

GENERAL MOTORS FLEET
SPECIAL VEHICLE MANUFACTURER



GENERAL MOTORS SVM DEMONSTRATION DEALER OPERATOR'S REPORT

EMAIL SVM.mailbox@gm.com

SVM COMPANY NAME _____ CODE _____
DEMONSTRATION MODEL _____ 59- _____
DEMONSTRATION VIN # _____ 56- _____

CUSTOMER EVALUATION

NAME _____ CONTACT PHONE _____
ADDRESS _____
(Street)
City, State, Zip) _____
DEMONSTRATION START DATE _____ END DATE _____
BEGINNING MILEAGE _____ ENDING MILEAGE _____

SIGNATURES

DEALER OPERATOR SIGNATURE _____ DATE _____
SMV PERSONNEL SIGNATURE _____ DATE _____

TRADE SHOW / EVENT WHERE VEHICLE WILL BE DEMONSTRATED

NAME OF EVENT _____
CITY, STATE _____
BEGINNING DATE _____ END DATE _____
SMV PERSONNEL SIGNATURE _____

This report must be provided to the dealer and retained by the SVM to support the allowance claimed.