

# **KOJO AUTO SERVICE CENTER**



#### LAGOS:

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

**Item Description** 

**ENGINE OIL** 

### 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:

Quantity

13

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:             | 22nd Mar, 2022 |
|---|-------------------|----------------|
| Organization:                             | Reg. No:          | 17A 518 FG     |
| Vin/Chasis No: JTEEV37J6J0014583          | Odometer Reading: | 68291Km        |
| Phone Number: 08021190907                 | E-mail:           |                |
| Vehicle Make: Toyota Landcruiser          | Model Number:     | VDJ76L-RKMNYV  |
| Address: 4, PARAGUAY CLOSE MAITAMA ,ABUJA |                   |                |

| OIL FILTER 1                             |  |  |
|--|--|--|
|  |  |  |
|  | Additional Job Completionn : □ Value : □ Project Estimatew/Explanationr: □ Car Was Needed? : □ Replaced Part Keep: □ |  |
| 1  | Result Confirmation with Customer:  Walk-Around Check:   Time:  Customer:  |  |
| Change of Delivery Time:                 | Job Time:  |  |
| Additional Jobs /Job Stoppage/Others     | Job Start: Date Time   |  |
| Completion Changed:                      | Job Completion: Date: Time:  |  |
| Other Findings :                         | Actual Hours Technician Name: Quality Control Staff: Clocked:  |  |
| 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):                        | Customer: Owner / Family / Other ()  |  |
| Date: Time                               |  |  |
| P.S.F.U (GJ) :                           | Staff Name:  |  |
| Fixed                                    | Out framed Dur   |  |
| ☐ Followup Status (Follow up Again       | Confirmed By:  |  |
| Date: Time:                              | Supplied By:   |  |
| □ Not Fixed (Appointment Date/Time)      | Issued By:   |  |
| (  | Order By: OGHALE GIFT USIAKPENEBRO   |  |
| Date: Time:                              |  |  |
|  |  |  |