

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name San Francisco Public Library (SFPL) Division, Department, or Region (if applicable) City Librarian's Office Street Address 100 Larkin Street, San Francisco CA 94102 Area Code/Phone Number 415-557-4236 E-mail citylibrarian@sfpl.org Agency Contact (name and title) Michael Lambert, Acting City Librarian		Date Stamp	California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)			

2. Donor Name and Address

Individual _____
Last Name First Name

Other Friends of San Francisco Public Library
Name

710 Van Ness Ave. San Francisco CA 94102
Address City State Zip Code

Friends of SFPL: member-supported nonprofit organization that advocates, fundraises, and provides support for SFPL.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/18/19 \$ 102.36
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) **Location of Travel** _____

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:


City Librarian's Office's Holiday Appreciation Luncheon; \$34.12/person, benefited the following staff:
Maureen Singleton-COO, Sue Blackman-Library Commission Secretary, Randy McClure-Chief, RSA

Identify the officials for whom the payment was used:

_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 Lovely Lindsley Accounting Operations Mgr. 12/18/2019
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)