**EXPENSE REIMBURSEMENT FORM FOR SERVICE PROVIDER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| <<Account\_Name>>  <<Payee\_MERC\_Name>>  <<Payee\_MERC\_Payee\_Street\_MERC>>  <<Payee\_MERC\_Payee\_Zip\_Postal\_Code\_MERC>> <<Payee\_MERC\_Payee\_City\_MERC>> | | |  |  |
|  |  | <<Today\_\_s>> | | |

|  |  |
| --- | --- |
| Date of Meeting: | <<Meeting\_Participant\_MERC\_Meeting\_Date\_MERC>> |
| Location: | <<Meeting\_MERC\_City\_of\_Meeting\_MERC>> |
| Reference Numbers: | <<Meeting\_MERC\_Event\_Id\_MERC>>  <<Meeting\_Participant\_MERC\_Name>> |

**Local Transportation, Parking, Mileage:**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Euro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Euro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Euro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ km x 0,43 Euro/km = | Euro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please note that Lilly is unable to reimburse personal expenses such as mobile charges, minibar or entertainment.

Payment will be issued to your bank account on file ending with <<Form\_ EndingCode>>. Please contact us if this account is incorrect. Contact phone number: +358 9 7252 2024

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this document and all original receipts within 30 days of the meeting to Lilly at:

Oy Eli Lilly Finland Ab, Laajalahdentie 23, 00330 Helsinki