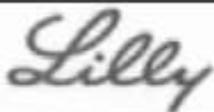


Expense Reimbursement Form



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 (please select before printing)	France	Meeting Name Date & Location	EMEA EZE& EKBG Meeting January 2026, London
Participant Name	Enora MARTINELLI		
Participant Full Address (Street, House/Apartment number, Postal/ZIP Code, City)	19 RUE MASSENA, 06400 UTELE		
Local Transportation:	0.5 EUR/km, max amount of 300 EUR, NO GASOLINE		
ETA = 103.55 EUR + Fees for payments outside the euro zone = 3.79 EUR	EUR	107.34 EUR	
	EUR		
	EUR		
55 KM X 4	ROUND TRIP - ROUND TRIP	x 0,500	EUR = 110 EUR
Meals & Drinks are not eligible for reimbursement			
EUR			
Total amount: EUR 217,34 EUR			
BANK Details for payment			
Bank name	SG SMC		
Account Holder	Enora MARTINELLI		
IBAN/Bank account number	FR76 3000 3009 7600 0500 3941 284		
BIC/SWIFT	SOGEFRPP		
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.

MARTINELLI ENORA



27 JAN 2026

Name (printed)

Signature

Date

Lilly Administrative Information - FOR OFFICE USE ONLY

Prism ID:	P02151877200	Cost Element	4870	Cost Centre	2000196
Mercury Meeting ID:	M-M296020GB25				