

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 E-mail
 415-557-4236 citylibrarian@sfpl.org
 Agency Contact (name and title)
 Michael Lambert, City Librarian

Date Stamp
 Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

California Form 801
 For Official Use Only

2. Donor Name and Address

Individual _____ Other Friends of San Francisco Public Library
 Last Name First Name Name
 16370 17th Street San Francisco CA 94107
 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) 9/12/23 \$ 75.00
 (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:

Membership fee for SPUR (San Francisco Bay Area Planning and Urban Research Association)

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

DocuSigned by:

Mike Fernandez CFO 9/12/23
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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