Gift to Agency Repor	π A Public D	ocument		GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 201
San Francisco Public Library (SFPL)				Form OU
Division, Department, or Region (if applicable)				For Official Use Only
City Librarian's Office				20
Street Address			1	
100 Larkin Street, San Fr	ancisco CA 94102			2 11 to 3 11 to 3
Area Code/Phone Number	E-mail		Amandment (over	lain in comment section)
415-557-4236	citylibrarian@sfpl.org		Amendment (expi	all in comment section)
Agency Contact (name and to	, , ,		Date of Original Filin	g:(month, day, year)
Michael Lambert, Acting	City Librarian			(month, day, year)
2. Donor Name and Addr				
		Othor	Friends of San Fra	ancisco Public Library
☐ Individual ————————————————————————————————————	First Name	Other		Name
710 Van Ness Ave.	San Francisco)	CA	94102
Address	City		State	Zip Code
Friends of SFPL: membe	r-supported nonprofit organization that	at advocates	, fundraises, and pro	ovides support for SFPL.
	ity's business activity (if business) or its nature and in			
If applicable, identify the nam	ne of each source and the amount(s) solic	cited or receive	ed by the donor for this	s gift:
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3. Payment Information	Amount		Name	Amount
Travel Payment Informat	tion (Round to whole dollars) Location of	Travel		
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Date(s) of Travel	\$ Transportation Expenses	\$Meal Exp	enses S Other Exp	benses Total Expenses
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Identify the officials fo	r whom the payment was used:	:		
Blackman	Sue	Library Cor		SFPL
Last Name	First Name		Title	Department/Division
Last Name	First Name		Title	Department/Division
I. Verification				
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I have determined that it is in	the interests of the agency to accept this	giit and use i	t for the official agency	business described above.
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1/4WW/4 14-21/1	Maureen Singleton	Actin	ng Chief Operating C	Officer / / / / /
Signature of Agency Head or Desi			Title	(month, day, year)
	1 1 2 27 5.17			
Comment: (Use this space or	an attachment for any additional information.)	E)		

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Provide a specific desc	ription of the nature and use	of the paym	ent for official	agency business:
EOY Appreciation luncheor	n for CL team. \$25.31/person			
	And a Military of the Con-			
	- T	1.		
Identify the officials for	whom the payment was used	1:		
Blackman	Sue	Commission	n Secretary	SFPL
Last Name	First Name		Title	Department/Division
MaChina	Dandla	Chief - RSA	, I I I I I I I	SFPL
McClure Last Name	Randle First Name		Title	Department/Division
4. Verification		:: : : : : : : : : : : : : : : : : :	t for the official acom	and huninger described above
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/ III WOOD KAL	Maureen Singleton	Actin	g Chief Operating	Officer /O. /O.
Signature of Agency Head of Design	nee Print Name		Title	(month, day, y ear)
Comment: (Use this space or a	n attachment for any additional information	.)		