

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

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|--|----------------------------------|---|---|
| 1. Agency Name San Francisco Public Library (SFPL) | | Date Stamp | California Form 801 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (explain in comment section) | |
| Agency Contact (name and title) Michael Lambert, Acting City Librarian | | Date of Original Filing: _____ (month, day, year) | |

2. Donor Name and Address

Individual _____ Other Friends of San Francisco Public Library

Last Name: _____ First Name: _____ Name: _____
 Address: 710 Van Ness Ave. City: San Francisco State: CA Zip Code: 94102

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) 11/1/2019 \$ 40.00
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Pasadena, CA

| | | | | | |
|----------------------|-------------------------|------------------|--------------------|----------------|------------------|
| <u>10/24-26/2019</u> | \$ <u>29.49</u> | \$ _____ | \$ <u>\$145.90</u> | \$ _____ | \$ <u>215.39</u> |
| 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:


Expenses incurred in connection with attending the CLA Conference in Pasadena, CA; CEDAW Luncheon in San Francisco on 11/1/2019.

Identify the officials for whom the payment was used:

| | | | |
|----------------|----------------|-----------------------|---------------------|
| <u>Lambert</u> | <u>Michael</u> | <u>City Librarian</u> | <u>SFPL</u> |
| 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.


 _____ Maureen Singleton _____ Chief Operating Officer _____ 11.5.19
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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