Payment to Agency Re	port A Public	c Document	RECEIVE	
I. Agency Name			San Bassampty	Cle California
City of San Jose				Form OU
Division, Department, or Region)n (if applicable)	<u>b</u>	016 SEP 22 PH	3: 53 For Official Use Only
Library			& Iom	
Street Address	<u> </u>		0 100	
150 E. San Fernando, San J	ose, CA 95112			
	Email			
408-808-2369	madeline.walton-hadlock@sjli	brarv.org	Amendment (ex	plain in comment section)
Agency Contact (name and title)			Date of Original Fili	ng:
Madeline Walton-Hadlock				(month, day, year)
			<u> </u>	
. Donor Name and Addres	5			
Last Name	First Name	🗹 Other 🚽	CA State Library	Niews
P.O. Box 942837	Sacramen	ito	CA	Name 94237
Address	City		State	Zip Code
Provides technical assistance	e to CA public libraries and sur	oports statewide l		
	pusiness activity (if business) or its nature a			
If applicable, ide	entify the name of each source an	d the amount(s) rec	eived by the donor	for this payment:
	¢			¢
Name	Amount		Name	Amount
N/A Transportation Provider \$\$	Check Applicat 127.04 Meal Expenses Transportation	\$	Other Expenses (y, year) Other Expenses	Name of Lodging Facility \$ 127.04 Total Expenses Total Expenses
	Provide a specific descriptio to drive between San Jos A State Library.			
3.3. Identify the officials wh Walton-Hadlock	o used the payment in Secti Madeline	ion 3.1 (See instruction Senior Libraria	-	.ibrary
Last Name	First Name	Position		Department/Division
		,		Paparanena Presona
Last Name	First Name	Positio	n/Title	Department/Division
Verification		Middle ann a fà bha ch bar ann an ann an air air an an air an an air an an air an air an air an air an air an a		
Verification	the reported normanities) as in	· compliance with	EDDC rogulation	
Verification		-	-	
I authorized the acceptance of	Madeline Walton-Hadloci	-	Librarian	09/19/16
		-	-	
I authorized the acceptance of	Madeline Walton-Hadloci	-	Librarian	09/19/16