

# 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 <i>(please select before printing)</i>	Please select your country HERE	Meeting Name Date & Location	EMEA EZEFE & EKBG Meeting January 2026, London
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Participant Name	TACHOT EMILIE
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Participant Full Address <i>(Street, House/Apartment number, Postal/ZIP Code, City)</i>	5 Rue de la Source 28630 Sours
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**Local Transportation:**

GET ETA UK	0	73,000
PARKING Onepark	0	87,300
	0	
	x	0 =
		0
		Total amount: 0

**BANK Details for payment**

Bank name	VREDIT AGRICOLE	160,300
Account Holder	Mr et Me TACHOT Cedric	
IBAN/Bank account number	FR76 1440 6001 6277 8992 7772 884	
BIC/SWIFT	AGRIFRPP844	

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.

EMAIL TO USE

**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

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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.

TACHOT EMILIE		Date	6/02/2026
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<b>Lilly Administrative information - FOR OFFICE USE ONLY</b>			
Prism ID:	TBC	Cost Element	0
Mercury Meeting ID:	TBC	Cost Centre	TBC