

# **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 OL 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

Quantity

7

1

#### AWKA:

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

## JOB INSTRUCTION

Customer Name/ID:	JHPIEGO NIGERIA / KJ142552	Date:	03rd Mar, 2022
Organization:		Reg. No:	17A 478 FG
Vin/Chasis No:	AHTKX8CD302260272	Odometer Reading	:44750Km
Phone Number:	07081796919	E-mail:	
Vehicle Make:	Toyota Hilux	Model Number:	TGN126L-DNMSKN
	PLOT 971 REUBEN OKOYA CRESCENT OFF OKON DISTRICT ABUJ	NJO IWELA STREET OFF OLUSE	GUN OBASANJO WAY, WUYE

FUEL FILTER	1
FRONT BRAKE PAD	1
	Additional Job Completionn : □  Value : □  Project Estimatew/Explanationr: □  Car Was Needed? : □  Replaced Part Keep: □
☐ Cleanness (Exterior/Interior): ☐ Date ☐ Courtesy Items Removal: ☐ Time ☐ Outer Mirror Position / Seat Position: ☐ Clock Adjustment / Radio Sitting: ☐ Job Completion Notificxation: ☐ Date.	Job Details Explanation :  Fee Explanation :  Result Confirmation with  Customer: Walk-Around Check :   Time: Customer: 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 Technician Name: Quality Control Staff: Clocked:
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	Stall Ivalie.
□ Followup Status (Follow up Again	Confirmed By:
Date: Time:	Supplied By:
□ Not Fixed (Appointment Date/Time)	Issued By:
Date: Time:	Order By: OGHALE GIFT USIAKPENEBRO