

# 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	GZMR EMEA Meeting 26-27 March 2026, Berlin
Participant Name	Laura VALLEE		
Participant Full Address <i>(Street, House/Apartment number, Postal/ZIP Code, City)</i>	14 rue Pouplard 49600 BEAUPREAU EN MAUGES		

**Local Transportation:**

Private car (total distance house - Nantes airport round trip : 136 km)	EUR	68,000
Airport meals	EUR	18,400
	EUR	
	EUR	=
	EUR	
<b>Total amount:</b>		EUR <b>86,400</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	CCM LA BRUFFIERE
Account Holder	M OU MME VALLEE
IBAN/Bank account number	FR76 1551 9390 0100 0214 3630 144
BIC/SWIFT	CMCIFR2A

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

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) VALLEE      Signature       Date 23 JUN 2026

**Lilly Administrative information - FOR OFFICE USE ONLY**

Prism ID:	P11570001200	Cost Element	0	Cost Centre	2009753
Mercury Meeting ID:	M-M304308DE25				