

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) Please select your country HERE Meeting Name Date & Location EMEA EZEFE & EKBG Meeting January 2026, London

Participant Name EL JARROUDI FAYCAL

Participant Full Address (Street, House/Apartment number, Postal/ZIP Code, City) 28 RUE DU DR ROUX 56000 PRESEAU

Local Transportation:

140 KM GO AND BACK	0	70,000
PARKING	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	CCBPFRPLIL

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 world wide.

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

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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)

Signature

Date

26/JAN/2026

Lilly Administrative Information - FOR OFFICE USE ONLY

Form ID:	TBC	Cost Element	0	Cost Centre	TBC
Meeting ID:	TBC				



Titulaire du compte / Account holder
M FAYCAL EL JARROUDI

28 RUE DU DOCTEUR ROUX
59990 PRESEAU

IBAN

FR76 1350 7001 4731 5727 2196 615

BIC

CCBPFRPLIL

Code Banque	Code guichet	N° du compte	Clé RIB	Domiciliation / Paying Bank
13507	00147	31572721966	15	147 Rue Pierre Legrand 59000 Lille

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.



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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

INDIGO

Euralille
Centre Commercial
INDUPLY VA

seur N: 31
e le : 01/13/26 07:15
e t le: 01/14/26 20:11
1 - Transaction : 335
n Transaction : 48 306
d nt TVA 20%: 8,06
o s taxe 40,25
e Paiement : CB

INDIGO

e limite : 01/15/26 11:15
e N: 31 Tarif : 111 30
n Transaction : 48 30
VA 20% : 8,06 R 15 40,25

EURALILLE
N. CONTRACT
0 421010
1/25 20:51 23
0 590034

51
7 5600027
* 5600027
4 31850184762
1 1/25 20:51 23
1 1/25 20:51 23
1 1/25 20:51 23

TOGET CLIENT
F COSMETOLOGY
L REVOLUTIF N630

Euralille
Centre Commercial

ENTREE LE 13/01/26 A 07:45
EQUIPEMENT : E4 - TICKET: 09019

WESTMINSTER KITCHEN
GRILL HOUSE

3A COUNTY HALL
BELVEDERE ROAD
MID:

TID:

AID:

VISA

VISA DEBIT

***** 4352

CONTACTLESS

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