

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	GZBO Investigator Meeting EMEA 13- 18 October 2024, Amsterdam
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Participant Name	CHEVALIER Claire-Isabelle
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Participant Address	19, rue du clos d'Orceat 63570 ORCET
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Local Transportation:	0.5 EUR/km, max amount of 300 EUR, NO GASOLINE
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	EUR
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Home to the airport and back with my car	25,2 km x 0,5	EUR	12,600
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Parking airport		EUR	45,000
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	x	EUR	=
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Meals are not eligible for reimbursement	
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	EUR
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Total amount:	EUR	57,600
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BANK Details for payment

Bank name	BANQUE POSTAL
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Account Holder	MLE CHEVALIER CLAIRE-ISABELLE
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IBAN/Account details	FR5020041010030882698L02477
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BIC/SWIFT	PSSTFRPPCLE
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TAX ID- RPPS number or Siret/Siren	NA
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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.

CHEVALIER Claire-Isabelle
Name (printed)

Chevalier
Signature

24 OCT 2024
Date

Lilly Administrative information - FOR OFFICE USE ONLY

Prism IO:	P02151877200	Cost Element	4870	Cost Centre	2000196
Mercury Meeting ID:	M-M252074NL24				



RELEVÉ D'IDENTITÉ BANCAIRE

RIB - Identifiant national de compte				Domiciliation	
ETABLISSEMENT 20041	GUCHET 01003	N° COMPTE 08820381024	CLERIB 77	LA BANQUE POSTALE CENTRE FINANCIER 87900 LIMOGES CEDEX 9	
IBAN - Identifiant international de compte International Bank Account Number				BIC - Identifiant international de rétablissement Bank Identifier Code	
FR50	2004	1010	0308	8269	8102 477
Titulaire du compte - Account Owner					
MLE CHEVALIER CLAIRE-ISABELLE					
Cadre réservé au destinataire du relevé					

Tél : 04 73 62 70 64

mail : aeroport@aeroport-clermont.fr

REÇU DE STATIONNEMENT

Parking P1		1,00	37,50	7,50	45,00
MOYEN DE PAIEMENT : CB					
TOTAL			37,50	7,50	45,00

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