



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:	MR EMMANUEL RICHARD / KJ05D62A1	Date:	13th Apr, 2022
Organization:		Reg. No:	LSD 188 EC
Vin/Chasis No:	JTEZU5JR6B5022561	Odometer Reading:	
Phone Number:	08063669960	E-mail:	
Vehicle Make:		Model Number:	GRN280L-GKAGKA
Address:			

Item Description	Quantity
FRONT BRAKE DISC	1
FRONT BRAKE PAD	1
STABILIZER LINKAGE	1
SERVICING OF FRONT BRAKE CALIPER	1
WHEEL BALANCING AND ALIGNMENT	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 Signed 1 Date: _____ Time: _____ 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: Additional Jobs /Job Stoppage/Others Completion Changed: _____		Job Time: Job Start: Date _____ Time _____ Job Completion: Date _____ Time _____	
Other Findings : _____		Actual Hours Clock: _____	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) : <input type="checkbox"/> Fixed <input type="checkbox"/> Followup Status (Follow up Again) Date: _____ Time: _____ <input type="checkbox"/> Not Fixed (Appointment Date/Time) Date: _____ Time: _____		Staff Name: _____ Confirmed By: _____ Supplied By: _____ Issued By: _____ Order By: OGHAE GIFT USIAKPEBRO	

