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**	**ACCLAIM (EZEF) Investigator Meeting 23-27 September 2024, Madrid**
Participant Name	AMANIEUX Eve		
Participant Address	14 RUE DU PLAN D4agde 34000 MONTPELLIER		

Local Transportation: *41 euros*

Domicile-aéroport			EUR	
			EUR	
			EUR	
	x		EUR =	

Meals are not eligible for reimbursement

EUR

Total amount: EUR 41

BANK Details for payment

Bank name	Credit Agricole du Languedoc
Account Holder	AMANIEUX Eve
IBAN/Account details	FR76 1350 6100 0085 1381 0772 324
BIC/SWIFT	AGRIFRPP835
TAX ID- RPPS number or Siret/Siren *If none, please state N/A*	***NA***

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) **AMANIEUX Eve** **Signature** **Date**

Lilly Administrative information - FOR OFFICE USE ONLY

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

RELEVE D'IDENTITE BANCAIRE

Ce relevé est destiné à tout organisme souhaitant connaitre vos références bancaires pour domicilier des virements ou des prélèvements sur votre compte.

CR LANGUEDOC 18/12/2024
BEZIERS ESPAGNE

Tel: 0467175121

Fax: 0467496610

Intitulé du Compte:

MLE AMANIEUX EVE
28 RUE DU DOCTEUR
TARBOURIECH
34370 MARAUSSAN

DOMICILIATION

Code établissement	Code guichet	Numéro de compte	Clé RIB
13506	10000	85138107723	24

IBAN (International Bank Account Number)

FR76 1350 6100 0085 1381 0772 324

BIC (Bank Identification Code) **AGRIFRPP835**

HikeDrive

ACQUITTÉE
41,00 € par CB le 23/09/2024

Facture

F20240923-10057
MONTPELLIER, le 23/09/2024

S.A.S. Zeus
130 IMP CARAVELLE
34000 MONTPELLIER
France
Tél: 06 17 21 66 38
Hike ABGARYAN
contact@hikedrive.fr

Eve Amanieux
14 Rue du Plan d'Agde
34000 Montpellier
France

Description	Prix unitaire	Quantité	Montant HT
Transfert Date et heure de départ: 23/09/2024 à 03:45 1. Départ: 326 Avenue de l'Europe, Castelnau-le-Lez, France 2. Arrivée: Aéroport Montpellier Méditerranée, D172, Mauguio, France	37,27 €	1	37,27 €

Modalités et conditions de règlement :
Facture Acquittée
Consultez cette facture en vous rendant à l'adresse suivante :
https://axonaut.com/document/PGBPH2J6HE1F3GDA

La présente facture sera payable au plus tard le : 23/09/2024
Passé ce délai, sans obligation d'envoi d'une relance, conformément à l'article L441-10 II du Code de Commerce il sera appliqué une pénalité calculée à un taux annuel de 10%. Une indemnité forfaitaire pour frais de recouvrement de 40€ sera aussi exigible. Escompte pour paiement anticipé : néant. Les opérations donnant lieu à facture sont constituées exclusivement de prestations de services.

Total HT	37,27 €
TVA 10,00%	3,73 €
Total TTC	**41,00 €**