Siret/Siren	NA	
<i>If none, please state N/A</i> <u>Lilly is unable to reimburse any personal expenses, such as mobile charges, minibar, or entertainment.</u>		
<u>Please ensure that all reasonable expenses, except for mileage claims, are accompanied by ORIGINAL RECEIPTS. It is acceptable to scan and email receipts.</u>		
<u>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.</u>		
<input type="text" value="lilly_france_cms@lilly.com"/>		
Privacy Notice and Consent		
<p>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.</p>		
<p>For more information about Lilly's privacy practices, please refer to the Privacy Statement at</p>		
<input type="text" value="Privacy notice"/> <input type="text" value="France"/>		
<p>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.</p>		
<u>CHEVALIER Claire-Isabelle</u> Name (printed)	<u>Chevalier</u> Signature	<u>24 OCT 2024</u> Date
Lilly Administrative Information - FOR OFFICE USE ONLY		
Prism ID:	P02151877200	Cost Element
Mercury Meeting ID:	M-M252074NL24	4870
		Cost Centre 2000196

RELEVE D'IDENTITE BANCAIRE



RIB - Identifiant national de compte						Domiciliation		
ETABLISSEMENT GUCHET 01003						LA BANQUE POSTALE CENTRE FINANCIER 87900 LIMOGES CEDEX 9		
IBAN - Identifiant international de compte <i>International Bank Account Number</i>						BIC - Identifiant international de l'établissement <i>Bank Identifier Code</i>		
FR50 2004 1010 0308 8269 8102 477						PSSTFRPCLE		
Titulaire du compte - Account Owner								
MILE CHEVALIER CLAIRE-ISABELLE								
Cadre réservé au destinataire du relevé								

Aulnat, le **19 octobre 2024**

Tél : 04 73 62 70 64

Tél : 04 73 62 71 00

mail : aeroport@aeroport-clermont.fr

NOM : Claire-Isabelle CHEVALIER

REÇU DE STATIONNEMENT

PRIX UNITAIRE	QUANTITE	MONTANT HT	T.V.A 20%	MONTANT TTC
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Parking P1		1,00	37,50	7,50	45,00
MOYEN DE PAIEMENT : CB					
		TOTAL	37,50	7,50	45,00

Société par Actions Simplifiées au capital de 37 000,00 Eur. - RCS CLERMONT-FERRAND 499 050 615 - N° TVA FR22499050615

Siège social : SEACFA / AÉROPORT CLERMONT-FD AUVERGNE - 1 rue Adrienne Bolland - 63510 AULNAT France

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