

# 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)	France	Date & Location of Meeting	COMMIT-UC and COMMIT CD Investigator meeting - 29-30 January - Schiphol
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Participant Name	DANIELA MONTOYA
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Participant Full Address (Street, House/Apartment number, Postal/ZIP Code, City)	34 RUE DU GÉNÉRAL LECLERC 93220 GAGNY
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Local Transportation:	0.5 EUR/km, max amount of 300 EUR, NO GASOLINE
UBER AMS 29/01/2026	EUR 45,560
UBER AMS 29/01/2026	EUR 36,300
UBER FR 30/01/2026	EUR 36,980
X EUR =	

Meals & Drinks are not eligible for reimbursement	
EUR	
Total amount: EUR 118,840	

## BANK Details for payment

Bank name	LCL
Account Holder	DANIELA MONTOYA VANEGAS
IBAN/Bank account number	FR8130002005390000020554C04
BIC/SWIFT	CRLYFRPP
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.

MONTOYA VANEGAS DANIELA  
Name (printed)

Signature

02 - FEB - 2026

Date

Lilly Administrative information - FOR OFFICE USE ONLY				
Event ID	2001227	Cost Element	4870	Cost Centre
Mercury Meeting ID	P00130023200			
M-M306016NL25				