

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> San Francisco Public Library (SFPL)		Date Stamp	<b>California Form 801</b> 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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Luis Herrera, City Librarian			

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** Chicago, Illinois 6/22-26/2017

Location of Travel Dates (month, day, year)

Southwest Airlines  Rail  Air  Bus  Auto  Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 246.78 Lodging Expenses	\$ 26.79 Meal Expenses	\$ 124.80 Transportation Expenses	\$ _____ Other Expenses	\$ 398.37 Total Expenses
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**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ \$ \_\_\_\_\_

Dates (month, day, year) Total Expenses

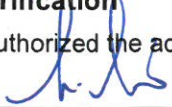
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Expenses incurred in connection with attending the ALA Conference.

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.

	Lovely Lindsley	Accounting Operations Mgr.	7/6/2017
_____ Signature	_____ Print Name	_____ Title	_____ (month, day, year)

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

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