

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.

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| Country of Residence (please select before printing) | France | Meeting Name Date & Location | EMEA EZEZ & EKBG Meeting January 2026, London |
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| Participant Name | LASSOUANI KATIA |
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|---|-----------------------------------|
| Participant Full Address (Street, House/Apartment number, Postal/ZIP Code, City) | 18 LES BONDIS 37320 SAINT BRANCHS |
|---|-----------------------------------|

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

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|---|------------|
| ROUND TRIP BETWEEN HOME AND WORKPLACE | EUR 25,000 |
| TRAIN BETWEEN SAINT PIERRE DES CORPS TRAIN STATION & ROISSY CHARLES DE GAULLE AIRPORT (PARIS) | EUR 45,000 |
| SUPPLEMENT PAID FOR TRAIN MODIFICATION DUE TO CANCELLED RETURN FLIGHT | EUR 40,000 |
| TRAIN BETWEEN ROISSY CHARLES DE GAULLE AIRPORT (PARIS) & SAINT PIERRE DES CORPS TRAIN STATION | EUR 60,800 |
| | x EUR = |

Meals & Drinks are not eligible for reimbursement

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| TAXI BETWEEN TRAIN STATION AND WORKPLACE | EUR 40,2 |
| Total amount: | EUR 211 |

BANK Details for payment

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|------------------------------------|-----------------------------------|
| Bank name | BANQUE POPULAIRE VAL DE France |
| Account Holder | MME KATIA LASSOUANI |
| IBAN/Bank account number | FR76 1870 7000 6632 4191 6349 166 |
| BIC/SWIFT | CCBPFRPPVER |
| 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.

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|-----------------|-----------|-------------|
| Name (printed) | Signature | Date |
| LASSOUANI KATIA | | 03 FEB 2026 |

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