

# **KOJO AUTO SERVICE CENTER**



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

INTERNATIONAL FUND FOR AGRICULTURAL

Customer Name/ID: **DEVE / KJ255103** Date:

Organization: Vehicle Model/ Reg. 269 CMT

Vin/Chasis No: JTEBD9FJX0K024436 **Odometer Reading:** 12411Km

1

**Item Description** Quantity

80hms battery /

Classifiess (Esterior/Interior):   Outes Minter Position (Stat Position:   Outes Minter Position:   Outes Minter Position (Stat Position:   Outes Minter Position:   Outes Minter Position:   Outes Minter Position (Stat Position:   Outes Minter Position:   Outes Minter Position:   Outes Minter Position (Stat Position:   Outes Minter Minter Position:   Outes Minter Position:   Outes Minter Position:   Outes Minter Position:   Outes Minter Minter Position:   Ou	Signed 1 Date: Time: Signed 2 Date: Time:	Explanation: Project Estima Project Estima Cate Fee Explanation: Result  Confirmation with Customer:   Walk-Around Check:	ob Completidriwed:[]] Leveluby:[][] tew/Explahaffived:[][] tr Was RS66467en][][] placed Part Keep:	Delivery: Dtae:  Time:  Customer:
Clock Adjustment / Radio Sitting: □□ □  Job Completion Notificxation:□□				
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):		Staff Name:  Confirmed By:  Supplied By: Issued By: Order By: OGHALE GIFT USIAKPENEBRO		