

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

Agency Contact (name and title)

Michael Lambert, City Librarian

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

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 9/2/2021 \$ 303.00

Travel Payment Information 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:

Membership Fees for: ALA=\$228; SPUR=\$75

Identify the officials for whom the payment was used:

Lambert Michael City Librarian 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

9/7/21

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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