

# Expense Reimbursement Form



This form must be completed individually  
Expenses on behalf of other attendees will not be accepted

Country of Residence <i>(please select before printing)</i>	France	Meeting Name Date & Location	SYNERGY Outcomes EMEA Investigator Engagement Meeting 18-19 March
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Participant Name	FAHEM Rachida
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Participant Full Address <i>(Street, House/Apartment number, Postal/ZIP Code, City)</i>	CHU Amiens Picardie- Service Hépatogastroentérologie - 1, Rond-Point du Pr Christian CABROL 80054 Amiens
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Local Transportation:

Home to airport : private car 139 kms x 0,50 euros	EUR 69,500
Airport to Home: private car 139 kms x 0,50 euros	EUR 69,500
Breakfast 18 mar 2026	EUR 16,300
Snack 19 Mar 2026	EUR = 11,900
	EUR
<b>Total amount:</b>	<b>EUR 167,200</b>

France  
Eligible Expenses: Taxi, public transportation. Private car use is reimbursed at 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE  
Restrictions: No reimbursement for trains within France, meals, hotels.  
Documentation Required: Itemised receipts and a fully completed Reimbursement Form.  
Regulatory Reference: Code de la Santé Publique & LEEM guidelines.

### BANK Details for payment

Bank name	CIC
Account Holder	FAHEM Rachida
IBAN/Bank account number	FR76 3002 7171 4000 0210 2170 123
BIC/SWIFT	CMCIFRPP

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

### 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

<https://www.lillyprivacy.com/fr/general>

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.

FAHEM Rachida  
Name (printed) Signature Date 30 MAR 2026

### Lilly Administrative information - FOR OFFICE USE ONLY

Prism ID:	P10743414200	Cost Element	0	Cost Centre	2009753
Mercury Meeting ID:	M-M311239ES26				