

Gift to Agency Report

A Public Document

GIFT 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) 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	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Michael Lambert, City Librarian		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) 9/30/2019 \$ 200.00  
 (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:

Registration-CEDAW Women's Human Rights Awards Luncheon 2019

Identify the officials for whom the payment was used:

<u>Singleton</u>	<u>Maureen</u>	<u>Chief Operating Officer</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.

	<u>Christine Murdoch</u>	<u>Budget Manager</u>	<u>9/30/19</u>
Signature of Agency Head or Designee	Print Name	Title	month, day, year

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

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**Provide a specific description of the nature and use of the payment for official agency business:**

Registration-CEDAW Women's Human Rights Awards Luncheon 2019


**Identify the officials for whom the payment was used:**

Blackman Sue Commission Secretary SFPL  
Last Name First Name Title Department/Division

\_\_\_\_\_  
Last Name First Name Title Department/Division

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 Maureen Singleton Chief Operating Officer 9.30.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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