

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	Clément JORET
------------------	---------------

Participant Address	55 chemin de la pélude, 31400 Toulouse
---------------------	--

Local Transportation: 0,6 EUR/km, max amount of 300 EUR, NO GASOLINE

Parking airport Go and back to the airport by car (28,6 km)	EUR 46,000
	EUR 14,300
	EUR
	EUR = 60,300

Meals are not eligible for reimbursement

EUR
Total amount: EUR 60,300

BANK Details for payment

Bank name	Banque postale
Account Holder	Clément JORET
IBAN/Account details	FR4520041010162032475D03742
BIC/SWIFT	PSSTRPPTOU

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.

Name (printed) JORET Clément

Signature

Date

25.OCT.2024

Lilly Administrative information - FOR OFFICE USE ONLY				
Prism IO:	P02151877200	Cost Element	4870	Cost Centre
Mercury Meeting ID:	M-M252074NL24			

RELEVÉ D'IDENTITÉ BANCAIRE

Ce relevé est destiné à être remis, sur demande de vos créanciers et débiteurs, français ou étrangers appelés à faire inscrire des opérations sur votre compte (virements, prélèvements...). Nous vous rappelons que les informations contenues dans votre RIB/IBAN sont de nature confidentielle, c'est pourquoi nous vous invitons à la plus grande vigilance avant leur transmission.

We remind you that the information contained in your RIB/IBAN is of confidential nature, and we thus strongly encourage you to be vigilant as regards its transmission.



RELEVÉ D'IDENTITÉ BANCAIRE

RIB - Identifiant national de compte

ÉTABLISSEMENT 20041	GUICHET 01016	N° COMPTE 2032475D037	CLÉ RIB 42	DOMICILIATION LA BANQUE POSTALE TOULOUSE CENTRE FINANCIER
------------------------	------------------	--------------------------	---------------	--

IBAN - Identifiant international de compte

BIC - Identifiant international de l'établissement

FR45 2004 1010 1620 3247 5D03 742

P S S T F R P P T O U

Titulaire du compte

MR JORET CLEMENT
APPRT 53
55 CHEMIN DE LA PELUDE
31400 TOULOUSE



RELEVÉ D'IDENTITÉ BANCAIRE

RIB - Identifiant national de compte

ÉTABLISSEMENT 20041	GUICHET 01016	N° COMPTE 2032475D037	CLÉ RIB 42	DOMICILIATION LA BANQUE POSTALE TOULOUSE CENTRE FINANCIER
------------------------	------------------	--------------------------	---------------	--

IBAN - Identifiant international de compte

BIC - Identifiant international de l'établissement

FR45 2004 1010 1620 3247 5D03 742

P S S T F R P P T O U

Titulaire du compte

MR JORET CLEMENT
APPRT 53
55 CHEMIN DE LA PELUDE
31400 TOULOUSE



PAYE LE : 18/10/24 A 23:15
EQUIPMENT : 26 - TRANSACTION: 51053
MONTANT € 46,00
Dent TPA : 20% € 7,67

CONSEILLER
Aéroport Toulouse
Blagnac P2

FV611PE
ENTREE LE 17/10/24 A 05:06
EQUIPEMENT : E6P2 - TICKET : 21837