KOJO AUTO SERVICE CENTER

LAGOS:
1, Moshalashi Street,
Off Western Avenue,
By Ipori Bridge Alaka Surulere, Lagos.
Tel: 08077692625, 08077692662,
08077692633

ABUJA:
Plot 1209 Shehu Yar'Adua Way
Mabushi Near VIO, Abuja FCT.
Tel: 08077692630, 08067779150,
09-2911234

BENIN:
45, Agbor Road, Ikpoba Hill,
Benin City, Edo State.
Tel: 08077692641, 08077692644

PORT-HARCOURT:
Plot 117, Trans-Amadi Layout
Port Harcourt, Rivers State.
Tel: 08077692621, 08077692631,
07037823937

AWKA:
Plot C5 and C6 Agu-Akwa
Layout Akwa Anambra State
Tel: 08077692640, 08077692610

JOB INSTRUCTION

Customer Name/ID:	I.N.S.O / KJ288406	**Date:**	03rd Feb, 2022
Organization:		**Reg. No:**	17A 518 FG
Vin/Chasis No:	JTEEV37J6J0014583	**Odometer Reading:**	62421Km
Phone Number:	08021190907	**E-mail:**	
Vehicle Make:	Toyota Landcruiser	**Model Number:**	VDJ76L-RKMNYV
Address:	4, PARAGUAY CLOSE MAITAMA ,ABUJA		

Item Description	Quantity
ENGINE OIL	13
OIL FILTER	1

Additional Job Completionn : ☐
Value : ☐
Project Estimatew/Explanationr: ☐
Car Was Needed? : ☐
Replaced Part Keep: ☐

1   2
☐
☐
☐
☐

Cleanness (Exterior/Interior): ☐
Courtesy Items Removal: ☐
Outer Mirror Position / Seat Position: ☐
Clock Adjustment / Radio Sitting: ☐
Job Completion Notificxation: ☐

Signed 1
Date:_____
Time: _____

Signed 2
Date:_____
Time: _____

Job Details Explanation : ☐
Fee Explanation : ☐
Result Confirmation with Customer: ☐
Walk-Around Check : ☐

Fixed:☐
Level Up : ☐
No Fixed: ☐
PSFU(Plan)☐

Delivery: Dtae:_____

Time:_____

Customer:_____

Change of Delivery Time:

Job Time:

Additional Jobs /Job Stoppage/Others

Completion Changed: _____

Job Start: Date _____ Time _____

Job Completion: Date: _____ Time: _____

Other Findings :

Actual Hours Clocked: _____

Technician Name:

Quality Control Staff:

Job Completion Notification: Date:_____ Time: _____

Delivered to Owner / Family / Other (_____)

P.S.F.U. (Plan):

Date: _____ Time: _____

Contact Info:
Telephone No: _____
(Home/Business/Mobile)

Email: _____

P.S.F.U (Actual):

Date: _____ Time _____

Customer: Owner / Family / Other (_____)

P.S.F.U (GJ) :
☐ Fixed
☐ Followup Status (Follow up Again

Date: _____ Time: _____
☐ Not Fixed (Appointment Date/Time)

Date:_____ Time: _____

Staff Name: _____

Confirmed By: _____

Supplied By: _____
Issued By: _____
Order By: OGHALE GIFT USIAKPENEBRO