

# 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<br><i>(please select before printing)</i> | France | Meeting Name<br>Date & Location | ATTAIN-Outcomes (GZPW) Live<br>Investigator Meeting - EMEA. 1st to 4th<br>March 2026. Steigenberger Frankfurt<br>Airport Hotel |
|--|--------|---------------------------------|--|

|                  |                         |
|------------------|-------------------------|
| Participant Name | Océane RIBEIRO DA CUNHA |
|------------------|-------------------------|

|  |  |
|--|--|
| Participant Full Address<br><i>(Street, House/Apartment number, Postal/ZIP Code, City)</i> | 34 boulevard de l'Europe, 44220 COGUERON |
|--|--|

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

|  |         |                     |
|--|---------|---------------------|
|  | EUR     | _____               |
|  | EUR     | _____               |
| Transportation by personal car between home and the airport (round trip) : | EUR     | _____               |
| 33,2   | x 0,500 | EUR = <b>16,600</b> |

Meals & Drinks are not eligible for reimbursement

|  |     |                                 |
|--|-----|---------------------------------|
|  | EUR | _____                           |
|  |     | <b>Total amount: EUR 16,600</b> |

**BANK Details for payment**

|                                    |                                   |
|------------------------------------|-----------------------------------|
| Bank name                          | BoursoBank                        |
| Account Holder                     | RIBEIRO DA CUNHA Océane           |
| IBAN/Bank account number           | FR76 4061 8804 0100 0406 4536 369 |
| BIC/SWIFT                          | BOUS FRPP XXX                     |
| TAX ID- RPPS number or Siret/Siren | _____                             |

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.

[EMS\\_C2P\\_FR@lilly.com](mailto:EMS_C2P_FR@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.

|                         |           |             |
|-------------------------|-----------|-------------|
| RIBEIRO DA CUNHA OCEANE |           | 15 MAR 2026 |
| Name (printed)          | Signature | Date        |

|   |               |              |         |
|---|---------------|--------------|---------|
| <b>Lilly Administrative information - FOR OFFICE USE ONLY</b> |               |              |         |
| Prism IO:   | P09883893200  | Cost Element | 4870    |
| Mercury Meeting ID:   | M-M305132DE25 | Cost Centre  | 2008401 |