

KOJO AUTO SERVICE CENTER



LAGOS:

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

Item Description

FRONT SHOCK ABSORBER

WHEEL BALANCING AND ALIGNMENT

STABILIZER LINKAGE STABILIZER BUSHING

ENGINE OIL

OIL FILTER

BALL JOINT

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:

Quantity

7

1

1

1

1

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

JOB INSTRUCTION

Customer Name/ID: MR MAYOR BRIGHT / KJ3BBE3F8	Date: 30th May, 2022	
Organization:	Reg. No: RSH 580 RG	
Vin/Chasis No: 4T1BFK9F1FU485841	Odometer Reading: 147,745MLS	
Phone Number: 08060256552	E-mail:	
Vehicle Make: TOYOTA CAMRY	Model Number: 2014 CAMRY	
Address: GLORY COURT, DAN SULEMAN STREET, UTAKO ABUJA.		

75 AMPS KOREAN MADE 1					
ADHESIVE AND GLUE			1		
		Additional Job Completionn : □ Value : □ Project Estimatew/Explanationr: □ Car Was Needed? : □ Replaced Part Keep: □			
☐ Cleanness (Exterior/Interior): ☐ ☐ Courtesy Items Removal: ☐ ☐ Outer Mirror Position / Seat Position: ☐ ☐ Clock Adjustment / Radio Sitting: ☐ ☐ Job Completion Notificxation: ☐ ☐	Signed 1 Date: Fime: Signed 2 Date: Fime:	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		Job Start: Date Time			
Completion Changed:		Job Completion: Date: Time:			
Other Findings:		Actual Hours Clocked:	Technician Name:	Quality Control Staff:	
Job Completion Notification: Date: Time:		Delivered to Owner / Family / Other ()			
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:
P.S.F.U (GJ) : □□ Fixed	
□□ Followup Status (Follow up Again	Confirmed By:
Date: Time: □□ Not Fixed (Appointment Date/Time)	Supplied By: Issued By: Order By: SAMUEL YUSUF FUNDA
Date: Time:	