

# 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 " 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

Participant Address

Local Transportation: 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE  
Taxi from home to the aeroport 17.10.2024 52 eur EUR  
Taxi from aeroport to home 18.10.2024 71,70 eur EUR  
EUR =

Meals are not eligible for reimbursement  
EUR  
Total amount: EUR 123,7

## BANK Details for payment

Bank name Boursobank  
Account Holder Hadidi Zahia  
IBAN/Account details FR76 4061 8803 4400 0409 9767 333  
BIC/SWIFT BOUS FRPP XXX  
TAX ID- RPPS number or Siret/Siren NA  
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.

Name (printed) **Hadidi Zahia**

Signature

Date **24.10.2024**

## Lilly Administrative information - FOR OFFICE USE ONLY

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

Titulaire du compte

Mlle HADIDI Zahia  
123 AVENUE DE VERDUN  
5 ÉME ÉTAGE À DROITE  
92130 ISSY LES MOULINEAUX

Domiciliation

Boursobank  
44 rue Traversière  
92772 BOULOGNE-BILLANCOURT CEDEX FRANCE

BIC / SWIFT

BOUS FRPP XXX

IBAN

FR76 4061 8803 5000 0210 2378 648

Les virements vers ce compte épargne ne pourront provenir que d'un compte au nom de Zahia HADIDI

RIB

| Code Banque | Code Guichet | N° de compte | Clé RIB |
|-------------|--------------|--------------|---------|
| 40618       | 80350        | 00021023786  | 48      |



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Facture n° ZAZ4HWK1-2024-10-000082

**Destinataire**

Zahia Hadidi

Facture émise par Heetch Europe SL au nom de

**Société:** Ducton VIP Trans  
63 rue Cartier-Bresson  
93500 Pantin  
France  
**N° SIREN:** 844317610  
**TVA intra:** FR87844317610  
SAS au capital social de 1 500,00 €

**Date d'émission de la facture:** 17/10/2024

**Date de la prestation:** 17/10/2024

| Description             | Prix HT | %TVA   | TVA    | Prix TTC |
|-------------------------|---------|--------|--------|----------|
| Prestation de transport | 47,26 € | 10.0 % | 4,73 € | 52,00 €  |

**Départ:** 20-24 Rue de la Poterie, 92150 Suresnes, France

**Arrivée:** Paris Charles de Gaulle Arpt (CDG), 95700 Roissy-en-France, France

Facture émise au nom et pour le compte de Ducton VIP Trans par

HEETCH EUROPE SL  
Diagonal, 472, 6-4  
08006 BARCELONA (BARCELONA)  
NIF: B13768239  
TVA intra: ESB13768239

ITMACENE KAMEL

N° Stat.: 44061  
N° Immat.: FT 681 HT  
Commune de rattachement:  
PARIS

Date: 18/10/2024  
Départ: 21:55 Arrivée: 22:38  
Distance: 37.8 km  
Lieu départ:

.....  
Lieu arrivée:

.....  
Tarif(s) appliqué(s)  
Prise en charge 3.00 €  
C (1.74€/km, 42.10€/h)  
37.8km 00:42 68.70 €

**TOTAL TTC 71.70 €**  
Total TVA 10.00% 6.52 €  
Total HT 65.18 €

Le tarif minimum, suppl.  
inclus, susceptible d'être  
perçu pour une course est  
fixé à 8.00 €

Adresse de réclamation:  
Préfecture de police  
DUPA  
Bureau des taxis et  
transports publics  
36 rue des Morillons  
75732 Paris cedex 15

Nom client:

.....  
Adresse client:

.....  
Exemplaire client

# CARTE BANCAIRE

CREDIT AGRICOLE

ILE DE FRANCE

A0000000031010

VISA

le 18/10/24 à 22:35:54

ITMACENE KAMEL

PARIS 19

75019

1832012

18206

Siret 51061583400015

#####4316

FCECAEBB9A9CC3AA

001 000002

C @

No AUTO: 663852

MONTANT

**71,70 EUR**

DEBIT

TICKET CLIENT A

CONSERVER

MERCI AU REVOIR

0390208837