



Fleet

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 X _____ DATE _____
 SMV PERSONNEL SIGNATURE X _____ DATE _____

TRADE SHOW / EVENT WHERE VEHICLE WILL BE DEMONSTRATED

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

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