

## 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 MeetingACCLAIM (EZE) Investigator Meeting  
23-27 September 2024, Madrid

Participant Name

Nathalie ALRASSY

Participant Address

1 Rue Vladimir Kramnik 92600 Asnières-sur-Seine France

Local Transportation:

0,5 EUR/km, max amount of 300 EUR, NO GASOLINE

Taxi

EUR

57

EUR

EUR

EUR =

x

Meals are not eligible for reimbursement

EUR

Total amount: EUR 57

BANK Details for payment

Bank name

BOURSOBANK

Account Holder

Nathalie Alrassy

IBAN/Account details

FR76 4061 8804 1600 0403 7885 103

BIC/SWIFT

BOUS FRPP XXX

TAX ID- RPPS number or Siret/Siren

G7 taxi

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](mailto: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.

NATHALIE ALRASSY

Name (printed)

Signature

Date

25/10/2024

Lilly Administrative information - FOR OFFICE USE ONLY

Prism IO:

P02151877200

Cost Element

4870

Cost Centre

2000196

Mercury Meeting ID:

M-M249239ES24

Titulaire du compte

Mme ALRASSY Nathalie  
1 RUE VLADIMIR KRAMNIK  
BÂTIMENT C  
92600 ASNIERES SUR SEINE

BIC / SWIFT

BOUS FRPP XXX

IBAN

FR76 4061 8804 1600 0403 7885 103

Domiciliation

Boursobank  
44 rue Traversière  
92772 BOULOGNE-BILLANCOURT CEDEX FRANCE

RIB

Code Banque	Code Guichet	N° de compte	Clé RIB
40618	80416	00040378851	03



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## Récapitulatif de votre course du lundi 23 septembre 2024

Passager : **MME ALRASSY  
NATHA...**

Niveau de service : **G7**

N° de la course : **303377297**

N° du chauffeur : **2201**



**DÉPART – 07:15**

1, Rue Vladimir Kramnik,  
92600 Asnières Sur Seine



**ARRIVÉE – 07:41**

ROISSY CDG 2F

**MONTANT TOTAL PAYÉ**

**57.00€**

Montant de la course : **57.00 €**

**Payé le 23/09/2024**



**N° 497355..48**