

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>	France	Meeting Name Date & Location	EMEA EZEF & EKBG Meeting January 2026, London
--	--------	---------------------------------	--

Participant Name	MARC
------------------	------

Participant Full Address <i>(Street, House/Apartment number, Postal/ZIP Code, City)</i>	4 allée Käthe Kollwitz - 67000 STRASBOURG - France
--	--

Local Transportation: 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE

TRAMWAY (home to train)	EUR	2,100
TRAMWAY (train to home)	EUR	4,600
ETA	EUR	19,400
Meal (Monday lunch in train)	EUR	19,000
Meal (Tuesday evening meal not covered by the hotel)	EUR	26,000
Meal (Wednesday lunch in train)	EUR	19,200
Total amount:	EUR	93,300 26,1

BANK Details for payment

Bank name	LA BANQUE POSTALE
Account Holder	Luz SIEGEL ou Grégory MARC
IBAN/Bank account number	FR980020041010150300774n03654
BIC/SWIFT	PSSTFRPPSTR
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) MARC	Signature <i>[Signature]</i>	Date 10 FEB 2026
------------------------	---------------------------------	---------------------

Lilly Administrative information - FOR OFFICE USE ONLY

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