



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. NWANNA CHUBA / KJ251943	Date:	02nd Aug, 2022
Organization:		Reg. No:	RBC 72 TN
Vin/Chasis No:	JTJHY00W094019873	Odometer Reading:	64,891MILE
Phone Number:	08033145711	E-mail:	
Vehicle Make:	Toyota Lexus	Model Number:	
Address:	154 AMINU KANO CRESCENT WUSE 2, ABUJA		

Item Description	Quantity
ENGINE OIL	10
OIL FILTER	1
FUEL FILTER	1
SERVICING OF NOZZLES AND THROTTLE BODY	1
REAR BRAKE PAD	1
WHEEL BALANCING & ALIGNMENT	1
REPAIR OF SIDE MIRROR LHS	1
FOG LIGHT RELAY	1
FOG LIGHT BULB	2
CERTIFIED EXHAUST CATALYST	1
EXHAUST CENTER POT	1
EXHAUST GASKET	4
EXHAUST BOLT	6
EXHAUST NUT	6

		Additional Job Completionn : <input type="checkbox"/> Value : <input type="checkbox"/> Project Estimatew/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 Notificaxtion: <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"/>
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 Clocked: _____	Technician Name: _____ Quality Control Staff: _____
Job Completion Notification: Date: _____ Time: _____		Delivered to Owner / Family / Other (_____)	

<p>P.S.F.U. (Plan):</p> <p>Date: _____ Time: _____</p>	<p>Contact Info:</p> <p>Telephone No: _____ (Home/Business/Mobile)</p> <p>Email: _____</p>
<p>P.S.F.U (Actual):</p> <p>Date: _____ Time _____</p>	<p>Customer: Owner / Family / Other (_____)</p>
<p>P.S.F.U (GJ) :</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Followup Status (Follow up Again</p> <p>Date: _____ Time: _____</p> <p><input type="checkbox"/> Not Fixed (Appointment Date/Time)</p> <p>Date: _____ Time: _____</p>	<p>Staff Name: _____</p> <p>Confirmed By: _____</p> <p>Supplied By: _____</p> <p>Issued By: _____</p> <p>Order By: OGOCHUKWU MIRIAM NWOKOMA</p>