

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

2. Donor Name and Address

Individual _____ Other Friends of the San Francisco Public Library

_____ Last Name _____ First Name _____ Name _____

710 Van Ness Ave. San Francisco CA 94102

Address City State Zip Code

Member-supported non-profit 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) received by the donor for this payment:

_____ Name	\$ _____ Amount	_____ Name	\$ _____ Amount
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year)

_____ Transportation Provider Rail Air Bus Auto Other _____ Name of Lodging Facility

Check Applicable Boxes

\$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel:

8/22-9/18/2017 \$ 125.00

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

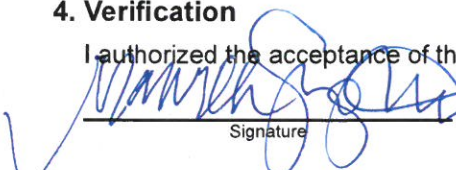
Registration for training - Telling the Library Story with Data

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

McClure	Randle	Analytics Manager	SFPL
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 _____ Maureen Singleton _____ Chief Financial Officer _____ 7.10.17 _____

Signature Print Name Title (month, day, year)

Comment:

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

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

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3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year)

_____ Rail Air Bus Auto Other _____

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

July 11, 2017 \$ 11.27

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.


Lyft to SFPL in connection with business lunch with Taiwanese delegation.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Herrera	Luis	City Librarian	SFPL
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 _____

Maureen Singleton Chief Financial Officer 7/12/17

Signature Print Name Title (month, day, year)

Comment:

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Name	Amount	Name	Amount

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3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

8/28/2017 \$ 375.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Membership Registration Fees: CLA=\$165.00; ALA=\$210.00

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

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

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.


 _____ Maureen Singleton _____ Chief Financial Officer _____ 8/29/17
 Signature Print Name Title (month, day, year)

Comment:

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