



Fleet

SVM VEHICLE MOVEMENT REQUEST FORM

EMAIL SVM.mailbox@gm.com

TO BE COMPLETED BY GM

RE-CONSIGNMENT # _____

SPECIAL MOVE # _____

FOLLOW-UP _____

FOLLOW-UP _____

ACCOUNT # _____

TO BE COMPLETED BY SVM (SPECIAL VEHICLE MANUFACTURER)

CONTACT NAME _____ DATE _____

CONTACT PHONE _____

CONTACT E-MAIL ADDRESS _____

PICK UP UNITS AT LOCATION

LOCATION NAME _____ DEALER CODE _____

PICK UP ADDRESS _____ CONTACT PHONE _____

CONTACT _____

DELIVER UNITS TO LOCATION

LOCATION NAME _____ DEALER CODE _____

DESTINATION ADDRESS _____ CONTACT PHONE _____

CONTACT _____

ORDER #	VIN #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL NOTES