

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name San Francisco Public Library (SFPL)		Date Stamp	California 801 Form 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		
Agency Contact (name and title) Michael Lambert, Acting City Librarian		<input type="checkbox"/> Amendment (explain in comment section) 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: _____
 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) Various \$ 23.39
 (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:


11/7/19-Parking-Groundbreaking Ceremony/Presidio Tunnel Tops-\$6.50/M. Lambert-City Librarian
 12/23/19-Refreshments for Year-End Appreciation Event-\$5.63/person: M. Lambert-City Librarian;
 M. Singleton-Chief Operating Officer and S. Blackman-Library Commission Secretary

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	Acctng. Operations Mgr.	12/31/14
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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