

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	Meeting Name Date & Location	EMEA EZEFE & EKBG Meeting January 2026, London
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Participant Name	LEPERCHOIS JACQUEY Chrystel
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Participant Full Address (Street, House/Apartment number, Postal/ZIP Code, City)	2 rue de Plan Guirard - 34830 CLAPIERS - France
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Local Transportation: 0,5 EUR/km, max amount of 300 EUR, NO GASOLINE

TAXI	EUR	50,000
TAXI	EUR	40,000
ETA inscription	EUR	19,130
	x	EUR =

Meals & Drinks are not eligible for reimbursement

EUR

Total amount: EUR 109,130

BANK Details for payment

BNP PARIBAS Relevé d'Identité Bancaire / IBAN

Bank name MME CHRYSTEL LEPERCHOIS JACQUEY

Account Holder 2 RUE DE PLAN GUIRARD

IBAN/Bank account number 34830 CLAPIERS

BIC/SWIFT

TAX ID- RPPS number or Siret/Siren

IBAN⁽¹⁾: FR76 3000 4000 5100 0002 5088 242

BIC⁽²⁾: BNPA FR PP MPL

RIB⁽³⁾:

Code banque	Code agence	Numéro de compte	Clé RIB	Agence de domiciliation
30004	00051	00000250882	42	BNPPARB JACOU (02332)

⁽¹⁾ International Bank Account Number ⁽²⁾ Bank Identifier Code ⁽³⁾ Relevé d'Identité Bancaire

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.

LEPERCHOIS JACQUEY		28 janvier 2026
Name (printed)	Signature	Date

Lilly Administrative information - FOR OFFICE USE ONLY

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