

# 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</b>	Date & Location of Meeting	<b>COMMIT-UC and COMMIT CD Investigator meeting - 29-30 January - Schiphol</b>
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Participant Name	Melanie Dupin
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Participant Full Address <i>(Street, House/Apartment number, Postal/ZIP Code, City)</i>	140 rue Fochot, 42180, Perreux, France
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**Local Transportation:** 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE

Transportation to the airport by car : 121km	EUR	60,500
Toll to the airport	EUR	8,200
Airport parking		79,900
Toll to home		10,500
Transportation to home by car : 121 km	EUR	60,500
	x	EUR = 219,600

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

EUR

**Total amount: EUR 219,600**

**BANK Details for payment**

Bank name	BP AUVERGNE RHONE ALPES
Account Holder	MME GALLINA Melanie
IBAN/Bank account number	FR7616807004373653012819533
BIC/SWIFT	CCBPFRRPPGRE
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.

 Name (printed)	 Signature	09 FEB 2026 Date
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Prism IO:	2001227	Cost Element	4870	Cost Centre	P00130023200
Mercury Meeting ID:	M-M306016NL25				