

# 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>	<b>France JAJJ</b>	Date & Location of Meeting	<b>BARICADE-Delay and BARICADE-Preserve T1D 21 - 23 January 2026 London</b>
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Participant Name	SARAH ZAIMEDDINE
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Participant Full Address <i>(Street, House/Apartment number, Postal/ZIP Code, City)</i>	Hopital Cochin 123 boulevard port royal 75014 Paris
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**Local Transportation:** 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE

transport 21/01/2026	EUR <sup>14 point</sup> 16,06 eur
transport 22/01/026	EUR <sup>14 point</sup> 16,06 eur
ticket eurostar	EUR <sup>139 euro</sup>
x	EUR =

**Meals & Drinks are not eligible for reimbursement**

EUR
<b>Total amount: EUR 32,12</b>

**BANK Details for payment**

Bank name	banque postale
Account Holder	
IBAN/Bank account number	FR1920041000015445261T02010
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](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.

Name (printed) SARAH ZAIMEDDINE	Signature	Date	26/01/2026
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<b>Lilly Administrative information - FOR OFFICE USE ONLY</b>			
Prism ID:	P10613386200	Cost Element	4870
Mercury Meeting ID:	0	Cost Centre	2000674 CC200