

GENERAL MOTORS FLEET  
SPECIAL VEHICLE MANUFACTURER



# GENERAL MOTORS SVM DEMONSTRATION DEALER OPERATOR'S REPORT

EMAIL [SVM.mailbox@gm.com](mailto: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.