

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name San Jose Public Library		San Jose City Clerk Date Stamp 2016 JUL -1 PM 3:19 88 route	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 150 E San Fernando St, San Jose, CA 95112			
Area Code/Phone Number 408-808-2000	Email aleta.dimas@sjlibrary.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Aleta Dimas / Librarian II		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other American Library Association

_____ Last Name _____ First Name _____ Name _____

50 East Huron Street Chicago IL 60611

Address City State Zip Code

National librarian association that provides leadership for development, promotion, and improvement of library services.

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 Guadalajara, Jal. Mexico 11/29/15-12/03/15

Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 100.00 \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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.

\$100.00 was donated by ALA (American Library Association) to help support and sponsor librarians attending the Guadalajara International Book Fair with the airline expense.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Dimas	Aleta	Librarian II	Library / IPS
_____ 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.

Aleta Dimas	Aleta Dimas	Librarian II	06/21/16
_____ Signature	_____ Print Name	_____ Title	_____ (month, day, year)

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

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