

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)

Please select your
country HERE

Meeting Name
Date & Location

EMEA EZE& EKKG Meeting
January 2026, London

Participant Name

EL JARROUDI FAYCAL

Participant Full Address

(Street/ House/ Apartment/ number/ Postcode/ ZIP Code/ City)

28 RUE DU DR ROUX 59000 PRESEAU

Local Transportation:

140 KM GO AND BACK
PARKING

0

70,000

0

48,300

0

x 0 =

0

Total amount: 0 **118,30**

BANK Details for payment

Bank name

BANQUE POPULAIRE DU NORD

Account Holder

EL JARROUDI FAYCAL

IBAN/Bank account number

FR76 1350 7001 4731 5727 2196 615

BIC/SWIFT

CCBPFRPPLIL

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.

EMAIL TO USE

Privacy Notice and Consent

I confirm to the best of my knowledge and belief, all the information provided above is true and correct.

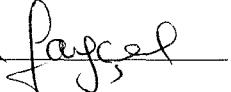
I hereby give my consent for the use of my personal information, which includes my Basic Personal Details (Name, Address); Financial Information (Bank Account Information); Personal Contact Information (Email Address); and Travel & Expense Details (expense details), for the administration of our business 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 worldwide.

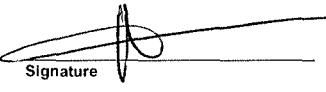
For more information about Lilly's privacy practices, please refer to the Privacy Statement at

[Privacy Statement](#)

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.

El Jarroudi Faycal
Name (printed)






Date: 26/Jan/2026

Lilly Administrative Information - FOR OFFICE USE ONLY

Start Date	TBC	End Date	0	Cost Center	TBC
Activity Type	TBC				

Titulaire du compte / Account holder
M FAYCAL EL JARROUDI
28 RUE DU DOCTEUR ROUX
59990 PRESEAU

Relevé d'Identité Bancaire / Bank details statement

Ce relevé est destiné à être remis, sur leur demande, à vos créanciers ou débiteurs appelés à faire inscrire des opérations à votre compte (virements, paiements de quittances, etc.).
 Son utilisation vous garantit le bon enregistrement des opérations en cause et vous évite ainsi des réclamations pour erreurs ou retards d'imputation. / This statement is intended for your payees and/or payors when setting up Direct debit, Standing orders, Transfers and Payment. Please use this Bank account statement when booking transactions. It will help avoiding execution errors which might result in unnecessary delays.

IBAN	BIC
FR76 1350 7001 4731 5727 2196 615	CCBPFRPPLIL
Code Banque	Code guichet
13507	00147
N° du compte	Clé RIB
31572721966	15
Domiciliation / Paying Bank	
147 Rue Pierre Legrand	
59000 Lille	

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59000 Lille	

INDIGO

WESTMINSTER KITCHEN

3A Belvedere Road
Waterloo
London SE1 7GQ
TEL:020 7928 1986

Malik

Table No:21-1

Date:13/01/2026 Time:19:32 No:34

1 Diet Coke	3.95
1 Veggie Pizza	18.95
Sub Total:	£22.90
Service Charge:	£3.09
Total:	£25.99

THANK YOU

VAT NO: 150 3589 19

DISCRETIONARY 13.5% SERVICE INCLUDED

Eurallile
Centre Commercial
INPLICITA

seur N: 31
e le : 01/13/26 07:15
et le : 01/14/26 20:51
1 - Transaction : 336
a Transaction : 48 30€
d nt TVA 20% : 8,00€
o s taxe 40,25
e Payment : CB

INDIGO

WESTMINSTER KITCHEN
GRILL HOUSE

3A COUNTY HALL
BELVEDERE ROAD

MID:
T/D: XXXX8614
AID: XXXXXX63
VISA: A0000000031010

VISA DEBIT

***** 4352
CONTACTLESS PAN. SEQ 0
SALE

CARDHOLDER COPY
PLEASE RETAIN FOR YOUR
RECORDS

AMOUNT

£25.99

NO VERIFICATION USED

Thank You

19:31:17 13/01/26
AUTH CODE:165693

Eurallile
Centre Commercial

ENTREE LE 13/01/26 A 07:15
EQUIPEMENT : EA - TICKET: 05819

TOGETHER
L'OBJET MATHIEU
L'OBJET MATHIEU

626522
T-BEEL
T-BEEL