



# 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:	ENGR. OKOYE CHUKWUMAEME / KJ452674	Date:	24th Jan, 2022
Organization:		Reg. No:	ABC 973 RR
Vin/Chasis No:	MROHX8CD4J0926481	Odometer Reading:	50510KM
Phone Number:	08032781133	E-mail:	
Vehicle Make:	Toyota Hilux	Model Number:	TGN126L-DTTMKV
Address:	19 ONITSHA CRESCENT, AREA 11 GARKI, ABUJA		

Item Description	Quantity
ENGINE OIL /	7
OIL FILTER /	1

		Additional Job Completion: <input type="checkbox"/> Value: <input type="checkbox"/> Project Estimate/Explanation: <input type="checkbox"/> Car Was Needed?: <input type="checkbox"/> Replaced Part Keep: <input type="checkbox"/>		
1 <input type="checkbox"/> Cleanliness (Exterior/Interior): <input type="checkbox"/> <input type="checkbox"/> Courtesy Items Removal: <input type="checkbox"/> <input type="checkbox"/> Outer Mirror Position / Seat Position: <input type="checkbox"/> <input type="checkbox"/> Clock Adjustment / Radio Setting: <input type="checkbox"/> <input type="checkbox"/> Job Completion Notification: <input type="checkbox"/>	2 <input type="checkbox"/> Signed 1 Date: _____ Time: _____  <input type="checkbox"/> Signed 2 Date: _____ Time: _____	Job Details Explanation: <input type="checkbox"/> Fee Explanation: <input type="checkbox"/> Result Confirmation with Customer: <input type="checkbox"/> Walk-Around Check: <input type="checkbox"/>	Fixed: <input type="checkbox"/> Level Up: <input type="checkbox"/> No Fixed: <input type="checkbox"/> PSFU(Plan): <input type="checkbox"/>	Delivery: Date: _____  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 Clockd:	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: OGHAE GIFT USIAKPENEBRO