Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

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	E-mail
415-557-4236	citylibrarian@sfpl.org

Agency Contact *(name and title)*

Michael Lambert, Acting City Librarian

☐ **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. (Address) San Francisco (City) CA (State) 94102 (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)* 10/17/19 *(month, day, year)* $ 26.38 *(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:

R/T transportation to Leadership SF for a panel discussion.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Lambert	Michael	City Librarian	SFPL

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 | Maureen Singleton (Print Name) | COO (Title) | 10.18.19 *(month, day, year)*

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