



# 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:	CULTIVATING NEW FRONTIERS IN AGRICULTURE / KJ436065	Date:	24th Jan, 2022
Organization:		Reg. No:	RBC 681 JA
Vin/Chasis No:	MHFDX8FS2J0089709	Odometer Reading:	15585KM
Phone Number:	08035392582	E-mail:	
Vehicle Make:	Toyota Fortuner	Model Number:	TRH223L-LEMDK
Address:	28 DANUBE STREET OFF IBB BOULEVARD MAITAMA ABUJA		

Item Description	Quantity
ENGINE OIL /	7
OIL FILTER /	1
FRONT BRAKE PAD /	1
SERVICING OF KICK STATER /	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"/> Cleaness (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 Sitting: <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: _____		Job Time: _____	
Additional Jobs /Job Stoppage/Others Completion Changed: _____		Job Start: Date _____ Time _____ 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): 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: SAMUEL YUSUF FUNDA