

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

OIL FILTER
FUEL FILTER

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

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

JOB INSTRUCTION

Customer Name/ID: AGRO TECHNICAL AND PROCESSING COMPANY LI / KJ188820	Date: 05th Mar, 2022
Organization: OLAM NIGERIA LIMITED	Reg. No: FKJ 958 DZ
Vin/Chasis No: AHTYX59G706002730	Odometer Reading: 109212KM
Phone Number: 08053485802	E-mail:
Vehicle Make: TOYOTA FORTUNER	Model Number: TGN51L-NKPSKN
Address: RUBUBI NASSARAWA	

SERVICING OF NOZZLE AND THROTTLE BODY					1
			Additional Job Completionn : Value : Project Estimatew/Explanationr: Car Was Needed? : Replaced Part Keep:		
1 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		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 ()			
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		Confirmed By:			
☐ Followup Status (Follow up Again		Committed by.			
Date: Time:		Supplied By:	Supplied By:		
□ Not Fixed (Appointment Date/Time)		Issued By:			
Date: Time:		Order By: OGHALE G	IFT USIAKPENEBRO)	