

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	Date & Location of Meeting	COMMIT-UC and COMMIT CD Investigator meeting - 29-30 January - Schiphol
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Participant Name	LACEB Souhila
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Participant Full Address <i>(Street, House/Apartment number, Postal/ZIP Code, City)</i>	3 rue du docteur Foucault, 92000, Nanterre, France,
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Local Transportation: 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE

28 jan 2026 one-way/ Uber	EUR 48,960
30 jan 2026 one-way/ Uber	EUR 46,940
	EUR
x	EUR = 95,9

Meals & Drinks are not eligible for reimbursement

I would like to inform you that I attended the meeting on January 28. On that day, we had breakfast at EUR 7,40+3,25+5+8+12,60=~~36,25~~
 For the return on January 30, our transfer to the airport was scheduled at 12:30 PM, with a total amount: EUR ~~132,750~~

I would be grateful if you could process the reimbursement for these expenses.

Bank name	CAISSE D'EPARGNE
Account Holder	4078981453
IBAN/Bank account number	FR76 1751 5006 0004 0789 8145 319
BIC/SWIFT	CEPAFRPP751
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) LACEB Souhila	Signature	Date 05/02/2026
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Prism ID:	2001227	Cost Element	4870	Cost Centre	P00130023200
Mercury Meeting ID:	M-M306016NL25				