

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
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other Friends of San Francisco Public Library
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) 01/19/21 \$ 149.00
(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:

Post Pandemic Library Space Workshop Registration Fee.

Identify the officials for whom the payment was used:

Delneo Catherine COB SFPL
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.

Signature of Agency Head or Designee Heather Green Chief Financial Officer
Print Name Title (month, day, year)

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