

# 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 the Thank you letter email.

Country of Residence  
(please select before printing)

France

Date & Location  
of Meeting

COMMIT-UC and COMMIT CD  
Investigator meeting - 29-30 January -  
Schiphol

Participant Name

VINCENT Camille

Participant Full Address

(Street, House/Apartment number, Postal/ZIP Code, City)

6 Rue Anatole France, 92400 COURBEVOIE - France

Local Transportation:

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

Taxi to: Courbevoie to Charles de Gaulle Airport

EUR 66,80 €

Taxi from: Charles de Gaulle Airport to Courbevoie

EUR 60 €

EUR

x

EUR =

Meals & Drinks are not eligible for reimbursement

EUR

Total amount: EUR 126,80 €

BANK Details for payment

Bank name

La Banque Postale

Account Holder

N°4384058L020

IBAN/Bank account number

FR3020041000014384058L02049

BIC/SWIFT

PSSTFRPPPAR

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

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.

VINCENT CAMILLE

Name (printed)

Signature

Date

02-FEB-2026

Lilly Administrative information - FOR OFFICE USE ONLY

Prism ID:

2001227

Cost Element

4870

Cost Centre

P00130023200

Mercury Meeting ID:

M-M306016NL25